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

REVIEW OF SUFFOLK HEALTH PLAN HMO INCORRECT SUPPLEMENTAL MATERNITY AND NEWBORN CAPITATION PAYMENTS

FINAL AUDIT REPORT

James G. Sheehan
Medicaid Inspector General
May 16, 2011

OFFICE OF THE MEDICAID INSPECTOR GENERAL

www.omig.ny.gov

The mission of the Office of the Medicaid Inspector General (OMIG), as mandated by New York Public Health Law § 31 is to preserve the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds.

DIVISION OF MEDICAID AUDIT

The Division of Medicaid Audit professional staff conducts audits and reviews of Medicaid providers to ensure compliance and 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 ensure the required involvement of professionals in planning care to program beneficiaries; safeguard the quality of care, medical necessity and appropriateness of Medicaid services provided; and, to reduce the potential for fraud, waste and abuse.

DIVISION OF MEDICAID INVESTIGATIONS

The Division of Medicaid Investigations (DMI) investigates potential instances of fraud, waste, and abuse in the Medicaid program. DMI deters improper behavior by inserting covert and overt investigators into all aspects of the program, scrutinizing provider billing and services, and cooperating with other agencies to enhance enforcement opportunities. Disreputable providers are removed from the program or prevented from enrolling. Recipients abusing the system are not removed from this safety net, but their access to services is examined and restricted, as appropriate. DMI maximizes cost savings, recoveries, penalties, and improves the quality of care for the state's most vulnerable population.

DIVISION OF TECHNOLOGY AND BUSINESS AUTOMATION

The Division of Technology and Business Automation will continue to support the data needs for the OMIG in the form of audit and investigative support, data mining and analysis, system match and recovery, through the use of commercial data mining products and procurement of expert service consultants.

OFFICE OF COUNSEL TO THE MEDICAID INSPECTOR GENERAL

The Office of Counsel to the Medicaid Inspector General promotes the OMIG's overall statutory mission through timely, accurate and persuasive legal advocacy and counsel.

TABLE OF CONTENTS

	PAGE
BACKGROUND	1
PURPOSE AND SCOPE	2
FINDINGS	2
PAYMENT OPTIONS	2
HEARING RIGHTS	3
REMITTANCE ADVICE	5
ATTACHMENTS	

ATTACHMENT I – Provider Response to Draft Report
ATTACHMENT II – Claims Remaining to be Recovered

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

ANDREW M. CUOMO
GOVERNOR

JAMES G. SHEEHAN
MEDICAID INSPECTOR GENERAL

May 16, 2011

[redacted]
Suffolk Health Plan HMO
225 Rebo Drive East
Hauppauge, NY 11788

Re: Final Report
Audit #: 11-2868
Provider ID #: [redacted]

Dear [redacted]

The New York State Office of the Medicaid Inspector General (OMIG) performed an audit of Suffolk Health Plan HMO (the Plan) to determine the appropriateness of supplemental newborn and maternity capitation payments (payment rate codes 2292, 2293, and 2298) billed by the Plan. 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 issues found during the OMIG's review.

After reviewing the Plan's May 6, 2011 response to the OMIG's March 29, 2011 Draft Report, the findings in the Final Report remain unchanged to those cited in the Draft Report. A detailed explanation of the OMIG's findings is included in the Findings section.

BACKGROUND

The New York State Department of Health (NYS DOH) is responsible for the administration of 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 directed at ensuring provider compliance 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 (10 NYCRR, 14 NYCRR, 18 NYCRR)] and the Medicaid Provider Manuals.

Sections 3.9 and 3.10 of the Medicaid Managed Care/Family Health Plus Contract (MMC/FHPC) provide for a supplemental newborn or maternity capitation payment to a Managed Care Organization (MCO) where applicable. The MCO must first make payment to the hospital for the birth/delivery before billing Medicaid for the supplemental payment, and maintain on file evidence of the payment. Sections 3.9(d) and 3.10(f) go on to state that "Failure to have supporting records may, upon audit, result in recoupment of the supplemental maternity or newborn capitation payment by NYS DOH".

As per 18 NYCRR §518 (Recovery and Withholding of Payments or Overpayments), the OMIG has the right to recover payments or overpayments made inappropriately or for services which were not provided. To identify inappropriate payments the OMIG utilized various data mining techniques that included demographic information from the mother and/or child, and a manual review of each claim using eMedNY and claim payment historical information.

PURPOSE AND SCOPE

The purpose of the audit was to ensure that the Plan was in compliance with 18 NYCRR §515.2 which addresses unacceptable practices under the medical assistance program, that includes following appropriate billing procedures for supplemental newborn and maternity capitation payments. The review includes dates of service during the period April 1, 2005 through December 31, 2010.

FINDINGS

The Final Report found that the Plan was out of compliance with 18 NYCRR §515.2 and Sections 3.9 and 3.10 of the MMC/FHPC when it failed to provide sufficient supporting documentation for supplemental maternity or newborn capitation claims identified in the Draft Report.

A Draft Report was issued March 29, 2011 identifying $6,067.97 in inappropriately billed claims by the Plan to Medicaid for supplemental maternity or newborn capitation payments. In response to the Draft Report the Plan sent an email agreeing with the OMIG's findings (Attachment I). As a result, the overpayment as defined in 18 NYCRR §518.1 is $6,067.97 (Attachment II).

In accordance with 18 NYCRR §518.4, interest may be collected and will accrue at the current rate from the date of the overpayment. Interest was calculated using the Federal Reserve Prime Rate, with the begin date of interest being the date of overpayment and the end date being March 23, 2011. For the overpayments identified in this audit, the OMIG has determined that accrued interest of $1,167.92 is owed (Attachment II).

Based on this determination, the total amount of overpayment plus interest, as defined in 18 NYCRR §518.1 is $7,235.89 and is now due the New York State Department of Health.

PAYMENT OPTIONS

In accordance with 18 NYCRR §518 which regulates the collection of overpayments, your repayment options are described below.

OPTION #1: Make a full payment by check or money order within 20 days of the date of the final report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower, Room 1237
Albany, New York 12237-0016

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 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 report, the OMIG will impose a 15% withhold after 20 days until the agreement is established. The OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed.

OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

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

If within 20 days you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to secure payment and liquidate the overpayment 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.

HEARING RIGHTS

The Plan 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 §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 Plan 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

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

If the Plan has any questions regarding the above, please contact at or email at

Sincerely,

Bureau of Managed Care Audit & Provider Review
Office of the Medicaid Inspector General

Enclosure
CERTIFIED MAIL #
RETURN RECEIPT REQUESTED

NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE

NAME AND ADDRESS OF AUDITEE

Suffolk Health Plan HMO
225 Rebo Drive East
Hauppauge, NY 11788

AMOUNT DUE: $7,235.89

PROVIDER # [redacted]

AUDIT # 11-2868

PROVIDER TYPE

- ☐ Fee For Service
- ☐ Rate - LTC
- ☐ Rate - NH
- ☒ Managed Care
- ☐ 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 1237
Albany, New York 12237-0016

Thank you for your cooperation.