



STATE OF NEW YORK  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
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ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

March 31, 2014

[REDACTED]  
Finger Lakes Visiting Nurse Service  
756 Pre-Emption Road  
Geneva, New York 14456

Re: Final Audit Report  
Audit #: 09-2443  
Provider ID #: [REDACTED]  
FEIN: [REDACTED]  
NPI #: [REDACTED]

Dear [REDACTED]

Enclosed is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report entitled "Review of Finger Lakes Visiting Nurse Service" (Provider) claims paid for Certified Home Health Agency (CHHA) home health from March 1, 2004, through December 31, 2007.

In accordance with §§ 30, 31 and 32 of the New York State Public Health Law, and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Parts 504 and 517, OMIG performed an audit of home health services claims paid to Finger Lakes Visiting Nurse Service from March 1, 2004, through December 31, 2007.

The audit universe consisted of 98,634 claims totaling \$7,808,520.07. The audit consisted of a random sample of 200 claims with Medicaid payments totaling \$14,883.03 (Attachment A). OMIG shared its preliminary findings with Finger Lakes Visiting Nurse Service in the Draft Audit Report dated August 30, 2013. Any written responses and documentation provided to OMIG in response to the Draft Audit Report have been considered before issuing this report.

The statistical sampling methodology employed in this audit allows for extrapolation of the sample findings to the universe of claims (18 NYCRR Section 519.18). OMIG has determined that the point estimate of the Medicaid overpayment received by Finger Lakes Visiting Nurse Service is \$402,067. The lower confidence limit of the amount overpaid is \$178,141 (Attachment B). The enclosed Final Audit Report contains further information about OMIG's audit findings and the calculation of the Medicaid overpayment. 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 \$178,141.

If you have any questions or comments concerning this report, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]. Please refer to audit number 09-2443 in all correspondence.

Sincerely,

[REDACTED]

Division of Medicaid Audit  
Rochester Office of the  
Medicaid Inspector General

[REDACTED]  
Enclosure

Cc [REDACTED]

CERTIFIED MAIL [REDACTED]  
RETURN RECEIPT REQUESTED

STATE OF NEW YORK  
OFFICE OF THE MEDICAID INSPECTOR GENERAL



REVIEW OF FINGER LAKES VISITING NURSE SERVICE  
CLAIMS FOR CERTIFIED HOME HEALTH AGENCY  
HOME HEALTH SERVICES  
PAID FROM  
MARCH 1, 2004 – DECEMBER 31, 2007

Final Audit Report  
Audit #: 09-2443

James C. Cox  
Medicaid Inspector General

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**Mission**

The mission of the Office of the Medicaid Inspector General is to enhance 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 while promoting high quality patient care.

**Vision**

The Office of the Medicaid Inspector General's vision is to be the national leader in promoting and protecting the integrity of the Medicaid program.

## Background, Purpose, and Audit Scope

### Background

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (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 DOH (Titles 10, 14 and 18 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

Reimbursement under the Medicaid Program is available for medically necessary home health services provided by a public or voluntary non-profit home health agency certified in accordance with the provisions of Article 36 of the Public Health Law. Services provided by a certified home health agency are based on a comprehensive assessment of each patient, a written plan of care, and the written orders of the treating physician, and are generally provided under the supervision of a registered nurse or therapist. The specific standards and criteria for certified home health agency services appear in 42 CFR Part 484, 18 NYCRR Part 505.23 and 10 NYCRR Part 763. MMIS Provider Manuals pertaining to home health services, personal care services, and nursing services also provide programmatic guidance for the provision of home health services.

### Purpose

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for home 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;
- the medical necessity of claimed services was supported by the provider's documentation;
- 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

A review of home health service claims paid to Finger Lakes Visiting Nurse Service from March 1, 2004, through December 31, 2007, was completed.

The audit universe consisted of 98,634 claims totaling \$7,808,520.07. The audit sample consisted of 200 claims totaling \$14,883.03 (Attachment A).

**PROVIDER RIGHTS**

18 NYCRR Part 518 regulates the collection of overpayments. Your repayment options are described below. If you decide to repay the lower confidence limit amount of \$178,141, 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 #09-2443  
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 50% withhold after 20 days until the agreement is established. 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. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at 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 you choose not to settle this audit through repayment of the 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 \$402,067. 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 the provider has the right to:

- a) request the department to reschedule the hearing (adjournment);
- b) be represented by an attorney, or other representative, or to represent himself/herself;
- c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
- d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong; and
- e) cross-examine witnesses of the department.

