



New York State Office of the State Comptroller

Thomas P. DiNapoli

Division of State Government Accountability

United HealthCare: Overpayments for Services Provided by Long Island Bone and Joint, LLP

New York State Health Insurance Program



Report 2016-S-8

March 2017

Executive Summary

Purpose

To determine whether Long Island Bone and Joint, LLP waived Empire Plan members' out-of-pocket costs, and if so, to quantify the overpayments made by United HealthCare resulting from this practice. The audit covered the period January 1, 2011 through October 31, 2015.

Background

The New York State Health Insurance Program (NYSHIP) provides health insurance coverage to active and retired State, participating local government, and school district employees, as well as their dependents. The Empire Plan is the primary health benefits plan for NYSHIP, covering a range of services from inpatient hospital care to outpatient surgical procedures and physician office visits. The New York State Department of Civil Service contracts with United HealthCare (United) to process and pay medical claims from health care providers for services provided to Empire Plan members.

United contracts with in-network (participating) providers who agree to accept payments, at rates established by United, to furnish medical services to Empire Plan members. Members pay a nominal co-payment to the participating provider for the services rendered. Members may also choose to receive services from out-of-network (non-participating) providers. United reimburses claims from non-participating providers at amounts that are generally higher (and often significantly higher) than the rates participating providers agree to accept for the same services. Consequently, to encourage members to use less costly participating providers, the Empire Plan requires members to pay higher out-of-pocket costs (deductibles and co-insurance) when they use non-participating providers.

In accordance with the Empire Plan's requirements, when United processes a non-participating provider's claims, it is with the understanding that Empire Plan members are liable for a portion of the claimed amount, representing members' out-of-pocket cost-sharing obligations. However, if a non-participating provider does not collect (i.e., waives) the member's out-of-pocket costs, it will result in United making an excessive payment on the claim.

Our audit focused on claims submitted to United by Long Island Bone and Joint, LLP (LI Bone and Joint), a non-participating provider located at three sites in Suffolk County, New York (Southampton, Riverhead, and Port Jefferson). During the period January 1, 2011 through October 31, 2015, United paid claims totaling \$8 million for services provided by LI Bone and Joint to Empire Plan members.

Key Findings

- LI Bone and Joint routinely waived Empire Plan members' required out-of-pocket cost-sharing obligations for services provided. Consequently, United made overpayments on claims submitted by LI Bone and Joint. Further, by not collecting members' out-of-pocket costs, LI Bone and Joint negated the incentive for members to use participating providers. This likely resulted in additional increased costs to the Empire Plan and, consequently, taxpayers.

- From a random sample, we identified overpayments totaling \$143,266 that resulted from claims that were excessive due to the routine waiving of members' cost-sharing obligations. Based on a statistical projection of the sample overpayments to the population of LI Bone and Joint's claims, we determined United overpaid \$507,530 during the period January 1, 2011 through October 31, 2015.
- On one claim, for example, LI Bone and Joint charged \$9,400 and, based on this, United allowed \$9,200 for the service. As a result, United paid \$7,360 on the claim, and the member's out-of-pocket portion of the claim should have been \$1,840. However, LI Bone and Joint accepted the \$7,360 as payment-in-full and waived the \$1,840 due from the member. LI Bone and Joint wrote off all charges in excess of United's payment from the member's patient account. Because LI Bone and Joint accepted \$7,360 as the full payment, United should have only paid \$5,888 on the claim. This resulted in an overpayment by United of \$1,472 (\$7,360 - \$5,888).
- In another matter, auditors identified a claim from 2013 in which LI Bone and Joint identified No-Fault insurance as the primary insurance covering the services. This information was not properly noted on the claim to United, thereby causing United to issue a check for \$25,798 for the claim. Auditors determined that the claim check had not been cashed or canceled. Based on the information provided by the auditors, United canceled the check and reprocessed the claim, resulting in no payment to LI Bone and Joint for the services in question.

Key Recommendations

- Review the \$507,530 in improper payments identified by the audit and recover overpayments from LI Bone and Joint, as appropriate. Refund the State accordingly.
- Work with the Department of Civil Service to pursue an appropriate course of action designed to prevent LI Bone and Joint from waiving Empire Plan members' out-of-pocket costs. This may include taking steps to bring LI Bone and Joint into the Empire Plan's participating provider network.

Other Related Audits/Reports of Interest

[New York State Health Insurance Program: United HealthCare – Overpayments for Services Provided by Eastern Orange Ambulatory Surgery Center \(2015-S-53\)](#)

[New York State Health Insurance Program: United HealthCare – Overpayments for Services at the Endoscopy Center of Long Island \(2007-S-73\)](#)

[New York State Health Insurance Program: United HealthCare – Overpayments for Services at the South Shore Ambulatory Surgery Center \(2008-S-11\)](#)

**State of New York
Office of the State Comptroller**

Division of State Government Accountability

March 1, 2017

Mr. Carl A. Mattson
Vice President, Empire Plan
United HealthCare National Accounts
13 Cornell Road
Latham, NY 12110

