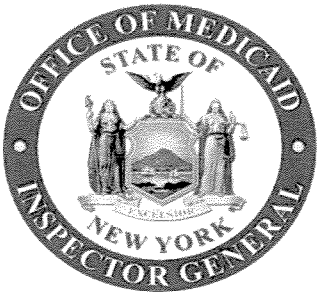

NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF LAKEVIEW MENTAL HEALTH SERVICES, INC. CLAIMS FOR OMH REHABILITATIVE SERVICES PAID FROM JANUARY 1, 2005 – DECEMBER 31, 2009

FINAL AUDIT REPORT

James C. Cox
Medicaid Inspector General

July 2, 2012

STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
259 Monroe Avenue, Suite 312
Rochester, NY 14607

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

July 2, 2012

[redacted]
Lakeview Mental Health Services, Inc.
600 West Washington Street
Geneva, New York 14456

Re: Final Audit Report
Audit #: 10-2700

Dear [redacted]:

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Lakeview Mental Health Services, Inc." (Lakeview MHS) paid claims for OMH Rehabilitative Services covering the period January 1, 2005, through December 31, 2009.

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. Since you did not respond to our revised draft audit report dated February 27, 2012, the findings in the final audit report remain identical to the revised draft audit report. The mean point estimate overpaid is $437,664.00. The lower confidence limit of the amount overpaid is $47,768.00. 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 $47,768.00.

If Lakeview MHS has any questions or comments concerning this final audit report, please contact at or through email at Please refer to report number 10-2700 in all correspondence.

Sincerely,

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

Enclosure

CERTIFIED MAIL #
RETURN RECEIPT REQUESTED

Ver-1.0

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 with 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.

Reimbursement under the Medicaid Program is available for OMH Rehabilitative Services provided by residential programs that are licensed in accordance with the provisions of Article 31 of the Mental Hygiene Law. Residential programs primarily have a rehabilitative focus and provide an array of rehabilitative and supportive services to individuals diagnosed with severe and persistent mental illness. The purpose of these programs is to provide varied services which support and assist individuals with their goal of integration into the community.

OMH Rehabilitative Services provided by residential programs are based upon a comprehensive client assessment and must have the written authorization of a physician. Providers must implement an individualized written service plan for each resident identifying the specific services to be offered. These services are intended to focus on improving or maintaining resident skills that would enable an individual to remain living in community housing. The specific standards and criteria for OMH Rehabilitative Services within residential programs are outlined in Title 14 NYCRR Parts 593, 594 and 595. The OMH Provider Manual pertaining to OMH Certified Rehabilitative Services also provides program guidance in claiming Medicaid reimbursement for OMH Rehabilitative Services

PURPOSE AND SCOPE

The purpose of this audit was to determine whether Lakeview Mental Health Services, Inc (Lakeveiw MHS) claims for Medicaid reimbursement for OMH Rehabilitative Services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to OMH Rehabilitative Services, this audit covered services paid by Medicaid from January 1, 2005, through December 31, 2009.

SUMMARY OF FINDINGS

We inspected a random sample of 100 services with $174,926.47 in Medicaid payments. Of the 100 services in our random sample, 6 services had at least one error and did not comply with state requirements.

Error Description	Number of Errors
Missing Renewal / Reauthorization of Authorization	3
Missing Service Plan / Service Plan Review	2
Missing Initial Physician Authorization	1

Based on the procedures performed, the OMIG has determined that Lakeview MHS was overpaid $10,210.04 in sample overpayments with an extrapolated point estimate of $522,090.00. The lower confidence limit of the amount overpaid is $132,194.00. The extrapolated point estimate and the lower confidence limit are then reduced by the $84,426.00 OMH required exempt income recoupment payment for 2007 and 2008. Lakeview MHS made this payment to NYS DOH on October 19, 2011. The reduced extrapolated point estimate is $437,664.00 and the reduced lower confidence limit is $47,768.00. The OMH has stated that, for funds OMH has not transmitted for exempt income recoupment yet, OMH will confirm any payment made to the OMIG and adjust OMH's receivable as warranted.

Please be aware that the OMIG will revise the audit disallowance in the event of: 1) changes in the exempt income recovery based on pending appeals or 2) reversal of any exempt income adjustment in the event that the exempt income recoveries are overturned pursuant to the pending Article 78 proceeding against the State.

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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 OMH Rehabilitative 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 OMH Rehabilitative Services Program

A review of payments to Lakeview Mental Health Services, Inc. for OMH Rehabilitative Services paid by Medicaid from January 1, 2005, through December 31, 2009, was recently completed. During the audit period, $11,793,621.09 was paid for 6,520 services. This review consisted of a random sample of 100 services with Medicaid payments of $174,926.47. The purpose of the audit was to ensure 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 Department regulations and the Provider Manuals for OMH Rehabilitative Services.

PURPOSE, SCOPE, AND METHODOLOGY

Purpose

The purpose of this audit was to determine whether the Lakeview MHS's claims for Medicaid reimbursement for OMH Rehabilitative 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 Lakeview MHS for OMH Rehabilitative Services paid by Medicaid from January 1, 2005, through December 31, 2009. Our audit universe consisted of 6,520 claims totaling $11,793,621.09.

During our audit, we did not review the overall internal control structure of Lakeview MHS. 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 Lakeview MHS management personnel to gain an understanding of the OMH Rehabilitative Services program;
- ran computer programming application of claims in our data warehouse that identified 6,520 paid OMH Rehabilitative Service claims, totaling $11,793,621.09;
- selected a random sample of 100 services from the population of 6,520 services; and,
- estimated the overpayment paid in the population of 6,520 services.

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

- Medicaid electronic claim information

- Patient record, including, but not limited to:
  - Physician Authorizations/Reauthorizations for Service
  - Admission Notes
  - Service Plans
  - Quarterly Service Plan Reviews
  - Progress Notes
  - Service documentation
  - Staff Credential Records for Personnel Identified as "Qualified Mental Health Staff Person" (QMHSP)

- Any additional documentation deemed by Lakeview MHS 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, Social Services law §364 and §364-a and Article 31 Mental Hygiene Law.

- 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)*

Regulations state: "An unacceptable practice is conduct by a person which is contrary to: . . . (2) the published fees, rates, claiming instructions or procedures of the department" and "(3) the official rules and regulations of the Departments of Health, Education and Mental Hygiene. . . ."

18 NYCRR Section 515.2(a)

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 Lakeview MHS from January 1, 2005, through December 31, 2009, identified 6 claims with at least one error, for a total sample overpayment of $10,210.04 (Attachment C).

Sample Selection

1. Missing Renewal/Reauthorization of Authorization — 55, 72, 84

Regulations state, "Physician's authorizations must be renewed as follows:
(1) every six months for individuals residing within congregate residences...;
(2) every 12 months for individuals residing within an apartment program; and
(3) upon transfer to a different category of adult program (i.e., congregate to apartment or apartment to congregate). The authorization renewal must, in the case of a transfer from congregate to apartment, occur upon the expiration date of the current authorization or in the case of a transfer from apartment to congregate, within six months of admission to the new program or the expiration of the current authorization, whichever comes first."

14 NYCRR Section 593.6(b)

Medicaid policy states, "For adults living in CR congregate settings, re-authorization is required at least every six months. For adults living in apartments, re-authorization is required once a year."

Office of Mental Health Rehabilitation In Community Residences, Policy Guidelines, Version 2006-1, Section I

In 3 instances pertaining to 3 residents, the record did not contain the required reauthorization signed by a physician at the time rehabilitative services were delivered.

2. Missing Service Plan / Service Plan Review — 58, 67

Regulations state, "Community rehabilitation services shall be provided in accordance with a service plan developed within four weeks of admission to the program."

14 NYCRR Section 593.6(c)

Regulations also state, "The service plan shall be reviewed at least every three months with the initial review occurring three months from the date of admission."

14 NYCRR Section 593.6(f)

Regulations require Medicaid providers to develop "an individualized written service plan which shall be based upon psychiatric rehabilitation principles of participation and individual resident choice."

14 NYCRR Section 595.1(b)

Regulations state, "The individualized written service plan shall be reviewed at least once every three months, with the initial review occurring three months from the date of admission."

14 NYCRR Section 595.11(d)

In addition, Regulations state, "Services provided within a residential program... shall be provided in accordance with a service plan developed within four weeks of admission to the program."

14 NYCRR Section 595.11(a)

In 2 instances pertaining to 2 residents, the record did not contain a service plan or the required service plan review.

3. Missing Initial Physician Authorization 25

Regulations state, "In order to receive reimbursement for the provision of community rehabilitation services to an individual, the provider of service must ensure that the individual has been authorized in writing by a physician, prior to or upon admission, to receive services as provided by the program. The written authorization must be retained as a part of the individual's case record. The physician's authorization must:
(1) be based upon appropriate clinical information and assessment of the individual. The initial authorization must include a face-to-face assessment;
(2) delineate the maximum duration of the authorization to receive such services; and
(3) specify that the individual is in need of community rehabilitation services as defined in section 593.4(b) of this Part."

14 NYCRR Section 593.6(a)

Medicaid policy states, "Each client prior to or upon admission into a Licensed Residential/Housing Program (which includes CR, FBT and TFH) must be seen by a licensed physician who makes a determination that services are appropriate and signs a written authorization which is kept on file by the provider."

Office of Mental Health Rehabilitation
In Community Residences,
Policy Guidelines, Version 2006-1, Section I

In 1 instance, the record did not contain the required initial authorization signed by a physician at the time rehabilitative services were delivered.

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 $47,768.00, 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 2266
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 adjusted 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 $437,664.00. 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

[redacted]

Lakeview Mental Health Services, Inc.
600 West Washington Street
Geneva, New York 14456

AMOUNT DUE: $47,768.00

PROVIDER ID # [redacted]

AUDIT #10-2700

AUDIT TYPE	[X] PROVIDER [ ] RATE [ ] PART B [ ] 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 2266
File #10-2700
Albany, New York 12237

Thank you for your cooperation.

Attachment "A"

SAMPLE DESIGN AND METHODOLOGY

Our sample design and methodology are as follows:

- Universe - Medicaid claims for OMH Rehabilitative Services paid during the period January 1, 2005, through December 31, 2009.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Lakeview MHS claims for OMH Rehabilitative Services paid during the period January 1, 2005, through December 31, 2009.
- Sample Unit - The sample unit is a Medicaid claim paid during the period January 1, 2005, through December 31, 2009.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 services.
- 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 Lakeview MHS could not produce sufficient supporting documentation was treated as an error.
- Estimation Methodology – Estimates are based on the sample data using per unit estimates.

Attachment "B"

SAMPLE RESULTS AND ESTIMATES

Universe Size	6,520
Sample Size	100
Sample Book Value	$174,926.47
Sample Overpayments	$10,210.04
Net Financial Error Rate	5.8%
Non-Projected Overpayment	$2,236.82
Mean Dollars in Error	$79.7322
Standard Deviation	363.04
Point Estimate of Total Dollars	$522,090.00*
Confidence Level	90%
Lower Confidence Limit	$132,194.00*

* The Point Estimate of Total Dollars and the Lower Confidence Limit do not reflect an adjustment for Lakeview MHS's $84,426.00 exempt income recoupment (EIR) payment to NYS DOH. This NYS OMH required payment was for years 2007 and 2008. **Per an agreement between OMIG and OMH, the EIR payment by Lakeview MHS shall be applied to reduce the restitution sought by OMIG. OMIG's Point Estimate of Total Dollars is reduced to $437,664.00 and the Lower Confidence Limit is reduced to $47,768.00.**

Lakeview MHS was not required to make an exempt income recoupment payment for 2005 and 2006. The recoupment payment required for 2009 will be reduced/ eliminated by OMH to reflect a Lakeview MHS payment to OMIG.

OFFICE OF THE MEDICAID INSPECTOR GENERAL
LAKEVIEW MENTAL HEALTH SERVICES, INC.
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 10-2700
REVIEW PERIOD: 1/1/05 - 12/31/09

Sample Number	Date of Service	Rate Code Billed	Rate Code Derived	Amount Billed	Amount Derived	Over Payment	DETAILED AUDIT FINDINGS: 1. Missing Renewal/Reauthorization of Authorization	2. Missing Service Plan/Service Plan Review	3. Missing Initial Physician Authorization
1	04/01/06	4369	4369	$ 1,628.50	$ 1,628.50	$ -			
2	03/01/06	4369	4369	1,628.50	1,628.50	-			
3	08/01/06	4369	4369	1,628.50	1,628.50	-			
4	02/01/08	4369	4369	1,939.85	1,939.85	-			
5	09/01/07	4369	4369	1,693.57	1,693.57	-			
6	09/01/08	4369	4369	2,203.01	2,203.01	-			
7	06/01/09	4369	4369	2,236.82	2,236.82	-			
8	07/01/06	4369	4369	1,628.50	1,628.50	-			
9	09/01/05	4369	4369	1,628.50	1,628.50	-			
10	10/01/05	4369	4369	1,628.50	1,628.50	-			
11	02/01/09	4369	4369	2,236.82	2,236.82	-			
12	11/01/09	4369	4369	2,236.82	2,236.82	-			
13	07/01/08	4369	4369	2,203.01	2,203.01	-			
14	08/01/08	4369	4369	2,203.01	2,203.01	-			
15	10/01/06	4369	4369	1,628.50	1,628.50	-			
16	08/01/07	4369	4369	1,693.57	1,693.57	-			
17	07/02/06	4371	4371	812.25	812.25	-			
18	07/01/08	4369	4369	2,203.01	2,203.01	-			
19	09/01/09	4369	4369	2,236.82	2,236.82	-			
20	02/01/08	4369	4369	1,939.85	1,939.85	-			
21	08/01/07	4369	4369	1,693.57	1,693.57	-			
22	08/01/05	4369	4369	1,628.50	1,628.50	-			
23	10/01/06	4369	4369	1,628.50	1,628.50	-			
24	11/01/08	4369	4369	2,203.01	2,203.01	-			
25	01/02/07	4371		850.90	-	850.90			X

OFFICE OF THE MEDICAID INSPECTOR GENERAL
LAKEVIEW MENTAL HEALTH SERVICES, INC.
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 10-2700
REVIEW PERIOD: 1/1/05 - 12/31/09

Sample Number	Date of Service	Rate Code Billed	Rate Code Derived	Amount Billed	Amount Derived	Over Payment	DETAILED AUDIT FINDINGS: 1. Missing Renewal/Reauthorization of Authorization	2. Missing Service Plan/Service Plan Review	3. Missing Initial Physician Authorization
26	02/01/08	4369	4369	$ 1,939.85	$ 1,939.85	$ -			
27	07/01/06	4370	4370	814.25	814.25	-			
28	04/01/08	4369	4369	2,013.70	2,013.70	-			
29	01/01/06	4369	4369	1,628.50	1,628.50	-			
30	08/02/09	4371	4371	1,118.41	1,118.41	-			
31	11/01/09	4369	4369	2,236.82	2,236.82	-			
32	12/01/09	4369	4369	2,236.82	2,236.82	-			
33	03/01/08	4370	4370	1,006.85	1,006.85	-			
34	08/01/09	4370	4370	1,118.41	1,118.41	-			
35	12/01/07	4369	4369	1,939.85	1,939.85	-			
36	03/01/06	4369	4369	1,628.50	1,628.50	-			
37	09/01/08	4370	4370	1,101.50	1,101.50	-			
38	09/01/06	4370	4370	814.25	814.25	-			
39	05/01/09	4369	4369	2,236.82	2,236.82	-			
40	09/01/05	4369	4369	1,628.50	1,628.50	-			
41	04/01/08	4369	4369	2,013.70	2,013.70	-			
42	10/01/06	4369	4369	1,628.50	1,628.50	-			
43	01/01/05	4369	4369	1,628.50	1,628.50	-			
44	11/01/09	4369	4369	2,236.82	2,236.82	-			
45	07/01/05	4369	4369	1,628.50	1,628.50	-			
46	01/01/05	4369	4369	1,628.50	1,628.50	-			
47	04/01/09	4369	4369	2,236.82	2,236.82	-			
48	08/02/05	4371	4371	812.25	812.25	-			
49	08/01/06	4369	4369	1,628.50	1,628.50	-			
50	12/01/09	4369	4369	2,236.82	2,236.82	-			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
LAKEVIEW MENTAL HEALTH SERVICES, INC.
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 10-2700
REVIEW PERIOD: 1/1/05 - 12/31/09

Sample Number	Date of Service	Rate Code Billed	Rate Code Derived	Amount Billed	Amount Derived	Over Payment	DETAILED AUDIT FINDINGS: 1. Missing Renewal/Reauthorization of Authorization	2. Missing Service Plan/Service Plan Review	3. Missing Initial Physician Authorization
51	10/01/06	4369	4369	$ 1,628.50	$ 1,628.50	$ -			
52	06/01/06	4369	4369	1,628.50	1,628.50	-			
53	06/01/07	4369	4369	1,693.57	1,693.57	-			
54	05/01/05	4369	4369	1,628.50	1,628.50	-			
55	08/01/06	4369		1,628.50		1,628.50	X		
56	01/01/07	4369	4369	1,701.80	1,701.80	-			
57	11/01/09	4369	4369	2,236.82	2,236.82	-			
58	06/01/06	4369		1,628.50	-	1,628.50		X	
59	05/01/08	4369	4369	2,013.70	2,013.70	-			
60	01/02/09	4371	4371	1,118.41	1,118.41	-			
61	09/01/05	4369	4369	1,628.50	1,628.50	-			
62	03/01/08	4369	4369	2,013.70	2,013.70	-			
63	10/01/09	4369	4369	2,236.82	2,236.82	-			
64	08/01/07	4369	4369	1,693.57	1,693.57	-			
65	09/01/05	4369	4369	1,628.50	1,628.50	-			
66	06/01/06	4369	4369	1,628.50	1,628.50	-			
67	07/01/06	4369		1,628.50		1,628.50		X	
68	09/01/05	4369	4369	1,628.50	1,628.50	-			
69	05/01/08	4369	4369	2,013.70	2,013.70	-			
70	05/01/06	4369	4369	1,628.50	1,628.50	-			
71	04/01/05	4369	4369	1,628.50	1,628.50	-			
72	09/01/09	4369		2,236.82	-	2,236.82	X		
73	05/01/05	4369	4369	1,628.50	1,628.50	-			
74	02/01/06	4369	4369	1,628.50	1,628.50	-			
75	11/01/06	4369	4369	1,628.50	1,628.50	-			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
LAKEVIEW MENTAL HEALTH SERVICES, INC.
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 10-2700
REVIEW PERIOD: 1/1/05 - 12/31/09

Sample Number	Date of Service	Rate Code Billed	Rate Code Derived	Amount Billed	Amount Derived	Over Payment	DETAILED AUDIT FINDINGS: 1. Missing Renewal/Reauthorization of Authorization	2. Missing Service Plan/Service Plan Review	3. Missing Initial Physician Authorization
76	05/01/08	4369	4369	$ 2,013.70	$ 2,013.70	$ -			
77	03/01/07	4369	4369	1,693.57	1,693.57	-			
78	12/01/08	4369	4369	2,236.82	2,236.82	-			
79	12/01/07	4369	4369	1,939.85	1,939.85	-			
80	02/01/08	4369	4369	1,939.85	1,939.85	-			
81	07/01/09	4369	4369	2,236.82	2,236.82	-			
82	06/01/08	4369	4369	2,203.01	2,203.01	-			
83	02/01/09	4369	4369	2,236.82	2,236.82	-			
84	10/01/09	4369		2,236.82		2,236.82	X		
85	08/01/05	4369	4369	1,628.50	1,628.50	-			
86	07/01/05	4369	4369	1,628.50	1,628.50	-			
87	04/01/09	4369	4369	2,236.82	2,236.82	-			
88	06/01/07	4370	4370	846.78	846.78	-			
89	06/01/08	4370	4370	1,101.50	1,101.50	-			
90	01/01/08	4369	4369	1,939.85	1,939.85	-			
91	01/01/08	4369	4369	1,939.85	1,939.85	-			
92	08/01/07	4369	4369	1,693.57	1,693.57	-			
93	05/01/08	4369	4369	2,013.70	2,013.70	-			
94	05/01/09	4370	4370	1,118.41	1,118.41	-			
95	12/01/09	4369	4369	2,236.82	2,236.82	-			
96	08/02/07	4371	4371	846.78	846.78	-			
97	11/01/09	4369	4369	2,236.82	2,236.82	-			
98	04/01/06	4369	4369	1,628.50	1,628.50	-			
99	09/01/07	4369	4369	1,693.57	1,693.57	-			
100	04/01/05	4369	4369	1,628.50	1,628.50	-			
Totals				**$ 174,926.47**	**$ 164,716.43**	**$ 10,210.04**	**3**	**2**	**1**