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.

## REGULATIONS OF GENERAL APPLICATION

Each audit finding is supported by relevant regulations, policy statements and manuals. In addition, the audit findings in this audit are supported by regulations of general application to the Medicaid Program and to home health care services. These regulations are provided below.

“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*

“Fee-for-service providers. (1) All providers . . . must prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program. All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor . . . must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department . . . for audit and review.”  
*18 NYCRR Section 517.3(b)*

“All bills for medical care, services and supplies shall contain: (1) patient name, case number and date of service; (2) itemization of the volume and specific types of care, services and supplies provided (including for a physician, his final diagnosis, and for drugs, the prescription filled); (3) the unit price and total cost of the care, services and supplies provided; . . . and (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)(1)-(3) and (8)*

“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)*

“Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department.”

*18 NYCRR Section 540.1*

“The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim.”

*18 NYCRR Section 518.3(a)*

“The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished....”

*18 NYCRR Section 518.3(b)*

“Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client’s medical record.”

*18 NYCRR Section 518.3(b)*

“A certified home health agency must provide home health services in accordance with applicable provisions of the regulations of the Department of Health...and with federal regulations governing home health services (42 CFR 440.70 and Part 484).”

*18 NYCRR Section 505.23(b)(1)*

“Home care services agency shall mean an organization primarily engaged in arranging and/or providing, directly or through contract arrangement, one or more of the following: nursing services, home health aide services, medical supplies, equipment and appliances, and other therapeutic and related services which may include, but shall not be limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services, homemaker services and housekeeper services which may be of a preventive, therapeutic, rehabilitative, health guidance and/or supportive nature to persons at home.”

*10 NYCRR Section 700.2(a)(6)*

Part 763 of 10 NYCRR establishes minimum requirements and operating standards for certified home health agencies, long term home health care programs, and AIDS home care programs.

*10 NYCRR Section 763.1 et. seq.*

“The governing authority of the agency shall be responsible for the management, operation and evaluation of the agency and shall: (1) ensure compliance of the agency with the applicable federal, state and local statutes, rules and regulations....”

*10 NYCRR Section 763.11(a)(1)*

**AUDIT FINDINGS**

OMIG's detailed findings appear in the following pages. A description of each finding, supporting regulations, and the list of samples with each finding, appear below. Each sample may contain more than one error, and may be listed in more than one category of finding. A sample may only be disallowed once in an audit, however, each sample is subject to disallowance based on a single error.

This audit report incorporates consideration of any additional documentation and information presented in response to the Draft Audit Report dated August 30, 2013. The attached Bridge Schedule indicates any changes to the findings as a result of your response (Attachment D).

**SUMMARY OF FINDINGS**

<u>Error Description</u>	<u>Number of Errors</u>
Billed Medicaid Before Services Were Authorized	5
Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	4
Billed for Services Performed by Another Provider/Entity—Intermediate Care Facility	1
Missing or Insufficient Documentation of Hours/Visit Billed	1
Billed for Services in Excess of Ordered Hours/Visits	1

## FINDINGS DETAIL

The OMIG's review of Medicaid claims paid to the Provider from March 1, 2004, through December 31, 2007, identified 11 claims with at least one error, for a total sample overpayment of \$815.27 (Attachment C). This audit report incorporates consideration of any additional documentation and information presented in response to the Draft Audit Report dated August 30, 2013. Appropriate adjustments were made to the findings.

### 1. Billed Medicaid Before Services Were Authorized

Regulations state: "The agency shall maintain a confidential clinical record for each patient admitted to care or accepted for service to include:...medical orders and nurses diagnoses...signed by the authorized practitioner within 30 days after admission to the agency, or prior to billing, whichever is sooner; signed by the authorized practitioner within 30 days after issuance of any change in medical orders or prior to billing, whichever is sooner, to include all written and oral changes and changes made by telephone by such practitioner; and renewed by the authorized practitioner as frequently as indicated by the patient's condition but at least every 62 days..."  
*10 NYCRR Section 763.7(a)(3)(i)-(iii)*

Regulations state: "Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency and duration of such services."  
*10 NYCRR Section 763.6(d)*

Regulations state: "Each patient's clinical records shall be kept securely for not less than six years after discharge from the agency and made available to the department upon request. In the case of minors, records are to be kept for not less than six years after discharge, or three years after they reach majority (18 years), whichever is the longer period."  
*10 NYCRR Section 763.7(c)*

Regulations also state: "Home health services mean the following services *when prescribed by a physician* and provided to an MA recipient in his or her home...nursing services...physical therapy, occupational therapy, or speech pathology and audiology services; and home health aide services. . . ."  
*18 NYCRR Section 505.23(a)(3)(i)-(iii)*

Regulations state: "The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60-day episode. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care."  
*42 CFR Section 484.18(b)*

The Home Health Manual states: "Any such service provided [by a certified home health agency] to a Recipient must be ordered by his/her physician as part of a written plan of care. . . ."

*MMIS Provider Manual for Home Health Services, Revised February 1992, Section 2  
NYS Medicaid Program Provider Manual for Home Health, Policy Guidelines,  
Version 2007-1, Section III and Version 2008-1, Section III*

In 5 instances pertaining to 5 patients, Medicaid was billed prior to the date of the signed order.

This finding applies to Sample #'s 23, 32, 87, 111, and 187.

## 2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame

Regulations state: "Home health services mean the following services *when prescribed by a physician* and provided to an MA recipient in his or her home...nursing services...physical therapy, occupational therapy, or speech pathology and audiology services; and home health aide services. . . ."  
*18 NYCRR Section 505.23(a)(3)(i)-(iii)*

Regulations state: "The agency shall maintain a confidential clinical record for each patient admitted to care or accepted for service to include:...medical orders and nurses diagnoses...signed by the authorized practitioner within 30 days after admission to the agency, or prior to billing, whichever is sooner; signed by the authorized practitioner within 30 days after issuance of any change in medical orders or prior to billing, whichever is sooner, to include all written and oral changes and changes made by telephone by such practitioner; and renewed by the authorized practitioner as indicated by the patient's condition but at least every 62 days..."

*10 NYCRR Section 763.7(a)(3)(i)-(iii)*

Regulations state: "Each patient's clinical records shall be kept securely for not less than six years after discharge from the agency and made available to the department upon request. In the case of minors, records are to be kept for not less than six years after discharge, or three years after they reach majority (18 years), whichever is the longer period."

*10 NYCRR Section 763.7(c)*

Regulations state: "A certified home health agency must provide home health services in accordance with applicable provisions of the regulations of the Department of Health and with federal regulations governing home health services (42 CFR 440.70 and Part 484)."

*18 NYCRR Section 505.23(b)(1)*

Regulations state: "The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in case-mix assignment; or a discharge and return to the same HHA during the 60-day episode. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care."

*42 CFR Section 484.18(b)*

The Home Health Manual states: "Any such service provided [by a certified home health agency] to a Recipient must be ordered by his/her physician as part of a written plan of care. . . ."

*MMIS Provider Manual for Home Health Services, Revised February 1992, Section 2  
NYS Medicaid Program Provider Manual for Home Health, Policy Guidelines,  
Version 2007-1, Section III and Version 2008-1, Section III*

In 4 instances pertaining to 4 patients, the order was not signed within the required time frame. There was no signed order in effect for the sampled date of service. The practitioner's renewal of the order occurred after the certification period pertaining to the date of service.

This finding applies to Sample #'s 40, 125, 147 and 167.

**3. Billed for Services Performed by Another Provider/Entity - Intermediate Care Facility (ICF)**

Regulations state: "It is the policy of the department to pay for home health services under the medical assistance program only when the services are medically necessary..."

*18 NYCRR Section 505.23(a)(1)(i)&(ii)*

Regulations state: "A intermediate care facility shall mean a facility or part thereof approved by the state department of health to provide therein health-related care and services to persons who because of their physical or mental condition, or both, require institutional care and services, in addition to board and lodging, but who do not have such an illness, disease, injury, or other condition as to require the institutional care and services provided only by a hospital or nursing home..."

*New York State Social Services Law, Article 1, § 2.30*

Regulations state: "Effective August 1, 2004, the following residential and day programs certified, operated, or funded by the Office of Mental Retardation and Developmental Disabilities (OMRDD), will become responsible for all Medicaid reimbursable personal care and home health aide services provided to participants in these settings: Intermediate Care Facilities (ICF/DD); OMRDD Day Treatment and Day Habilitation Programs; Supervised Community Residences (CR); Supervised Individual Residential Alternatives (IRA)."

*DOH Medicaid Update, June 2004, Vol.19, No. 6, p. 5 of 15*

The OMRDD "Dear ICF Agency Executive" letter dated June 13, 2006 states: "[S]tarting on January 1, 2007, each OMRDD [OPDWW] certified ICF/DD will be fiscally responsible for the long term therapies identified below. [ ] With this change, separate Medicaid billing will be prohibited for...long term [nursing] services provided to an ICF resident. This prohibition on separate billing to Medicaid extends to practitioner provided services and applies to all service delivery locations. [ ] To address an acute illness, an accident, or post-hospitalization health need, the Medicaid program will allow up to three consecutive months of separate practitioner/clinic billing for short term rehabilitation within a calendar year. This separate billing pertains only to: [ ] and nursing. The allowed time-limited rehabilitation/therapy services [ ] must be directly related to the ICF resident's acute illness, and accident, or post-hospitalization health need. [ ] Up to three consecutive months of separate short-term

rehabilitation/therapy will be allowed in a calendar year; therefore, the ICF will be fiscally responsible for any needed practitioner/clinical services that extends beyond this time frame.”  
*OMRDD “Dear ICF Agency Executive” letter dated June 13, 2006*

In 1 instance, the provider billed for services provided to a resident of an Intermediate Care Facility that were the responsibility of that facility.

This finding applies to Sample #'s 22

#### 4. **Missing or Insufficient Documentation of Hours/Visits Billed**

“The department will pay providers for home health services for home health services provided under this section at rates established by the Commissioner of Health and approved by the Division of Budget; however, no payment will be made unless the claim for payment is supported by documentation of the time spent providing services to each recipient.”

*18 NYCRR Section 505.23(e)(1)*

“The agency shall maintain a confidential clinical record for each patient admitted to care or accepted for service to include: . . . signed and dated progress notes, following each patient contact by each professional person providing care, which shall include a summary of patient status and response to plan of care and, if applicable, contacts with family, informal supports and other community resources, and a brief summary of care provided at the termination of each service; [and] observations and reports made to the registered professional nurse, licensed practical nurse or supervising therapist by the home health aide or personal care aide, including activity sheets; . . .”

*10 NYCRR Section 763.7(a)(6)&(7)*

In 1 instance, the documentation to support the claim was either missing or did not fully support the claim. The record documented that no services were provided.

This finding applies to Sample # 107.

#### 5. **Billed for Services in Excess of Ordered Hours/Visits**

Regulations state: “It is the policy of the department to pay for home health services under the medical assistance program only when the services are medically necessary.”

*18 NYCRR Section 505.23(a)(1)(i)&(ii)*

Regulations state: “Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client’s medical record.”

*18 NYCRR Section 518.3(b)*

Regulations state: “Home health services mean the following services when prescribed by a physician and provided to an MA recipient in his or her home . . . (i) nursing services . . . (ii) physical therapy, occupational therapy, or speech pathology and audiology services; and (iii) home health aide services. . . .”

*18 NYCRR Section 505.23(a)(3)(i)-(iii)*

Regulations state: “Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency and duration of such services. . . .”

*10 NYCRR Section 763.6(d)*

The Home Health Manual states: "Any such service provided [by a certified home health agency] to a Recipient must be ordered by his/her physician as part of a written plan of care...."

*MMIS Provider Manual for Home Health Services, Revised February 1992, Section 2  
NYS Medicaid Program Provider Manual for Home Health, Policy Guidelines,  
Version 2007-1, Section III and Version 2008-1, Section III*

In 1 instance, there were no home health aide services specified on the authorized practitioner's order.

This finding applies to Sample # 111.

## Attachment A

**SAMPLE DESIGN**

The sample design used for Audit #09-2443 was as follows:

- Universe - Medicaid claims for home health agency services paid during the period March 1, 2004, through December 31, 2007.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of Provider claims for home health agency services paid during the period March 1, 2004, through December 31, 2007.
- Sample Unit - The sample unit is a Medicaid claim paid during the period March 1, 2004, through December 31, 2007.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 200 claims.

Attachment B

**SAMPLE RESULTS AND ESTIMATES****Audit Statistics**

Universe Size	98,634
Sample Size	200
Sample Value	\$ 14,883.03
Sample Overpayments	\$ 815.27
Net Financial Error Rate	5.5%
Confidence Level	90%

**Extrapolation of Sample Findings**

Sample Overpayments	\$ 815.27
Sample Size	200
Mean Dollars in Error	\$ 4.0764
Universe Size	98,634
Point Estimate of Total Dollars	\$ 402,067
Lower Confidence Limit	\$ 178,141

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

**NAME AND ADDRESS OF AUDITEE**

Finger Lakes Visiting Nurse Service

**PROVIDER ID** [REDACTED]

**AUDIT #09-2443**

**AMOUNT DUE: \$178,141**

**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 #09-2443  
Albany, New York 12237

*Thank you for your cooperation.*

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS				
		Billed	Derived	Paid	Derived		1. Billed Medicaid Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits
1	03/13/05	2610	2610	\$ 55.78	\$ 55.78	\$ -					
2	09/07/07	2610	2610	\$ 102.18	\$ 102.18	\$ -					
3	08/17/06	2650	2650	\$ 124.18	\$ 124.18	\$ -					
4	06/17/04	2610	2610	\$ 27.78	\$ 27.78	\$ -					
5	02/09/04	2610	2610	\$ 27.78	\$ 27.78	\$ -					
6	05/09/05	2610	2610	\$ 27.89	\$ 27.89	\$ -					
7	11/29/07	2620	2620	\$ 270.20	\$ 270.20	\$ -					
8	08/01/05	2620	2620	\$ 107.10	\$ 107.10	\$ -					
9	11/07/05	2611	2611	\$ 99.99	\$ 99.99	\$ -					
10	05/31/05	2610	2610	\$ 55.78	\$ 55.78	\$ -					
11	01/17/05	2682	2682	\$ 2.50	\$ 2.50	\$ -					
12	01/15/07	2610	2610	\$ 34.00	\$ 34.00	\$ -					
13	03/19/05	2610	2610	\$ 27.89	\$ 27.89	\$ -					
14	02/18/04	2610	2610	\$ 55.56	\$ 55.56	\$ -					
15	12/16/04	2610	2610	\$ 83.34	\$ 83.34	\$ -					
16	10/06/04	2610	2610	\$ 83.34	\$ 83.34	\$ -					
17	09/01/06	2610	2610	\$ 63.30	\$ 63.30	\$ -					
18	06/27/05	2620	2620	\$ 107.10	\$ 107.10	\$ -					
19	04/12/06	2610	2610	\$ 29.40	\$ 29.40	\$ -					
20	03/05/06	2610	2610	\$ 29.40	\$ 29.40	\$ -					
21	08/15/05	2610	2610	\$ 83.67	\$ 83.67	\$ -					
22	04/19/05	2610		\$ 139.45		\$ 139.45				X	
23	03/16/05	2650		\$ 108.31		\$ 108.31				X	
24	02/05/06	2610	2610	\$ 29.40	\$ 29.40	\$ -					
25	12/05/05	2620	2620	\$ 107.10	\$ 107.10	\$ -					

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS					
		Billed	Derived	Paid	Derived		1. Billed Medicaid Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits	
26	06/19/05	2611	2611	\$ 33.33	\$ 33.33	\$ -						
27	11/15/07	2620	2620	135.10	135.10	-						
28	11/19/07	2620	2620	135.10	135.10	-						
29	08/03/07	2620	2620	135.10	135.10	-						
30	04/04/07	2611	2611	74.42	74.42	-						
31	11/26/07	2610	2610	102.18	102.18	-						
32	04/03/04	2610	2610	27.78	27.78	27.78	X					
33	12/30/04	2640	2640	102.28	102.28	-						
34	09/19/07	2610	2610	34.06	34.06	-						
35	01/31/05	2610	2610	27.89	27.89	-						
36	10/18/07	2610	2610	34.06	34.06	-						
37	01/18/05	2610	2610	27.89	27.89	-						
38	08/03/05	2610	2610	83.67	83.67	-						
39	08/18/05	2620	2620	107.10	107.10	-						
40	06/20/05	2620	2620	107.10	107.10	107.10		X				
41	11/09/05	2610	2610	55.78	55.78	-						
42	06/30/06	2620	2620	138.64	138.64	-						
43	02/22/04	2610	2610	27.78	27.78	-						
44	06/08/05	2610	2610	27.89	27.89	-						
45	07/05/05	2620	2620	107.10	107.10	-						
46	08/09/05	2620	2620	107.10	107.10	-						
47	11/05/04	2610	2610	55.56	55.56	-						
48	11/10/04	2610	2610	27.78	27.78	-						
49	07/17/06	2620	2620	138.64	138.64	-						
50	09/30/07	2611	2611	76.54	76.54	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS				
		Billed	Derived	Paid	Derived		1. Billed Medicaid Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits
51	08/11/05	2610	2610	\$ 27.89	\$ 27.89	\$ -					
52	09/07/05	2610	2610	139.45	139.45	-					
53	10/23/04	2610	2610	55.56	55.56	-					
54	11/09/05	2620	2620	107.10	107.10	-					
55	11/16/05	2610	2610	27.89	27.89	-					
56	12/06/07	2640	2640	91.36	91.36	-					
57	08/22/05	2620	2620	107.10	107.10	-					
58	01/21/05	2610	2610	27.89	27.89	-					
59	02/11/06	2610	2610	58.80	58.80	-					
60	05/09/07	2621	2621	117.76	117.76	-					
61	09/03/04	2610	2610	111.12	111.12	-					
62	06/07/05	2610	2610	27.89	27.89	-					
63	05/18/05	2610	2610	27.89	27.89	-					
64	03/26/07	2620	2620	134.82	134.82	-					
65	08/21/07	2610	2610	102.18	102.18	-					
66	04/05/04	2610	2610	27.78	27.78	-					
67	12/12/04	2610	2610	27.78	27.78	-					
68	07/25/05	2610	2610	27.89	27.89	-					
69	02/07/05	2610	2610	27.89	27.89	-					
70	06/13/04	2611	2611	26.38	26.38	-					
71	10/24/05	2611	2611	66.66	66.66	-					
72	03/14/06	2610	2610	29.40	29.40	-					
73	11/14/05	2610	2610	27.89	27.89	-					
74	03/20/07	2610	2610	170.00	170.00	-					
75	04/07/04	2610	2610	27.78	27.78	-					

