



## Department of Health

**ANDREW M. CUOMO**  
Governor

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

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

November 3, 2015

Ms. Andrea Inman, Audit Director  
Office of the State Comptroller  
Division of State Government Accountability  
110 State Street – 11<sup>th</sup> Floor  
Albany, NY 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 2015-F-3 entitled, "Improper Payments to a Dentist" (2012-S-52).

Thank you for the opportunity to comment.

Sincerely,

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

Enclosure

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**Department of Health  
Comments on the  
Office of the State Comptroller's  
Follow-Up Audit Report 2015-F-3 entitled,  
Improper Payments to a Dentist**

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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 2015-F-3 entitled, "Improper Payments to a Dentist" (2012-S-52).

**Background**

New York State is a national leader in its oversight of the Medicaid Program. Through the efforts of the Department and the Office of the Medicaid Inspector General (OMIG), for 2009 through 2013, New York State alone accounted for 54.9 percent of the national total of fraud, waste, and abuse recoveries. These results reflect a trend of increased productivity and enforcement. For 2011 through 2013, the administration's Medicaid enforcement efforts recovered over \$1.73 billion, a 34 percent increase over the prior three-year period.

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 1,330,000 fragile and low income New Yorkers. Additionally, Medicaid spending per recipient has decreased to \$7,929 in 2013, consistent with levels from a decade ago.

**Recommendation #1**

Recover the \$66,402 in payments improperly claimed by Dr. Bonsi, as identified in the report.

Status - Partially Implemented

Agency Action - The Office of the Medicaid Inspector General (OMIG) investigates and recovers improper Medicaid payments on behalf of the Department. OMIG officials informed us Dr. Bonsi opted to pay back the Medicaid program through a repayment plan. Accordingly, in July 2014, OMIG officials contacted the provider and began working to finalize a plan. However, on March 2, 2015, other State oversight officials directed OMIG to suspend further contact with Dr. Bonsi. At the time our audit fieldwork ended, OMIG was still waiting for clearance and, consequently, had not finalized the repayment plan, and none of the \$66,402 in overpayments had been recovered.

**Response #1**

OMIG has recovered \$22,134, and continues to recover from the provider.

**Recommendation #2**

Actively monitor claims submitted by Dr. Bonsi, particularly those for behavior management and after-hour office visits.

Status – Implemented

Agency Action - As a result of our initial audit, the Department began monitoring claims submitted by Dr. Bonsi. Through these efforts, Dr. Bonsi's claims have decreased and he is no longer billing Medicaid inappropriately. Specifically, since our initial audit report was issued, Dr. Bonsi only submitted 10 claims for behavior management services. These claims were paid only after further review determined they were appropriate. Additionally, Dr. Bonsi has not submitted any claims for after-hours office visits.

## **Response #2**

The Department confirms our agreement with this report.

## **Recommendation #3**

Develop and implement eMedNY system edits or other controls to preclude payments for improper claims for behavior management and after-hours office visits.

Status – Implemented

Agency Action - In January 2013, the Department implemented eMedNY edits that pend dental claims for behavior management services and after-hours office visits for manual review and adjudication. Between January 1, 2013 and March 2, 2015, 10,938 claims totaling \$346,392 were submitted to the Medicaid program for reimbursement of behavior management services. After a manual review, 1,064 of these claims were denied, saving Medicaid \$35,722. During this same period, 162 claims totaling \$6,953 were submitted for after-hours office visits. After manual review, 21 of these claims were denied, saving Medicaid an additional \$2,076.

## **Response #3**

The Department confirms our agreement with this report.