STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
221 South Warren Street, Suite 410
Syracuse, New York 13202

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
ACTING MEDICAID INSPECTOR GENERAL

December 15, 2011

Oleg Barshay RPT
2518 Ocean Ave
Brooklyn, NY 11229-3916

Re: Final Audit Report
Medicare Crossover Claims (COBA)
Audit # 11-5771
Provider ID #[redacted]

Dear Oleg Barshay:

This letter will serve as our final audit report of the billing review of Medicaid claims for Medicare Part B coinsurance and/or deductible amounts for Medicaid reimbursable services to dual eligibles paid on or before June 30, 2011 made to you under the New York State Medicaid Program. Dual eligibles are defined to be recipients with both Medicare A and/or B and NY Medicaid coverage.

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 Medicaid payments you submitted to Medicaid where there is also an eMedNY generated Medicare crossover claim payment. The crossover payment has a Medicare Internal Control Number (ICN) with the same National Provider Identifier (NPI), recipient identification number, date of service and procedure code as your

Medicaid submitted paid claim. The review has found instances where the claims you submitted circumvented the eMedNY automated void system and had both the generated Medicare crossover claim payment and a payment for your submitted Medicaid claim.

DETERMINATION

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

> Regulations state: "When the department has determined that any person has submitted or caused to be submitted claims for medical care, services or supplies for which payment should not have been made, it may require repayment of the amount determined to have been overpaid." Regulations also 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."
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> *18 NYCRR Section 518.1(b), (c)*

> Medicaid policy states: "Effective December 2009, New York State Medicaid implemented an automated Medicare crossover process so providers will no longer have to bill New York Medicaid separately for the Medicare deductible, coinsurance or co-pay amounts for Medicare beneficiaries covered by Medicare Parts A & B. These types of claims are now sent directly by Medicare to New York Medicaid for processing and payment."
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> *DOH Medicaid Update ,January 2010, Vol. 26, No. 1*

> Medicaid policy states: "If a separate claim is submitted directly by the provider to Medicaid for a dual eligible client and the claim is processed before the crossover claim from [Medicare], both the provider submitted claim and the crossover claim will be reimbursed. However, the eMedNY system will subsequently void the provider submitted claim."
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> *DOH Medicaid Update, September 2009, Vol. 25, No. 11*

> Medicaid policy states: "Any claim indicated by Medicare as a crossover to Medicaid (MA 18-NY Medicaid) should not be submitted by the provider to Medicaid as a separate claim. If, however, the Medicare remittance does not indicate the claim has been crossed over to Medicaid, the provider should submit the claim directly to Medicaid.
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> *DOH Medicaid Update, May 2011, Vol. 27, No. 6*

DETAILED FINDINGS

1. Final Audit Report Exhibit 1 - Summary of Findings

The review found instances where the claims Oleg Barshay RPT submitted circumvented the eMedNY automated void system. The Medicaid payments you submitted directly to Medicaid and the generated Medicare crossover claim payment for the same service both paid, resulting in a total overpayment of $9,704.20. Details of our reviews findings were provided in our Draft Report issued to you on October 7, 2011.

Please be advised that Department records indicate that the above referenced audit was concluded with the receipt of your check in the amount of $9,704.20.

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

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.

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]