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Amount Paid	Amount Derived	Over Payment Extrapolated	DETAILED AUDIT FINDINGS					
		Billed	Derived				1. Billed Medical Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits	
76	06/08/04	2620	2620	\$ 108.33	\$ 108.33	\$ -						
77	11/30/04	2610	2610	83.34	83.34	-						
78	04/25/04	2610	2610	83.34	83.34	-						
79	08/15/05	2620	2620	107.10	107.10	-						
80	03/27/06	2610	2610	29.40	29.40	-						
81	06/04/07	2610	2610	33.11	33.11	-						
82	03/29/05	2610	2610	55.78	55.78	-						
83	09/15/04	2610	2610	27.78	27.78	-						
84	02/27/06	2610	2610	29.40	29.40	-						
85	07/03/06	2610	2610	31.65	31.65	-						
86	11/12/04	2650	2650	102.20	102.20	-						
87	03/19/04	2620	2620	108.33	108.33	108.33	X					
88	05/16/05	2610	2610	55.78	55.78	-						
89	06/16/05	2610	2610	55.78	55.78	-						
90	05/25/04	2610	2610	55.56	55.56	-						
91	07/30/04	2610	2610	27.78	27.78	-						
92	08/11/05	2620	2620	107.10	107.10	-						
93	06/23/06	2610	2610	94.95	94.95	-						
94	09/20/05	2620	2620	107.10	107.10	-						
95	11/13/07	2610	2610	102.18	102.18	-						
96	10/08/07	2620	2620	270.20	270.20	-						
97	11/26/03	2610	2610	50.90	50.90	-						
98	03/17/05	2610	2610	27.89	27.89	-						
99	12/09/04	2620	2620	108.33	108.33	-						
100	02/19/04	2650	2650	102.20	102.20	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS					
		Billed	Derived	Paid	Derived		1. Billed Medicaid before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entity-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits	
101	05/17/06	2620	2620	\$ 128.75	\$ 128.75	\$ -						
102	04/07/05	2620	2620	107.10	\$ 107.10	-						
103	10/15/04	2610	2610	27.78	\$ 27.78	-						
104	05/15/07	2610	2610	165.55	\$ 165.55	-						
105	11/24/07	2610	2610	102.18	\$ 102.18	-						
106	04/18/04	2610	2610	55.56	\$ 55.56	-						
107	02/01/07	2610	2610	68.00	\$ 68.00	68.00				X		
108	11/02/04	2610	2610	27.78	\$ 27.78	-						
109	06/27/07	2610	2610	66.22	\$ 66.22	-						
110	12/15/05	2620	2620	107.10	\$ 107.10	-						
111	05/10/04	2610	2610	27.78	\$ 27.78	27.78	X				X	
112	12/28/04	2620	2620	108.33	\$ 108.33	-						
113	11/11/07	2620	2620	270.20	\$ 270.20	-						
114	01/17/05	2610	2610	27.89	\$ 27.89	-						
115	05/31/06	2610	2610	29.40	\$ 29.40	-						
116	05/24/06	2640	2640	99.58	\$ 99.58	-						
117	06/01/04	2689	2689	31.00	\$ 31.00	-						
118	06/29/05	2650	2650	108.31	\$ 108.31	-						
119	10/02/05	2620	2620	107.10	\$ 107.10	-						
120	10/22/07	2610	2610	34.06	\$ 34.06	-						
121	12/28/04	2620	2620	108.33	\$ 108.33	-						
122	06/23/04	2682	2682	2.50	\$ 2.50	-						
123	06/21/05	2610	2610	55.78	\$ 55.78	-						
124	09/02/05	2610	2610	167.34	\$ 167.34	-						
125	08/04/04	2610	2610	111.12	\$ 111.12	111.12		X				

