

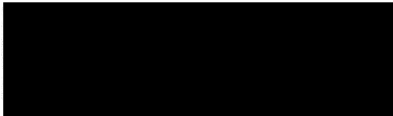


STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

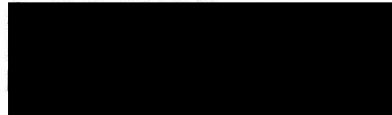
ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

December 27, 2013



RE: Audit Notification Letter



Dear Dr. [REDACTED]

This letter is to advise you that the Office of the Medicaid Inspector General (OMIG) will conduct a review of your paid claim for the New York State Medicaid Electronic Health Record (EHR) Incentive Program for adoption, implementation, or upgrade (A/I/U) to a certified EHR system during the calendar year ending December 31, 2011.

The New York State Department of Health (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 assessing provider compliance to 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 Management Information System (MMIS) Provider Manuals.

The following citations provide authority for the OMIG's review of records:

1. SOCIAL SECURITY ACT SECTION 1902(a)

"A State plan for medical assistance must...(27) provide for agreements with every person or institution providing services under the State plan under which such person or institution agrees... (B) to furnish the State agency...with such information, regarding any payments claimed by such person or institution for providing services under the State plan, as the State agency...may from time to time request."

2. 18 NYCRR

Regulation 504.3 states: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program... and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information, upon request, to the department, the Secretary of the United States Department of Health and Human Services, the Deputy Attorney General for Medicaid Fraud Control and the New York State Department of Health;" and "(g) to permit audits, by the persons and agencies denominated in subdivision (a) of this section, of all books and records or, in the discretion of the auditing agency, a sample thereof, relating to services furnished and payments received under the medical assistance program, including patient histories, case files and patient-specific data."

Pursuant to § 517.1 – 517.17 the OMIG may conduct fiscal audits and reviews of a provider's claims, books, records, reports, or other available documentation.

3. PUBLIC HEALTH LAW SECTION 32(9)

The OMIG shall have the power to require and compel the production of such books, papers, records and documents as may be deemed to be relevant or material to an investigation, examination or review.

The OMIG will review the information attested to in your claim for the NYS Medicaid EHR Incentive Program. Medicaid EHR Incentive payments were authorized by the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), and implemented by Federal regulation principally at 42 CFR Part 495. This review will examine the supporting documentation for your submitted attestation, signed August 17, 2012, for payment for A/I/U to a certified EHR system during the calendar year ending December 31, 2011. You were paid an EHR incentive payment of \$21,250 for this submitted claim. The purpose of the audit is to ensure your compliance with applicable Federal and State laws, regulations, rules, and policies governing the New York State Medicaid EHR Incentive Program, including verification of eligibility for the EHR Incentive Program and the adoption, implementation, or upgrade of a certified EHR system.

In order to conduct this review in an efficient manner, the OMIG requests that you provide the following information:

- NYS professional license and registration – during audit period and current.
- Documentation demonstrating adoption, implementation, or upgrade of the certified EHR system(s) identified by the EHR Certification Number in the attached copy of your EHR Incentive Program attestation, including location(s) in use or to be used. **Submitted documentation should clearly identify the vendor name, product name, and version number(s) of your complete EHR system or upgraded modules.** Examples of documentation to demonstrate A/I/U includes:
 - Signed contract with vendor
 - Vendor invoices from 2011
 - Payment receipts from 2011
 - Documentation of purchase and/or installation of related hardware and/or software from 2011

- Documentation of staff training for certified EHR system from 2011
- Log in reports associating the provider with the EHR system in 2011
- Screen shots showing the product name and version number
- Documentation showing the date that Adopt, Implement, or Upgrade of the EHR system took place (i.e. signed vendor letter)

In addition, please provide a screen shot of the Certified Health IT Product List that shows your CMS EHR Certification ID and your certified EHR product(s). This can be found on the Office of the National Coordinator for Health Information Technology website:

<http://onc-chpl.force.com/ehrcert>

If documentation supporting A/I/U of your certified EHR system was previously submitted for an audit of a member of your group, please indicate this in your response. You do not need to resubmit documentation that has already been submitted to the OMIG. Please identify the type of document, the practitioner name, and the audit number associated with the documentation that was previously submitted.

For more information on A/I/U requirements, please consult the following website:

<https://www.emedny.org/meipass/FAQ/faq.aspx>

- Documentation to support the Eligible Provider qualifying Medicaid or needy patient volume data for the categories listed below. This information is identified in the attached copy of your attestation.

Standard and Group Standard Patient Volume Calculation

- Hospital-based patient encounters (entire previous calendar year)
 - Medicaid inpatient encounters
 - Medicaid emergency room encounters
 - Total Medicaid encounters
- Patient volume encounter information (90 day reporting period)
 - Total Medicaid encounters
 - Total encounters

Identify the auditable data source(s) used to compile the patient volumes. Patient volume documentation must be sufficiently detailed to determine the qualification standard it supports. Patient volume documentation involving large data sets may be submitted on an encrypted, password protected CD/DVD. Please contact the auditor to confirm software compatibility.

- In addition to this Audit Notification Letter, you will be receiving an email notification with an attachment to fill out and submit data on your Medicaid encounters. This is to assist yourself and the OMIG in confirming your attested information. The email will provide instructions for the submission of this information.
- Notification of any self-disclosures involving subject areas
- Notification of any audits of similar subject matter by other federal/state agencies
- List of staff members responsible for provider's adoption, implementation, upgrade and/or meaningful use of certified EHR systems

December 27, 2013

- You have attested to the Group Standard Patient Volume Calculation. There are 4 other providers with the group NPI # [REDACTED] that are currently under review for the same audit objective and scope. Documentation that supports A/I/U and the Patient Volume Calculation for the entire group only needs to be submitted once. Please coordinate the submission of this documentation with the other members of your group.
- Please notify the OMIG if someone other than yourself will be handling your review

Additional information may be requested as needed during the review process.

The DOH and Medicaid providers are covered entities pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191). Federal regulations, at 45 CFR 164.506 (c)(4)(ii), provide that a covered entity may disclose protected health information to another covered entity where the disclosure is for the purpose of detecting health care fraud or abuse and compliance.

The above citations establish the legal authority to examine the requested documentation and provider records to be reviewed.

The OMIG requests that you produce the above documentation no later than January 31, 2014. All requested documentation should be mailed or electronically sent to:

NYS Office of the Medicaid Inspector General
Attn: Courtney Burt
800 North Pearl Street
Albany, New York 12204

E-mail: Courtney.Burt@omig.ny.gov

Documentation containing sensitive information may also be submitted electronically using OMIG's secure, HIPAA compliant drop box that can be accessed here:

<https://www.hightail.com/u/AIUAuditDocumentation>

Your cooperation in this matter will be greatly appreciated. If you have any questions, please contact Courtney Burt at (518) 402-8026. Thank you.

Sincerely,



Julianne DeRubertis, Audit Manager
Division of Medicaid Audit
Office of the Medicaid Inspector General

Attachment
CB:th

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED