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

December 3, 2013

[redacted]
Coney Island Hospital
160 Water Street, Room 736
New York, New York 10038

Final Audit Report
Audit #12-4998 – Cover Sheet
Provider ID [redacted]

Dear [redacted]

The Office of the Medicaid Inspector General (OMIG) has determined that your facility has received overpayments under the Medicaid Program as defined in Section 518.1 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR 518.1). The OMIG proposes to recover such overpayments in accordance with the Department of Health's Regulation 18 NYCRR 518.3.

Our review found that $9,346.96 was inappropriately billed to Medicaid for multiple clinic visits for the same recipient on the same day. In accordance with 18 NYCRR §518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. The OMIG has determined that accrued interest for the overpayments identified in this audit totals $1,034.63. Based on this, the total amount of overpayment, as defined in 18 NYCRR §518.1 is $10,381.59, inclusive of interest and now due the New York State Department of Health.

We have identified duplicate Medicaid payments in the Program Areas listed below:

Program Area	Amount Disallowed	Interest	Total Overpayment
Child Health Assurance Program (CHAP)	$ 6,118.59	$ 649.08	$ 6,767.67
HIV Clinic Services (AIDS)	1,333.06	138.96	1,472.02
Prenatal Care Assistance Program (PCAP)	1,313.02	179.26	1,492.28
Alcoholism and Substance Abuse Services (OASAS) Chemical Dependence	582.29	67.33	649.62
TOTAL AMOUNT DUE	$ 9,346.96	$ 1,034.63	**$ 10,381.59**

The enclosed reports detail the duplicate payments identified, by Program Area, for your facility during the review period of January 1, 2008, through December 31, 2011. For the enclosed reports, the exhibits have been provided on CD. For confidentiality purposes, the CD has been password protected. Please contact our office at [redacted] to obtain the password.

Should you wish to settle all the Program Area audits listed above and as outlined in the enclosed Final Audit Reports, please utilize the Remittance Advice attached to this cover letter. Should you wish to settle one or more, but not all of the Program Area audits identified, please enclose the Remittance Advice attached to each individual Final Audit Report as appropriate.

Questions regarding the attached Final Audit Reports may be directed to [redacted] at [redacted] or via email at [redacted]

Sincerely,

[redacted]

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

[redacted]
Enclosures
Attachment

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

To assure proper credit, please use this form to remit your payment request.

Coney Island Hospital AUDIT NUMBER: 12-4998

PROVIDER ID NUMBER: [redacted] AMOUNT DUE: $10,381.59

PROVIDER TYPE: Provider – Duplicate Clinic Match

OPTION A: Check/money order made payable to New York State Department of Health

Mail this form along with check containing audit number to the address listed below.

[redacted]
NYS Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower – Room 2739
File #12-4998
Albany, New York 12237-0048

OPTION B: Authorization to withhold from your Medicaid billings.

Mail or fax this form to the address/fax listed below. Signature and amount are required.

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

Amount: $ _____ Signature: _____

Dated: _____ Title: _____

Thank you for your cooperation.

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

December 3, 2013

[redacted]
Coney Island Hospital
160 Water Street, Room 736
New York, New York 10038

Final Audit Report – CHAP
Audit #12-4998
Provider ID[redacted]

Dear[redacted]

1. The Office of the Medicaid Inspector General (OMIG) has determined that your facility has received overpayments under the Medicaid Program as defined in Section 518.1 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR 518.1) and detailed in the Draft Audit Report dated May 30, 2013. This Final Audit Report incorporates consideration of any additional documentation and information presented in response to the Draft Report. The OMIG proposes to recover such overpayments in accordance with the Department's regulations (see 18 NYCRR 518.3).

   Our review found that $6,118.59 was inappropriately billed to Medicaid for multiple clinic visits for the same recipient on the same day. In accordance with 18 NYCRR §518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. The OMIG has determined that accrued interest for the overpayments identified in this audit totals $649.08.

   The enclosed CD contains Claim Detail which identifies the duplicate payments for the review period. For confidentiality purposes, the CD has been password protected. Please contact our office at [redacted] to obtain the password.