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Paid	Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS					
		Billed	Derived		Derived	Extrapolated		1. Billed Medicaid Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits	
126	04/27/05	2610	2610	\$ 55.78	\$ 55.78	\$ 55.78	-						
127	02/06/06	2610	2610	29.40	29.40	29.40	-						
128	03/27/06	2610	2610	58.80	58.80	58.80	-						
129	03/22/06	2610	2610	29.40	29.40	29.40	-						
130	07/29/04	2620	2620	108.33	108.33	108.33	-						
131	07/01/07	2610	2610	34.06	34.06	34.06	-						
132	07/29/04	2620	2620	108.33	108.33	108.33	-						
133	09/10/04	2610	2610	27.78	27.78	27.78	-						
134	10/16/06	2610	2610	94.95	94.95	94.95	-						
135	03/05/07	2620	2620	134.82	134.82	134.82	-						
136	02/18/05	2610	2610	55.78	55.78	55.78	-						
137	01/24/07	2610	2610	102.00	102.00	102.00	-						
138	03/19/04	2610	2610	27.78	27.78	27.78	-						
139	11/15/04	2620	2620	108.33	108.33	108.33	-						
140	07/06/04	2610	2610	55.56	55.56	55.56	-						
141	02/09/05	2610	2610	195.23	195.23	195.23	-						
142	08/12/05	2610	2610	27.89	27.89	27.89	-						
143	06/25/04	2610	2610	27.78	27.78	27.78	-						
144	08/03/06	2611	2611	78.86	78.86	78.86	-						
145	08/27/04	2610	2610	27.78	27.78	27.78	-						
146	07/15/04	2610	2610	55.56	55.56	55.56	-						
147	07/16/04	2610	2610	27.78	27.78	27.78	27.78		X				
148	11/28/05	2610	2610	27.89	27.89	27.89	-						
149	08/21/03	2682	2682	2.50	2.50	2.50	-						
150	09/14/06	2650	2650	124.18	124.18	124.18	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
REVIEW PERIOD: 03/01/04 - 12/31/07

Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS					
		Billed	Derived	Paid	Derived		1. Billed Medicaid Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits	
151	04/13/04	2620	2620	\$ 108.33	\$ 108.33	\$ -						
152	06/29/04	2610	2610	83.34	83.34	-						
153	06/07/04	2610	2610	55.56	55.56	-						
154	12/08/05	2650	2650	108.31	108.31	-						
155	06/29/06	2610	2610	63.30	63.30	-						
156	07/28/06	2610	2610	31.65	31.65	-						
157	02/14/05	2610	2610	27.89	27.89	-						
158	06/22/07	2620	2620	131.30	131.30	-						
159	02/20/04	2620	2620	108.33	108.33	-						
160	08/20/04	2620	2620	108.33	108.33	-						
161	03/02/05	2610	2610	27.89	27.89	-						
162	01/23/06	2610	2610	29.40	29.40	-						
163	10/19/07	2610	2610	102.18	102.18	-						
164	09/17/07	2610	2610	34.06	34.06	-						
165	09/26/07	2620	2620	135.10	135.10	-						
166	02/12/07	2610	2610	34.00	34.00	-						
167	08/05/04	2610	2610	55.56	55.56	55.56	X					
168	10/31/06	2610	2610	63.30	63.30	-						
169	02/22/06	2611	2611	73.24	73.24	-						
170	11/16/04	2610	2610	55.56	55.56	-						
171	02/02/06	2610	2610	58.80	58.80	-						
172	08/23/06	2610	2610	31.65	31.65	-						
173	01/20/06	2610	2610	29.40	29.40	-						
174	12/07/07	2620	2620	135.10	135.10	-						
175	06/28/04	2610	2610	27.78	27.78	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FINGER LAKES VISITING NURSE SERVICE  
REVIEW OF HOME HEALTH AGENCY SERVICES  
PROJECT NUMBER: 09-2443  
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Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS							
		Billed	Derived	Paid	Derived		1. Billed Medicaid Before Services Were Authorized	2. Failed to Obtain Authorized Practitioner's Signature Within Required Time Frame	3. Billed for Services Performed by Another Provider/Entry-Intermediate Care Facility	4. Missing or Insufficient Documentation of Hours/Visits Billed	5. Billed for Services in Excess of Ordered Hours/Visits			
176	12/03/05	2620	2620	\$ 107.10	\$ 107.10	\$ -								
177	10/24/05	2621	2621	96.97	96.97	-								
178	05/31/07	2620	2620	131.30	131.30	-								
179	02/01/06	2610	2610	58.80	58.80	-								
180	09/18/07	2620	2620	135.10	135.10	-								
181	09/20/05	2610	2610	83.67	83.67	-								
182	10/28/05	2610	2610	27.89	27.89	-								
183	05/21/04	2611	2611	52.76	52.76	-								
184	06/19/04	2610	2610	83.34	83.34	-								
185	08/18/04	2610	2610	55.56	55.56	-								
186	03/24/04	2620	2620	216.66	216.66	-								
187	08/22/07	2610	2610	34.06	34.06	34.06	X							
188	08/18/06	2620	2620	138.64	138.64	-								
189	06/04/04	2610	2610	27.78	27.78	-								
190	11/08/07	2610	2610	34.06	34.06	-								
191	12/05/05	2611	2611	66.66	66.66	-								
192	08/27/04	2610	2610	166.68	166.68	-								
193	10/28/05	2610	2610	27.89	27.89	-								
194	03/03/06	2610	2610	29.40	29.40	-								
195	05/06/04	2610	2610	27.78	27.78	-								
196	06/01/06	2640	2640	107.22	107.22	-								
197	05/10/06	2610	2610	58.80	58.80	-								
198	03/24/04	2610	2610	55.56	55.56	-								
199	08/16/07	2620	2620	135.10	135.10	-								
200	08/24/06	2610	2610	31.65	31.65	-								
<b>Totals</b>							<b>\$ 14,883.03</b>	<b>\$ 14,067.76</b>	<b>\$ 815.27</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>

ATTACHMENT D

FINAL DISPOSITION FOR SAMPLED SELECTIONS CHANGED FROM DRAFT TO FINAL AUDIT REPORT

FINGER LAKES VISITING NURSE SERVICE  
 HOME HEALTH AGENCY SERVICES AUDIT  
 AUDIT #09-2443

AUDIT PERIOD: 03/01/04 - 12/31/07

BRIDGE SCHEDULE

SAMPLE #	FINDING	DRAFT REPORT		FINAL REPORT	
		AMOUNT DISALLOWED	AMOUNT DISALLOWED	AMOUNT DISALLOWED	AMOUNT DISALLOWED
4	Billed Medicaid Before Services Were Authorized	\$27.78	\$0.00	\$0.00	(\$27.78)
28	Billed Medicaid Before Services Were Authorized	\$135.10	\$0.00	\$0.00	(\$135.10)
33	Billed Medicaid Before Services Were Authorized	\$102.28	\$0.00	\$0.00	(\$102.28)
115	Billed Medicaid Before Services Were Authorized	\$29.40	\$0.00	\$0.00	(\$29.40)
145	Billed Medicaid Before Services Were Authorized	\$27.78	\$0.00	\$0.00	(\$27.78)
150	Billed Medicaid Before Services Were Authorized	\$124.18	\$0.00	\$0.00	(\$124.18)
183	Billed Medicaid Before Services Were Authorized	\$52.76	\$0.00	\$0.00	(\$52.76)
186	Billed Medicaid Before Services Were Authorized	\$216.66	\$0.00	\$0.00	(\$216.66)
195	Billed Medicaid Before Services Were Authorized	\$27.78	\$0.00	\$0.00	(\$27.78)
185	Billed for Services Performed by Another Provider/Entity	\$55.56	\$0.00	\$0.00	(\$55.56)
192	Billed for Services Performed by Another Provider/Entity	\$166.68	\$0.00	\$0.00	(\$166.68)
<b>TOTALS</b>		<u>\$965.96</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$965.96)</u>

Note: The adjustments shown above only reflect those that were revised as a result of the provider's response. All other financial adjustments remain the same as shown in the Draft Audit Report.