



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

REVIEW OF ROCKLAND COUNTY HEALTH DEPARTMENT  
PSSHSP  
CLAIMS FOR PRESCHOOL SUPPORTIVE SERVICES  
PAID FROM  
JANUARY 1, 2010 – DECEMBER 31, 2010

FINAL AUDIT REPORT  
AUDIT # 11-2989

James C. Cox  
Medicaid Inspector General

June 21, 2013



STATE OF NEW YORK  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
445 Hamilton Ave, Suite 506  
White Plains, NY 10601

ANDREW M. COUMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

June 21, 2013

[REDACTED]  
Rockland County Health Department  
The Dr. Robert L. Yeager Health Center  
50 Sanatorium Road – Building D  
Pomona, New York 10970

Re: Final Audit Report  
Audit #: 11-2989

Dear [REDACTED]:

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Rockland County Health Department PSSHSP (Provider) paid claims for Preschool Supportive Health Services Program services covering the period January 1, 2010, through December 31, 2010.

In the attached final audit report, the OMIG has detailed our purpose and 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. This final audit report incorporates consideration of any additional documentation and information presented in response to the draft audit report dated December 13, 2012. The mean point estimate overpaid is \$62,505. The lower confidence limit of the amount overpaid is \$25,175. 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 \$25,175.

[REDACTED]  
Page 2  
June 21, 2013

If the Provider has any questions or comments concerning this final audit report, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]. Please refer to report number 11-2989 in all correspondence.

Sincerely,

[REDACTED]

Bureau of Fee for Service Audit  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

Ver-3.0

[REDACTED]  
CC: [REDACTED]

Enclosure

CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED

## **OFFICE OF THE MEDICAID INSPECTOR GENERAL**

[www.omig.ny.gov](http://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; to 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 and penalties, and also 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 under the School Supportive Health Services Program and Preschool Supportive Health Services Program (SSHSP and PSHSP) for certain diagnostic and health support services provided to students with, or suspected of having disabilities. SSHSP applies to the 5-21 year old population and PSHSP applies to the 3-4 year old population pursuant to §4410 of the Education Law. In 1988, Section 1903 of subdivision (c), of the Social Security Act (SSA) was added by §411(k)(13)(A) of the Medicare Catastrophic Act of 1988 (PL 100-360), to clarify Congressional intent by stating that nothing in Title XIX of the SSA shall preclude Medicaid coverage of services included in a disabled student's Individualized Education Program (IEP). New York State implemented the Federal law in 1989 by amending Section 368 (d) and (e) of Chapter 558 of the Social Services Laws to authorize payment of medical assistance funds for PSHSP and SSHSP services.

### **PURPOSE AND SCOPE**

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for Preschool Supportive Health Services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to Preschool Supportive Health Services, this audit covered services paid by Medicaid from January 1, 2010, through December 31, 2010.

### **SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM COMPLIANCE AGREEMENT**

In July 2009, the United States Department of Justice, on behalf of the Office of Inspector General (OIG) of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) entered into a Settlement Agreement (Settlement Agreement) with the State of New York, the City of New York, and the Board of Education of the City School District of the City of New York to end litigation related to the New York State School Health Services Program (Program). In addition to the Settlement Agreement, CMS entered into Program Compliance Agreement (Compliance Agreement) with New York State Department of Health (DOH), New York State Department of Education and the New York State Office of the Medicaid Inspector General (OMIG) with respect to the Program's compliance with all rules and regulations applicable to this program. Under the terms of the Program Compliance Agreement, the OMIG must conduct payment audits of the Program's compliance with all applicable federal laws and regulations regarding claims for federal Medicaid participation. The payment audits will focus on program physical therapy, occupational therapy, speech therapy, audiological evaluations, evaluations for all available services, nursing services, psychological services, transportation, medical evaluations, targeted case management services, initial individual education plan (IEP), triennial IEP, annual IEP, requested or amended IEP and ongoing service coordination.

The OMIG is required to perform separate payment Program claim audits for the New York City School District and for school districts and Counties in the rest of the State. The results of these audits must be provided to CMS.

## **SUMMARY OF FINDINGS**

We inspected a random sample of 100 claims with \$44,585 in Medicaid payments. Of the 100 claims in our random sample, 7 claims had at least one error and did not comply with state requirements. Of the 7 noncompliant claims, none contained more than one deficiency. Specifics are as follows:

<b><u>Error Description</u></b>	<b><u>Number of Errors</u></b>
Incomplete Documentation of Services Provided Under the Direction of a Therapist	7

Based on the procedures performed, the OMIG has determined that the Provider was overpaid \$3,410 in sample overpayments with an extrapolated point estimate of \$62,505. The lower confidence limit of the amount overpaid is \$25,175.

