



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

October 18, 2017

Ms. Andrea Inman, Audit Director
Office of the State Comptroller
Division of State Government Accountability
110 State Street – 11th Floor
Albany, New York 12236-0001

Dear Ms. Inman:

Enclosed are the Department of Health's comments on the Office of the State Comptroller's Follow-Up Audit Report 2017-F-2 entitled, "Questionable Payments for Practitioner Services and Pharmacy Claims Pertaining to a Selected Physician." (2012-S-35)

Thank you for the opportunity to comment.

Sincerely,

Sally Dreslin, M.S., R.N.
Executive Deputy Commissioner

Enclosure

cc: Marybeth Hefner
Jason A. Helgeson
Dennis Rosen
Erin Ives
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**Department of Health
Comments on the
Office of the State Comptroller's
Follow-Up Audit Report 2017-F-2 entitled,
Questionable Payments for Practitioner Services and Pharmacy
Claims Pertaining to a Selected Physician
(Report 2012-S-35)**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) Follow-Up Audit Report 2017-F-2 entitled, "Questionable Payments for Practitioner Services and Pharmacy Claims Pertaining to a Selected Physician." (Report 2012-S-35).

Background

New York State (NYS) is a national leader in its oversight of the Medicaid Program. The Office of the Medicaid Inspector General (OMIG) conducts on-going audits of the Medicaid program and managed care plans. The Department and OMIG will continue to focus on achieving improvements to the Medicaid program and aggressively fighting fraud, waste and abuse.

Under Governor Cuomo's leadership, the Medicaid Redesign Team (MRT) was created in 2011 to lower health care costs and improve quality of care for its Medicaid members. Since 2011, Medicaid spending has remained under the Global Spending Cap, while at the same time providing health care coverage to an additional 1,475,319 fragile and low income New Yorkers. Additionally, Medicaid spending per recipient decreased to \$8,305 in 2015, consistent with levels from a decade ago.

Recommendation # 1

Review the 19,031 Medicaid claims totaling \$712,250 and recover overpayments as appropriate.

Status – Partially Implemented

Agency Action – Our initial audit found that Dr. Ahmad did not have the minimally required documentation to support the Medicaid payments for a sample of fee-for-service claims. As such, we were unable to determine if services were provided, and we recommended the Department review all of Dr. Ahmad's Medicaid fee-for-service claims that were paid during our audit period.

The OMIG investigates and recovers improper Medicaid payments on behalf of the Department. The OMIG initiated an investigation of Dr. Ahmad in August 2015, and as of February 2017 the investigation was still ongoing and no recoveries had been made. According to OMIG officials, recovery of claim overpayments will occur, if appropriate, at the conclusion of the investigation.

Recommendation # 2

Review the 5,664 MCO encounter claims totaling \$327,154 and take appropriate corrective action.

Status – Partially Implemented

Agency Action – Our initial audit found that Dr. Ahmad did not have the minimally required documentation to support a sample of encounter claims submitted to MCOs. As such, we were unable to determine if services were provided, and we recommended the Department review all encounter claims submitted by Dr. Ahmad during our audit period. As stated in the previous section (see Recommendation 1, Agency Action), the OMIG’s investigation into Dr. Ahmad is ongoing, and officials told us that appropriate corrective action will be taken based on the outcome of their investigation.

Responses # 1 and # 2

OMIG has an open active investigation of this provider. OMIG has reviewed the claims, and is pursuing recovery of payments determined to be inappropriate.

Recommendation # 3

Determine whether Dr. Ahmad’s medical records support the prescriptions Dr. Ahmad wrote and take appropriate corrective action.

Status – Partially Implemented

Agency Action – Our initial audit questioned the appropriateness of \$15 million in pharmacy claims for prescriptions written by Dr. Ahmad during our audit period due to the significant issues we found with Dr. Ahmad’s medical records. According to OMIG officials, they will take appropriate corrective action once their investigation of Dr. Ahmad is completed.

Recommendation # 4

Determine whether medical sanctions against Dr. Ahmad are warranted.

Status – Partially Implemented

Agency Action – OMIG officials stated that they will make a determination on the need for medical sanctions against Dr. Ahmad at the conclusion of their investigation.

Responses # 3 and # 4

OMIG has an open active investigation of this provider. After the investigation is completed, OMIG will take appropriate action against the provider.