Dear Mr. Mattson:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage government resources efficiently and effectively and, by so doing, providing accountability for tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit of the New York State Health Insurance Program entitled *United HealthCare: Overpayments for Services Provided by Long Island Bone and Joint, LLP*. This audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Office of the State Comptroller
Division of State Government Accountability*

Table of Contents

Background	5
Audit Findings and Recommendations	6
Waiving of Members' Out-of-Pocket Costs	6
Recommendations	7
Other Matter – Identification of No-Fault Insurance on a Claim	8
Audit Scope and Methodology	8
Authority	8
Reporting Requirements	9
Contributors to This Report	10

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This report is also available on our website at: www.osc.state.ny.us

Background

The New York State Health Insurance Program (NYSHIP) provides health insurance coverage to active and retired State, participating local government, and school district employees, as well as their dependents. The Empire Plan is the primary health benefits plan for NYSHIP. The Empire Plan covers a comprehensive range of services including, but not limited to, inpatient and outpatient hospital services, surgical procedures, home care services, medical equipment and supplies, mental health and substance abuse services, and prescription drugs. The New York State Department of Civil Service contracts with United HealthCare (United) to process and pay medical claims for services provided to Empire Plan members. The State reimburses United for the payments it makes under the Empire Plan, and it pays United an administrative fee.

United contracts with in-network health care providers who agree to accept payments, at rates established by United, to furnish medical services to Empire Plan members. United remits payments directly to these “participating” providers based on claims they submit for the services provided. Members pay a nominal co-payment to the participating provider for the services rendered.

Members may also choose to receive services from out-of-network (or “non-participating”) providers. To limit its costs (and those of the State), United pays non-participating provider claims the “reasonable and customary” rate for the service, which is defined as the lowest of: the actual charge for the service; or the usual charge by the provider for the same or similar service; or the usual charge of other providers in the same or similar geographic area for the same or similar service. However, reasonable and customary rates are generally higher (and often significantly higher) than the rates United pays to participating providers for the same services.

To encourage members to use less costly participating providers, the Empire Plan requires members to pay higher out-of-pocket costs (including deductibles and co-insurance) when they use non-participating providers. After the member meets an annual deductible, United pays the member 80 percent of the allowed reasonable and customary cost of the service, and the member is responsible for the remaining 20 percent of the cost (i.e., the co-insurance). When United pays a claim submitted by a non-participating provider, the payment is generally made to the Empire Plan member, and the member is then responsible for paying the provider. The member is also responsible for settling any other unpaid balance with the non-participating provider, including any out-of-pocket amounts owed.

Our audit focused on claims submitted to United by Long Island Bone and Joint, LLP (LI Bone and Joint). With respect to the Empire Plan, LI Bone and Joint is a non-participating provider with three sites in Suffolk County, New York (Southampton, Riverhead, and Port Jefferson). During the period January 1, 2011 through October 31, 2015, United paid \$8 million in claims submitted by LI Bone and Joint for services rendered to Empire Plan members.

Audit Findings and Recommendations

Waiving of Members' Out-of-Pocket Costs

In accordance with the Empire Plan's requirements, when United processes a provider's claims for services provided to Empire Plan members, it is with the understanding that members are liable for a portion of the claimed amount, representing members' out-of-pocket cost obligations. However, our audit found that LI Bone and Joint routinely waived Empire Plan members' required payments of out-of-pocket cost obligations for services provided. Consequently, LI Bone and Joint claimed amounts that were inflated by the amounts of the waived out-of-pocket obligations, thereby causing United to make excessive claim payments. Using statistically valid methods, we determined United made \$507,530 in overpayments on LI Bone and Joint's claims during the period January 1, 2011 through October 31, 2015. Also, by not collecting members' out-of-pocket costs, LI Bone and Joint negated the incentive for members to use participating providers. This likely resulted in increased costs to the Empire Plan and, consequently, taxpayers.

During our audit period, we found that LI Bone and Joint generally did not collect Empire Plan members' required out-of-pocket cost obligations and usually wrote off the corresponding dollar amounts from the patients' accounts. Because LI Bone and Joint did not collect members' out-of-pocket cost obligations, they should have reduced their claims to United by the amounts of those out-of-pocket costs. Thus, United should have only paid 80 percent of the amount LI Bone and Joint intended to accept as payment-in-full. By not collecting the members' out-of-pocket costs, LI Bone and Joint waived Empire Plan members' portion of the claim, causing United to pay 100 percent of LI Bone and Joint's actual charges (i.e., the amount they intended to accept as payment-in-full) for the services.

For example, on one claim LI Bone and Joint charged \$9,400 and United allowed \$9,200 (as the reasonable and customary rate) for the service. United paid \$7,360 (80 percent of \$9,200) on the claim, and the member's out-of-pocket portion of the claim should have been \$1,840. However, LI Bone and Joint accepted United's payment of \$7,360 as payment-in-full and waived the \$1,840 due from the member. LI Bone and Joint wrote off all charges in excess of United's payment from the patient's account. Therefore, LI Bone and Joint's actual charge for the service should have been \$7,360, and United should have paid \$5,888 (80 percent of \$7,360). This resulted in an overpayment by United of \$1,472 (\$7,360 - \$5,888).

