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
MEDICAID INSPECTOR GENERAL

July 5, 2012

[redacted]
Mount St Mary Hospital Health Center
5300 Military Road
Lewiston, NY 14092-1997

Final Audit Report
Audit #: 12-2369
Provider #: [redacted]

Dear [redacted]:

This letter constitutes the Office of the Medicaid Inspector General's (OMIG) Final Audit Report of Mount St Mary Hospital Health Center, covering the period of December 2009 through December 31, 2011.

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

The OMIG recently completed a review of Medicaid claims for dual eligible Medicare/Medicaid recipients with payment dates from December 2009 to December 31, 2011. Specifically, provider submitted Medicaid claims were matched to the Medicare crossover claim payments generated by the eMedNY computer system. The review identified instances where, based upon claims you submitted to the New York Medicaid program, Medicaid payments you received for a dual eligible recipient were not subsequently voided by the eMedNY system, resulting in potential overpayments to you. The purpose of the audit was to ascertain whether overpayments were made to you.

After reviewing Mount St Mary Hospital Health Center's April 27, 2012 response to the OMIG's February 29, 2012 Draft Audit Report, as well as any other information/documentation submitted, OMIG has determined that for the period and scope reviewed, Mount St Mary Hospital Health Center generally adhered to applicable Medicaid billing rules and regulations. The OMIG has concluded that no further action is required pertaining to this audit.

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

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

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

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

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

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