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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 SSHSP and PSHSP 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 School Supportive Health Services Program and Preschool Supportive Health Services Program

Reimbursement under the Medicaid program is available under the School Supportive Health Services Program and Preschool Supportive Health Services Program (SSHSP and PSHSP) for certain diagnostic and health support services provided by a school or county to students with, or suspected of having disabilities. Services (physical therapy, occupational therapy, speech pathology/therapy, psychological counseling, skilled nursing services), evaluations (basic and comprehensive psychological evaluations, medical evaluations, medical specialist evaluations, audiological evaluations) and special transportation must be provided by qualified professionals either under contract with, or employed by, school districts/§4201 schools/county agencies. In addition, school districts are able to claim Medicaid reimbursement for five additional services identified as Targeted Case Management (TCM). Furthermore, the school districts/§4201 schools/counties must be enrolled as Medicaid providers in order to bill Medicaid.

The specific standards and criteria for SSHSP and PSHSP services are primarily outlined in the provider manual "Medicaid Claiming/Billing Handbook – (UPDATE #6)" as updated by the New York State Department of Health with the New York State Education Department, Part 200 of the Regulations of the Commissioner of the New York State Education Department, and the Questions and Answers posted on the New York State Education Department website, under NYS Medicaid in Education.

## **School Supportive Health Services Program Compliance Agreement**

In July 2009, the United States Department of Justice, on behalf of the Office of Inspector General (OIG) of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) entered into a Settlement Agreement (Settlement Agreement) with the State of New York, the City of New York, and the Board of Education of the City School District of the City of New York to end litigation related to the New York State School Health Services Program (Program). In addition to the Settlement Agreement CMS entered into Program Compliance Agreement (Compliance Agreement) with New York State Department of Health (DOH), New York State Department of Education and the New York State Office of the Medicaid Inspector General (OMIG) with respect to the Program's compliance with all rules and regulations applicable to this program. Under the terms of the Program Compliance Agreement, the OMIG must conduct payment audits of the Program's compliance with all applicable federal laws and regulations regarding claims for federal Medicaid participation. The payment audits will focus on program physical therapy, occupational therapy, speech therapy, audiological evaluations, evaluations for all available services, nursing services, psychological services, transportation, medical evaluations, targeted case management services, initial individual education plan (IEP), triennial IEP, annual IEP, requested or amended IEP and ongoing service coordination.

The OMIG is required to perform separate payment Program claim audits for the New York City School District and for school districts and Counties in the rest of the State. The results of these audits must be provided to CMS.

### **PURPOSE, SCOPE, AND METHODOLOGY**

#### **Purpose**

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for Preschool Supportive Health 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 the Provider for Preschool Supportive Health Services Program services paid by Medicaid from January 1, 2010, through December 31, 2010. Our audit universe consisted of 1,833 claims totaling \$834,397.

During our audit, we did not review the overall internal control structure of the Provider. 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 the Provider's management personnel to gain an understanding of the Preschool Supportive Health Services Program;
- ran computer programming application of claims in our data warehouse that identified 1,833 paid Preschool Supportive Health Services Program claims, totaling \$834,397.
- selected a random sample of 100 claims from the population of 1,833 claims; and,
- estimated the overpayment paid in the population of 1,833 claims.

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

- Medicaid electronic claim information
- Patient record, including, but not limited to:
  - Individualized Education Program (IEP)
  - CSE Meeting Minutes
  - Invitation to parent/guardian to attend a CSE meeting and notification of the outcome
  - Service reports
  - Progress notes
- Any additional documentation deemed by the Provider's 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)], and State Education Department [Title 8 of the Official Compilation of Codes, Rules and Regulations of the State of New York (8 NYCRR Part 200)].
- Medicaid Management Information System and eMedNY Provider Manual, including applicable updates by the New York State Department of Health with the New York State Education Department.
- Specifically, Title 18 NYCRR Section 540.6, and other applicable program regulations, for example, 14 NYCRR Part 822.

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)*

## DETAILED FINDINGS

The OMIG's review of Medicaid claims paid to the Provider from January 1, 2010, through December 31, 2010, identified 7 claims with at least one error, for a total sample overpayment of \$3,410 (Attachment C).

### Sample Selection

1. **Incomplete Documentation of Services Provided Under the Direction of a Therapist** 26, 32, 35, 36, 46, 47, 71

Documentation Requirements for "Under the Direction Of"

1. Credentials of the individuals that provide direction to a TSHH. Credentials of the professionals should be kept on file. Photocopy of the License and/or ~~ASHA Certification~~ (updated 2/6/07) of the SLP.

2. Signed statement by the SLP with license # or ~~ASHA certification~~ (updated 2/6/07) listing the TSHH for whom direction is being provided as well as a statement of how accessibility will be provided. Examples of this are: team meetings, access by telephone on a scheduled basis, regularly scheduled meetings with teachers, sign-off on progress notes, or any other method where accessibility is demonstrated. This documentation should be on file in the school district or county office.

Form included in Appendix C Page C 11 [CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY] of Guidebook #6 should be completed signed and dated. It must be updated as things change.

The documentation must be updated by the SLP every time there is a change in personnel which involves either the licensed SLP providing direction or the TSHH to which "under the direction of" is provided. A copy of the documentation must be given to each teacher being provided direction as well as the SLP. The school district/~~§4201 school~~/county should retain the original copy.

## Sample Selection

3. Documentation needed for face-to-face contact: Documentation must show that the SLP has seen the beneficiary at the beginning of and periodically during treatment, be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner, have continued involvement in the care provided, and review the need for continued services throughout the treatment (updated 2/6/07).

*Update #6, page 14*

Documentation needed for face-to-face contact: Documentation must show that the SLP has seen the beneficiary at the beginning of and periodically during treatment, be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner, have continued involvement in the care provided, and review the need for continued services throughout the treatment (updated 2/6/07).

*Medicaid Claiming / Billing Handbook  
Update #6, page14*

No services provided by the Teacher of the Speech and Hearing Handicapped (TSHH) before the first meeting between the qualified SLP and the child are reimbursable by Medicaid.

*Medicaid in Education Alert Issue 08-04  
NYS OMIG SSHSP/PSHSP  
Medicaid in Education Unit*

When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria: 3. a. The SLP should be available, as needed, to the TSHH for assistance and consultation but need not be on the premises; and b. The SLP must have regular scheduled meetings with the TSHH [Effective July 1, 2005].

*Medicaid Claiming / Billing Handbook  
Update #6, page14*

When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria: 4. Review periodic progress notes prepared by the TSHH, consult with the teacher and make recommendations, as appropriate.

*Medicaid Claiming / Billing Handbook  
Update #6, page14*

## Sample Selection

When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria: 1. Assure the delivery of speech-language pathology services as per the student's (IEP)... criteria of direction listed in the preceding section must be documented. It is important that a school district or county be able to prove that direction is being provided to their TSHH for the purposes of Medicaid billing. What follows are methods for documenting each of the four criteria:

1. Assure the delivery of speech-language pathology services as per the student's IEP.
  - SLP signs or initials and dates a copy of the IEP, or documents through a signature and date that the student's IEP was reviewed, and
  - SLP initials or signs and dates the monthly service report or
  - SLP signs and dates a copy of the schedule showing the students in each class and when the day and time the class is scheduled.

*Medicaid Claiming / Billing Handbook  
Update #6, page14*

In 7 instances pertaining to 5 patients, the claim was billed while there was incomplete documentation of services provided under the direction of a therapist.

## 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 \$25,175, 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:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 2739  
File #11-2989  
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  
[REDACTED]

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 \$62,505. 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**

Rockland County Health Department  
PSSHSP  
The Dr. Robert L. Yeager Health Center  
50 Sanatorium Road – Building D  
Pomona, New York 10970

**PROVIDER ID** [REDACTED]

**AUDIT #**11-2989

**AMOUNT DUE:** \$25,175

**AUDIT**

**TYPE**

**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 2739  
File #11-2989  
Albany, New York 12237

*Thank you for your cooperation.*

## **SAMPLE DESIGN AND METHODOLOGY**

Our sample design and methodology are as follows:

- Universe - Medicaid claims for Preschool Supportive Health Services Program services paid during the period January 1, 2010, through December 31, 2010.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Provider's claims for Preschool Supportive Health Services Program services paid during the period January 1, 2010, through December 31, 2010.
- Sample Unit - The sample unit is a Medicaid claim paid during the period January 1, 2010, through December 31, 2010.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 claims.
- 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 the Provider could not produce sufficient supporting documentation was treated as an error.
- Estimation Methodology – Estimates are based on the sample data using per unit estimates.

**SAMPLE RESULTS AND ESTIMATES**

Universe Size	1,833
Sample Size	100
Sample Book Value	\$44,585
Sample Overpayments	\$3,410
Net Financial Error Rate	8%
Mean Dollars in Error	\$34,1000
Standard Deviation	126.180
Point Estimate of Total Dollars	\$62,505
Confidence Level	90%
Lower Confidence Limit	\$ 25,175

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ROCKLAND COUNTY HEALTH DEPARTMENT PSSHSP  
REVIEW OF SAMPLE SELECTION  
PROJECT NUMBER: 11-2989  
REVIEW PERIOD: 01/01/10 - 12/31/10

DETAILED AUDIT FINDINGS

1. Incomplete Documentation of Services Provided Under the Direction of a Therapist

Sample Number	Date of Service	Rate Code		Amount		Over Payment
		Billed	Derived	Billed	Derived	
1	10/01/08	5324	5324	\$ 405.00	\$ 405.00	\$ -
2	06/01/09	5325	5325	397.00	397.00	-
3	02/01/09	5333	5333	299.00	299.00	-
4	08/01/08	5325	5325	397.00	397.00	-
5	03/01/09	5323	5323	545.00	545.00	-
6	09/01/08	5324	5324	405.00	405.00	-
7	11/01/08	5325	5325	397.00	397.00	-
8	03/01/09	5325	5325	397.00	397.00	-
9	10/01/08	5323	5323	545.00	545.00	-
10	12/01/08	5331	5331	410.00	410.00	-
11	01/01/09	5325	5325	397.00	397.00	-
12	05/01/09	5331	5331	410.00	410.00	-
13	01/01/09	5331	5331	410.00	410.00	-
14	06/01/09	5331	5331	410.00	410.00	-
15	05/01/09	5323	5323	545.00	545.00	-
16	05/01/09	5333	5333	299.00	299.00	-
17	08/01/08	5324	5324	405.00	405.00	-
18	02/01/09	5332	5332	306.00	306.00	-
19	04/01/09	5323	5323	545.00	545.00	-
20	08/01/08	5323	5323	545.00	545.00	-
21	01/01/09	5331	5331	410.00	410.00	-
22	09/01/08	5323	5323	545.00	545.00	-
23	02/01/09	5324	5324	405.00	405.00	-
24	04/01/09	5325	5325	397.00	397.00	-
25	06/01/09	5331	5331	410.00	410.00	-

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 ROCKLAND COUNTY HEALTH DEPARTMENT PSSHSP  
 REVIEW OF SAMPLE SELECTION  
 PROJECT NUMBER: 11-2989  
 REVIEW PERIOD: 01/01/10 - 12/31/10

DETAILED AUDIT FINDINGS

1. Incomplete Documentation of Services Provided Under the Direction of a Therapist

Sample Number	Date of Service	Rate Code Billed	Rate Code Derived	Amount Billed	Amount Derived	Over Payment	
26	12/01/08	5323		\$ 545.00	\$ -	\$ 545.00	X
27	02/01/09	5323	5323	545.00	545.00	-	
28	01/01/09	5324	5324	405.00	405.00	-	
29	04/01/09	5331	5331	410.00	410.00	-	
30	10/01/08	5324	5324	405.00	405.00	-	
31	11/01/08	5324	5324	405.00	405.00	-	
32	01/01/09	5323		545.00	-	545.00	X
33	11/01/08	5324	5324	405.00	405.00	-	
34	05/01/09	5324	5324	405.00	405.00	-	
35	09/01/08	5323		545.00	-	545.00	X
36	01/01/09	5323		545.00	-	545.00	X
37	08/01/08	5324	5324	405.00	405.00	-	
38	05/01/09	5323	5323	545.00	545.00	-	
39	04/01/09	5323	5323	545.00	545.00	-	
40	05/01/09	5323	5323	545.00	545.00	-	
41	09/01/08	5331	5331	410.00	410.00	-	
42	04/01/09	5325	5325	397.00	397.00	-	
43	05/01/09	5325	5325	397.00	397.00	-	
44	07/01/08	5323	5323	545.00	545.00	-	
45	12/01/08	5331	5331	410.00	410.00	-	
46	04/01/09	5331		410.00	-	410.00	X
47	10/01/08	5331		410.00	-	410.00	X
48	04/01/09	5331	5331	410.00	410.00	-	
49	02/01/09	5323	5323	545.00	545.00	-	
50	07/01/08	5323	5323	545.00	545.00	-	

