



**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL**

**REVIEW OF MICHAEL R. DAGOSTINO, DDS'S
DENTAL PAYMENTS FOR MEDICAID MANAGED CARE ENROLLEES
JULY 1, 2012 – FEBRUARY 15, 2013**

FINAL AUDIT REPORT

**James C. Cox
Medicaid Inspector General
July 18, 2013**

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

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

July 18, 2013

Michael R. Dagostino, DDS
1468 E. 71st Street
Brooklyn, NY 11234-5730

Re: Final Audit Report
Audit # 13-2519
Provider # [REDACTED]

Dear Dr. Dagostino:

The New York State Office of the Medicaid Inspector General (OMIG) has identified Medicaid fee-for-service dental payments that were inappropriately made for managed care enrollees; these enrollees already had dental care included in their Managed Care Organization (MCO) benefit package. In accordance with Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR), this report represents the final determination on the issues found during the OMIG's review.

BACKGROUND

The New York State Department of Health (the Department) is the state agency responsible for the administration of the Medicaid program. As part of its responsibility as an entity within the Department, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assessing 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 (Titles 10 and 18 of the NYCRR), the regulations of the Office of Mental Health (Title 14 of the NYCRR) and the Department's Medicaid Provider Manuals, *Medicaid Update* publications, and the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract (Contract).

OBJECTIVE AND SCOPE

Audit Objective

The objective of this audit was to ensure that Michael R. Dagostino, DDS PC (Provider) was in compliance with applicable Federal and State laws, regulations, rules and policies governing the New York State Medicaid Program and to verify whether dental service claims submitted were properly paid.

Audit Scope

The review identified Medicaid payments made to dental providers after July 1, 2012 for services provided to individuals enrolled in a Managed Care Organization that included dental services in the scope of benefit package.

FINDINGS

A Draft Audit Report was issued May 21, 2013 identifying \$2,472.00 in fee-for-service payments inappropriately made to the Provider for services covered under the managed care enrollee's benefit package with a MCO. In your June 13, 2013 response you agreed with the findings in the Draft Audit Report and submitted payment of \$2,472.00 (Attachment I) As stated in the Contract, specifically Section 3.6 (*Compensation – State Department of Health Right to Recover Premiums*) and, Appendix H, as well as 18 NYCRR Parts 517 and 518, the OMIG, on behalf of DOH, has a right to recover overpayments paid for enrollees listed on the monthly roster.

The total amount of overpayment as defined in 18 NYCRR 518.1 is \$2,472.00 (Attachment II). There is no balance due the New York State Department of Health.

PROVIDER RIGHTS

The Provider 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), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If the Provider wishes to request a hearing, the request must be submitted in writing to:

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

July 18, 2013

If a hearing is held, the Provider may have a person represent the Provider or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with the Provider's hearing request a signed authorization permitting that person to represent the Provider the hearing, the Provider may call witnesses and present documentary evidence on the Provider's behalf.

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] or by email at [REDACTED]. Thank you for your cooperation.

Sincerely,

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED