

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

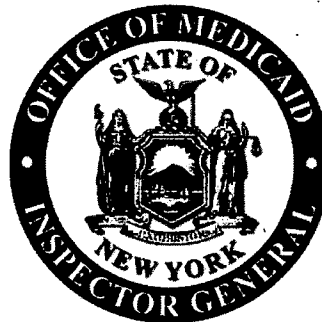
**DAVID A. PATERSON  
GOVERNOR**

**JAMES G. SHEEHAN  
MEDICAID INSPECTOR GENERAL**

**FINAL REPORT**

**MARGARET SANGER CENTER – PLANNED PARENTHOOD OF NYC  
26 BLEECKER STREET  
NEW YORK, NY 10012**

*FAMILY PLANNING CHARGEBACK TO MANAGED CARE NETWORK PROVIDERS*  
**#09-4845**



ISSUED DECEMBER 16, 2009



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

DAVID A. PATERSON  
GOVERNOR

JAMES G. SHEEHAN  
MEDICAID INSPECTOR GENERAL

**FINAL REPORT**

December 16, 2009

Caroline D. Greene, CFO  
Margaret Sanger Center  
Planned Parenthood of NYC  
26 Bleecker Street  
New York, NY 10012

Re: Audit # 09-4845  
[REDACTED]

Dear Ms. Greene:

The New York State Office of the Medicaid Inspector General (the "OMIG") performed an audit of Medicaid payments for family planning and reproductive health services paid to Margaret Sanger Center – Planned Parenthood of NYC (the "Provider") on behalf of Medicaid beneficiaries while they were enrolled in VidaCare Inc. SNP (the "Plan") for the year ended December 31, 2005. In accordance with Section 517.6 of Title 18 of the Official Compilation of Codes, Rules, and Regulations of the State of New York, this report represents the final determination on issues found during the OMIG's review.

As of the release date of this final report, the OMIG has not received a response from the Provider to the OMIG's November 2, 2009 draft report. As a result, the findings in the final report remain unchanged to those cited in the draft report, with overpayments, inclusive of interest, of \$ 886.26.

If the Provider has any questions regarding the above, please contact Rhonda Dominy at (518) 486-5061 or email at rld10@omig.state.ny.us.

Sincerely,

Rhonda Dominy, Project Manager  
Bureau of Managed Care Audit & Provider Review  
Office of the Medicaid Inspector General  
Division of Medicaid Audit

Enclosure

CERTIFIED MAIL # 7008 1830 0004 0250 7016  
RETURN RECEIPT REQUESTED

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## **BACKGROUND, PURPOSE AND SCOPE**

The New York State Department of Health is responsible for the administration of the Medicaid program. As part of this responsibility, the Department's Office of the Medicaid Inspector General (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 the 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 Regulation of the State of New York (10 NYCRR, 14 NYCRR, 18 NYCRR)] and the Medicaid Provider Manuals. The purpose of this audit was to ensure that the Provider was in compliance with 18 NYCRR §515.2 which addresses unacceptable practices under the medical assistance program and §540.6 that addresses recovery of third party reimbursement and repayment to the medical assistance program.

Federal Medicaid law prohibits any restrictions to access by Medicaid recipients for family planning services. Accordingly, the New York State Department of Health requires that all participating managed care organizations (MCO) assure individuals of childbearing age access to the full range of family planning and reproductive health services from any qualified provider that undertakes to provide such services to these individuals.

The following is pursuant to the terms of the Medicaid managed care contract signed between the MCO and the local district. If the MCO chooses to receive a monthly capitation payment for covered services, which includes family planning and reproductive health services, the MCO is subsequently responsible to reimburse their network providers for these services provided to the MCO Medicaid enrollees. For family planning and reproductive health services delivered by non-network providers of the MCO, it is the responsibility of the MCO to reimburse Medicaid for those payments that Medicaid disbursed directly to a non-network provider.

## **FINDINGS**

During the course of the OMIG's family planning and reproductive health services claim review with VidaCare Inc. SNP (the "Plan") the OMIG received contractual documents from the Plan that verified Margaret Sanger Center – Planned Parenthood of NYC (the "Provider") had a participating provider agreement with the Plan to provide services to their enrollees for the year ending December 31, 2005 (Attachment I). As a result of this contractual arrangement, the Plan, and not Medicaid, is responsible to reimburse the Provider for the family planning and reproductive health services provided to the Plan's enrollees during this time period.

The audit found that the Provider inappropriately billed Medicaid \$ 719.55 for family planning and reproductive health services that were rendered to the Plan's enrollees for the year ending December 31, 2005 (Attachment II); a period the Provider had a participating provider contractual agreement with the Plan. As a result §515.2 and §540.6 requirements were violated.

In accordance with 18 NYCRR Section 518.4, interest may be collected and will accrue at the current rate from the date of the overpayment. For the overpayments identified in Attachment II, the OMIG has determined that accrued interest of \$166.71 is owed.

Based on this determination, the total amount of overpayment, as defined in 18 NYCRR §518.1 is \$886.26, inclusive of interest (Attachment II). Repayment of \$886.26 is due the New York State Department of Health.

## PROVIDER RIGHTS

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

**OPTION #1:** Make 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:

Mr. Donald Collins.  
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:

Collections Management Group  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204  
Phone # (518) 474-5878  
Fax # (518) 408-0593

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 the funds to the State, such adjustment will be applied against the amount owed.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR Section 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

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

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

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

**NAME AND ADDRESS OF AUDITEE**

Margaret Sanger Center – Planned  
Parenthood of NYC  
26 Bleecker Street  
New York, NY 10012

**AMOUNT DUE: \$ 886.26**

[REDACTED]

**PROJECT # 09-4845**

AUDIT	<input checked="" type="checkbox"/> PROVIDER
	<input type="checkbox"/> RATE
TYPE	<input type="checkbox"/> PART B
	<input type="checkbox"/> OTHER: Managed Care

**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 Project Number on your check.

4. Mail check to:

Mr. Donald Collins  
Medicaid Financial Management, B.A.M.  
New York State Department of Health  
GNARESP Corning Tower, Room 1237  
Project # 09-4845  
Albany, New York 12237-0016

5. If the Provider number shown above is incorrect, please enter the correct number below.

[REDACTED]

**CORRECT PROVIDER NUMBER**