2. In addition to any specific 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)

3. This determination was made for the following reasons:

The Office of the Medicaid Inspector General conducted a review of clinic services paid by Medicaid during the period January 1, 2008, through December 31, 2011. This review identified duplicate Medicaid payments resulting from billing multiple clinic visits for the same recipient on the same day. Our determination is based on one or more of the following regulations:

Regulations state: "The physical appearance of an outpatient at a hospital complex is recognized as contributing one visit regardless of the number of diagnostic and/or therapeutic services the patient receives or the number of sections (clinics), operating rooms, laboratories and treatment areas in which he/she receives them. The classification of the visit (i.e., emergency, clinic, etc.) will be determined by the first location where service is rendered."
10 NYCRR 441.339

Regulations further state that payments to hospitals are based on "all-inclusive prospective rates for inpatient services, emergency services, clinic services and such other services for which a separate rate is deemed appropriate by the commissioner." *10 NYCCR 86-1.18(a)*

The Medicaid Management Information System (MMIS) Manual states: "Only one threshold visit per patient per day is allowable for reimbursement purposes. . . ."

MMIS Provider Manual for Clinics, Section I

4. This determination is effective twenty (20) days from the date of this notice.

5. Based upon this determination, repayment of $6,767.67 is required.

6. 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 overpayment amount of $6,767.67, one of the following repayment options must be selected within 20 days from the date of this letter:

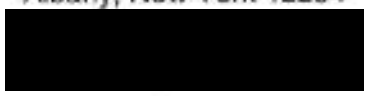
OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #12-4998
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 overpayment 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 overpayment amount, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the overpayment amount of $6,767.67. 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.

7. Any questions pertaining to the Final Audit Report should be directed to [redacted] at [redacted] or via email at [redacted]

Sincerely,

[redacted]

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

[redacted]
Enclosures
Attachment

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

To assure proper credit, please use this form to remit your payment request.

Coney Island Hospital AUDIT NUMBER: 12-4998

PROVIDER ID NUMBER: [redacted] AMOUNT DUE: $6,767.67

PROVIDER TYPE: Provider – Duplicate Clinic Match - CHAP

OPTION A: Check/money order made payable to New York State Department of Health

Mail this form along with check containing audit number to the address listed below.

[redacted]
NYS Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower – Room 2739
File #12-4998
Albany, New York 12237-0048

OPTION B: Authorization to withhold from your Medicaid billings.

Mail or fax this form to the address/fax listed below. Signature and amount are required.

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

Amount: $ _____ Signature: _____

Dated: _____ Title: _____

Thank you for your cooperation.

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

December 3, 2013

[redacted]
Coney Island Hospital
160 Water Street, Room 736
New York, New York 10038

Final Audit Report – HIV
Audit #12-4998
Provider ID [redacted]

Dear [redacted]

1. The Office of the Medicaid Inspector General (OMIG) has determined that you have received overpayments under the Medicaid Program as defined in Section 518.1 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR 518.1) and detailed in the Draft Audit Report dated May 30, 2013. This Final Audit Report incorporates consideration of any additional documentation and information presented in response to the Draft Report. The OMIG proposes to recover such overpayments in accordance with the Department's regulations (see 18 NYCRR 518.3).

   Our review found that $1,333.06 was inappropriately billed to Medicaid for multiple clinic visits for the same recipient on the same day. In accordance with 18 NYCRR §518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. The OMIG has determined that accrued interest for the overpayments identified in this audit totals $138.96.

   The enclosed CD contains Claim Detail which identifies the duplicate payments for the review period. For confidentiality purposes, the CD has been password protected. Please contact our office at [redacted] to obtain the password.

2. In addition to any specific 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)

3. This determination was made for the following reasons:

The Office of the Medicaid Inspector General conducted a review of clinic services paid by Medicaid during the period January 1, 2008, through December 31, 2011. This review identified duplicate Medicaid payments resulting from billing multiple clinic visits for the same recipient on the same day. Our determination is based on one or more of the following regulations:

Regulations state: "The physical appearance of an outpatient at a hospital complex is recognized as contributing one visit regardless of the number of diagnostic and/or therapeutic services the patient receives or the number of sections (clinics), operating rooms, laboratories and treatment areas in which he/she receives them. The classification of the visit (i.e., emergency, clinic, etc.) will be determined by the first location where service is rendered."

10 NYCRR 441.339

Regulations further state that payments to hospitals are based on "all-inclusive prospective rates for inpatient services, emergency services, clinic services and such other services for which a separate rate is deemed appropriate by the commissioner." *10 NYCCR 86-1.18(a)*

The Medicaid Management Information System (MMIS) Manual states: "Only one threshold visit per patient per day is allowed for reimbursement purposes. . . ."
MMIS Provider Manual for Clinics, Section I

4. This determination is effective twenty (20) days from the date of this notice.

5. Based upon this determination, repayment of $1,472.02 is required.

6. 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 overpayment amount of $1,472.02, 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 #12-4998
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 overpayment 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 overpayment amount, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the overpayment amount of $1,472.02. 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.

7. Any questions pertaining to the Final Audit Report should be directed to [redacted] at [redacted] or via email at [redacted]

Sincerely,

[redacted]

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

[redacted]
Enclosures
Attachment

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

To assure proper credit, please use this form to remit your payment request.

Coney Island Hospital AUDIT NUMBER: 12-4998

PROVIDER ID NUMBER: [redacted] AMOUNT DUE: $1,472.02

PROVIDER TYPE: Provider – Duplicate Clinic Match – HIV

OPTION A: Check/money order made payable to New York State Department of Health

Mail this form along with check containing audit number to the address listed below.

[redacted]
NYS Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower – Room 2739
File #12-4998
Albany, New York 12237-0048

OPTION B: Authorization to withhold from your Medicaid billings.

Mail or fax this form to the address/fax listed below. Signature and amount are required.

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

Amount: $ _____ Signature: _____

Dated: _____ Title: _____

Thank you for your cooperation.

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

December 3, 2013

[redacted]
Coney Island Hospital
160 Water Street, Room 736
New York, New York 10038

Final Audit Report – PCAP
Audit #12-4998
Provider ID [redacted]

Dear [redacted]

1. The Office of the Medicaid Inspector General (OMIG) has determined that your facility has received overpayments under the Medicaid Program as defined in Section 518.1 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR 518.1) and detailed in the Draft Audit Report dated May 30, 2013. This Final Audit Report incorporates consideration of any additional documentation and information presented in response to the Draft Report. The OMIG proposes to recover such overpayments in accordance with the Department's regulations (see 18 NYCRR 518.3).

   Our review found that $1,313.02 was inappropriately billed to Medicaid for multiple clinic visits for the same recipient on the same day. In accordance with 18 NYCRR §518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. The OMIG has determined that accrued interest for the overpayments identified in this audit totals $179.26.

   The enclosed CD contains Claim Detail which identifies the duplicate payments for the review period. For confidentiality purposes, the CD has been password protected. Please contact our office at [redacted] to obtain the password.

2. In addition to any specific 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)

3. This determination was made for the following reasons:

The Office of the Medicaid Inspector General conducted a review of clinic services paid by Medicaid during the period January 1, 2008, through December 31, 2011. This review identified duplicate Medicaid payments resulting from billing multiple clinic visits for the same recipient on the same day. Our determination is based on one or more of the following regulations:

Regulations state: "The physical appearance of an outpatient at a hospital complex is recognized as contributing one visit regardless of the number of diagnostic and/or therapeutic services the patient receives or the number of sections (clinics), operating rooms, laboratories and treatment areas in which he/she receives them. The classification of the visit (i.e., emergency, clinic, etc.) will be determined by the first location where service is rendered."

10 NYCRR 441.339

Regulations further state that "for ambulatory services to pregnant women, reimbursement shall be based upon a single payment schedule with a discrete price for each of the three clinic services set forth in subdivision(c) of this section." *10 NYCRR 86-4.36(a)*

Regulations further state that payments to hospitals are based on "all-inclusive prospective rates for inpatient services, emergency services, clinic services and such other services for which a separate rate is deemed appropriate by the commissioner." *10 NYCCR 86-1.18(a)*

The MMIS Manual states: "Only one threshold visit per patient per day is allowable for reimbursement purposes. . . ." *MMIS Provider Manual for Clinics, Section I*

4. This determination is effective twenty (20) days from the date of this notice.

5. Based upon this determination, repayment of $1,492.28 is required.

6. 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 overpayment amount of $1,492.28, 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 #12-4998
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 overpayment 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 overpayment amount, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the overpayment amount of $1,492.28. 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.

7. Any questions pertaining to the Final Audit Report should be directed to [redacted] at [redacted] or via email at [redacted]

Sincerely,

[redacted]

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

[redacted]
Enclosures
Attachment

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

To assure proper credit, please use this form to remit your payment request.

Coney Island Hospital AUDIT NUMBER: 12-4998

PROVIDER ID NUMBER: [redacted] AMOUNT DUE: $1,492.28

PROVIDER TYPE: Provider – Duplicate Clinic Match - PCAP

OPTION A: Check/money order made payable to New York State Department of Health

Mail this form along with check containing audit number to the address listed below.

[redacted]
New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower – Room 2739
File #12-4998
Albany, New York 12237-0048

OPTION B: Authorization to withhold from your Medicaid billings.

Mail or fax this form to the address/fax listed below. Signature and amount are required.

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

Amount: $ _____ Signature: _____

Dated: _____ Title: _____

Thank you for your cooperation.

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

December 3, 2013

[redacted]
Coney Island Hospital
160 Water Street, Room 736
New York, New York 10038

Final Audit Report
OASAS – Chemical Dependence
Audit #12-4998
Provider ID [redacted]

Dear [redacted]

1. The Office of the Medicaid Inspector General (OMIG) has determined that you have received overpayments under the Medicaid Program as defined in Section 518.1 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR 518.1) and detailed in the Draft Audit Report dated May 30, 2013. This Final Audit Report incorporates consideration of any additional documentation and information presented in response to the Draft Report. The OMIG proposes to recover such overpayments in accordance with the Department's regulations (see 18 NYCRR 518.3).

   Our review found that $582.29 was inappropriately billed to Medicaid for multiple clinic visits for the same recipient on the same day. In accordance with 18 NYCRR §518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. The OMIG has determined that accrued interest for the overpayments identified in this audit totals $67.33.

   The enclosed CD contains Claim Detail which identifies the duplicate payments for the review period. For confidentiality purposes, the CD has been password protected. Please contact our office at [redacted] to obtain the password.

2. In addition to any specific 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)

3. This determination was made for the following reasons:

The Office of the Medicaid Inspector General conducted a review of clinic services paid by Medicaid during the period January 1, 2008 through December 31, 2011. This review identified duplicate Medicaid payments resulting from billing multiple clinic visits for the same recipient on the same day. Our determination is based on one or more of the following regulations:

For Chemical Dependence Outpatient Services, regulations state: "Reimbursement shall be limited to one visit per day, per patient." *18 NYCRR 505.27(b)(1)*

Regulations for Chemical Dependence Outpatient Services also state: "There shall be reimbursement for no more than one visit per day, per patient or significant other, regardless of the number or types of outpatient services." *14 NYCRR 822.10(a)*
After 12/27/06 *14 NYCRR 822.11(a)*

The MMIS Manual states: "Only one threshold visit per patient per day is allowable for reimbursement purposes. . . ." *MMIS Provider Manual for Clinics, Section I*

4. This determination is effective twenty (20) days from the date of this notice.

5. Based upon this determination, repayment of $649.62 is required.

6. 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 overpayment amount of $649.62, 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 #12-4998
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 overpayment 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 overpayment amount, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the overpayment amount of $649.62. 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.

7. Any questions pertaining to the Final Audit Report should be directed to [redacted] at [redacted] or via email at [redacted]

Sincerely,

[redacted]

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

[redacted]
Enclosures
Attachment

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

To assure proper credit, please use this form to remit your payment request.

Coney Island Hospital

AUDIT NUMBER: 12-4998

PROVIDER ID NUMBER: [redacted]

AMOUNT DUE: $649.62

PROVIDER TYPE: Provider – Duplicate Clinic Match – OASAS

OPTION A: Check/money order made payable to New York State Department of Health

Mail this form along with check containing audit number to the address listed below.

[redacted]
New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower – Room 2739
File #12-4998
Albany, New York 12237-0048

OPTION B: Authorization to withhold from your Medicaid billings.

Mail or fax this form to the address/fax listed below. Signature and amount are required.

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

Amount: $ _____

Signature: _____

Dated: _____

Title: _____

Thank you for your cooperation.