To determine the amount of the overpayments for the audit period, we selected claims submitted by LI Bone and Joint in which United was the primary payer and members' out-of-pocket cost obligations were included on the claims. From January 1, 2011 through October 31, 2015, we identified 1,062 claims totaling \$6 million meeting these criteria. To determine whether LI Bone and Joint waived members' out-of-pocket costs, we selected a random sample of 195 of the 1,062 claims. We reviewed LI Bone and Joint's financial records for the 195 sampled claims, and determined LI Bone and Joint waived all or a portion of the Empire Plan members' out-of-pocket costs for 121 (62 percent) of the 195 claims. Our review of the financial records also found that LI Bone and Joint wrote off the corresponding out-of-pocket costs from the patients' accounts for

120 of the 121 claims. In the remaining 74 (of the 195) claims, we concluded that out-of-pocket costs were not waived. Nevertheless, based on our overall audit testing, we concluded that LI Bone and Joint routinely waived members' out-of-pocket costs.

Based on our random sample, we identified overpayments totaling \$143,266 that resulted from excessive claims. In submitting claims, LI Bone and Joint routinely submitted excessive charges, and did not reduce its claims by the amounts of members' out-of-pocket cost obligations that were waived. A projection of these overpayments to the entire population of claim payments, using statistically valid sampling methods (including a 95 percent single-sided confidence level), resulted in overpayments totaling \$507,530.

We note that the submission of an insurance claim with false information, such as excessive service charges, may constitute insurance fraud pursuant to State Law. The New York State Insurance Department (now known as the New York State Department of Financial Services) concluded that it may be a fraudulent billing practice and violation of the State Insurance Law when a provider routinely waives out-of-pocket cost obligations and accepts amounts from the insurer as payment-in-full. Officials at the New York State Department of Civil Service and the New York State Department of Financial Services are concerned about the impact of fraudulent and/or abusive billing practices in the Empire Plan. Officials have been concerned that providers who routinely waive Empire Plan members' out-of-pocket costs do so intentionally to benefit from the higher reimbursement rates for non-participating providers.

Additionally, waiving cost-sharing obligations negates a member's incentive to use lower-cost in-network participating providers, which can result in additional costs to the State. By not collecting members' total out-of-pocket cost obligations, LI Bone and Joint negated Empire Plan members' financial incentive (lower out-of-pocket costs) to use in-network participating providers, which likely resulted in additional increased costs to the Empire Plan and, consequently, taxpayers.

Prior to this audit, the Office of the State Comptroller had issued a series of audit reports about non-participating providers who routinely waived members' out-of-pocket cost obligations. (For examples of those reports, please see the Other Related Audits/Reports of Interest referenced in this report's Executive Summary.) As a result of those prior audits, United, with the assistance of State oversight authorities, recovered overpayments and brought several of the providers in question into its network of participating providers. By doing so, this helped to reduce the incidence of waiving of members' out-of-pocket costs and likely saved material amounts of taxpayer dollars.

Recommendations

1. Review the \$507,530 in improper payments identified by the audit and recover overpayments from LI Bone and Joint, as appropriate. Refund the State accordingly.
2. Work with the Department of Civil Service to pursue an appropriate course of action designed to prevent LI Bone and Joint from waiving Empire Plan members' out-of-pocket costs. This may include taking steps to bring LI Bone and Joint into the Empire Plan's participating provider network.

Other Matter – Identification of No-Fault Insurance on a Claim

In the sample of claims selected for review, auditors found one claim from 2013 in which LI Bone and Joint identified No-Fault insurance as the primary insurance covering the services. This information was not properly noted on the claim to United, thereby causing United to issue a check for \$25,798 for the claim. Auditors subsequently determined through United that the claim check had not been cashed or canceled. Based on the provider's information that auditors forwarded to United, United canceled the check and reprocessed the claim with a zero liability to the Empire Plan and no payment to LI Bone and Joint.

Audit Scope and Methodology

The objective of our audit was to determine whether LI Bone and Joint waived Empire Plan members' out-of-pocket costs, and if so, to quantify the overpayments made by United resulting from this practice. The audit covered the period January 1, 2011 through October 31, 2015.

To accomplish our audit objective, and assess internal controls related to our audit objective, we interviewed United officials and reviewed a random sample of 195 claims submitted by LI Bone and Joint. We reviewed LI Bone and Joint's financial records to determine if they routinely failed to collect the out-of-pocket costs for Empire Plan members, and consequently submitted improper claims to United. Based on the overpayments identified in the sample, we used a statistically valid projection to determine the total overpayments made during the audit period.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions, and public authorities, some of whom have minority voting rights. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our ability to conduct independent audits of program performance.

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

Reporting Requirements

We provided preliminary copies of the matters contained in this report to United officials for their review and comment. Their comments were considered in preparing this final report.

Within 90 days of the final release of this report, we request that United officials report to the State Comptroller, advising what steps were taken to implement the recommendations included in this report.

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