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ROCKLAND COUNTY HEALTH DEPARTMENT PSSHSP  
REVIEW OF SAMPLE SELECTION  
PROJECT NUMBER: 11-2989  
REVIEW PERIOD: 01/01/10 - 12/31/10

DETAILED AUDIT FINDINGS

1. Incomplete Documentation of Services Provided Under the Direction of a Therapist

Sample Number	Date of Service	Rate Code		Amount		Over Payment
		Billed	Derived	Billed	Derived	
51	01/01/09	5331	5331	\$ 410.00	\$ 410.00	\$ -
52	06/01/09	5324	5324	405.00	405.00	-
53	09/01/08	5323	5323	545.00	545.00	-
54	06/01/09	5331	5331	410.00	410.00	-
55	10/01/08	5325	5325	397.00	397.00	-
56	10/01/08	5325	5325	397.00	397.00	-
57	07/01/08	5325	5325	397.00	397.00	-
58	03/01/09	5323	5323	545.00	545.00	-
59	11/01/08	5325	5325	397.00	397.00	-
60	11/01/08	5325	5325	397.00	397.00	-
61	04/01/09	5323	5323	545.00	545.00	-
62	09/01/08	5325	5325	397.00	397.00	-
63	05/01/09	5325	5325	397.00	397.00	-
64	12/01/08	5323	5323	545.00	545.00	-
65	09/01/08	5325	5325	397.00	397.00	-
66	11/01/08	5324	5324	405.00	405.00	-
67	08/01/08	5324	5324	405.00	405.00	-
68	02/01/09	5325	5325	397.00	397.00	-
69	03/01/09	5323	5323	545.00	545.00	-
70	10/01/08	5323	5323	545.00	545.00	-
71	11/01/08	5331	5331	410.00	-	410.00
72	05/01/09	5324	5324	405.00	405.00	-
73	06/01/09	5325	5325	397.00	397.00	-
74	03/01/09	5331	5331	410.00	410.00	-
75	07/01/08	5324	5324	405.00	405.00	-

X

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ROCKLAND COUNTY HEALTH DEPARTMENT PSSHSP  
REVIEW OF SAMPLE SELECTION  
PROJECT NUMBER: 11-2989  
REVIEW PERIOD: 01/01/10 - 12/31/10

DETAILED AUDIT FINDINGS

1. Incomplete Documentation of Services Provided Under the Direction of a Therapist

Sample Number	Date of Service	Rate Code		Amount		Over Payment
		Billed	Derived	Billed	Derived	
76	01/01/09	5323	5323	\$ 545.00	\$ 545.00	\$ -
77	08/01/08	5323	5323	545.00	545.00	-
78	10/01/08	5324	5324	405.00	405.00	-
79	06/01/09	5323	5323	545.00	545.00	-
80	02/01/09	5324	5324	405.00	405.00	-
81	12/01/08	5325	5325	397.00	397.00	-
82	03/01/09	5331	5331	410.00	410.00	-
83	03/01/09	5333	5333	299.00	299.00	-
84	04/01/09	5324	5324	405.00	405.00	-
85	03/01/09	5323	5323	545.00	545.00	-
86	05/01/09	5325	5325	397.00	397.00	-
87	06/01/09	5323	5323	545.00	545.00	-
88	02/01/09	5325	5325	397.00	397.00	-
89	11/01/08	5325	5325	397.00	397.00	-
90	09/01/08	5323	5323	545.00	545.00	-
91	08/01/08	5323	5323	545.00	545.00	-
92	07/01/08	5323	5323	545.00	545.00	-
93	03/01/09	5325	5325	397.00	397.00	-
94	04/01/09	5331	5331	410.00	410.00	-
95	05/01/09	5323	5323	545.00	545.00	-
96	12/01/08	5325	5325	397.00	397.00	-
97	09/01/08	5325	5325	397.00	397.00	-
98	03/01/09	5324	5324	405.00	405.00	-
99	12/01/08	5325	5325	397.00	397.00	-
100	06/01/09	5323	5323	545.00	545.00	-
<b>Totals</b>				<b>\$ 44,585.00</b>	<b>\$ 41,175.00</b>	<b>\$ 3,410.00</b>