

TO: PROS Providers  
FROM: Norman Brier  
SUBJECT: IR 50 % Limit  
DATE: October 3, 2013

OMH has reviewed several years of PROS' Medicaid claiming data and has found some agencies have claims impermissible per PROS regulations. This letter provides clarity on how OMH is advising the PROS' providers, DOH and OMIG on the standard applicable to the limit on Medicaid paid "Intensive Rehabilitation" (IR) claims as percentage of total Medicaid paid CRS (CRS) claims.

The regulation states that the number of paid IR claims cannot exceed 50% of the number of CRS paid claims annually. The regulations state the following:

512.11(c)(2)(iv) Medicaid may reimburse the IR component add-on for up to 50 percent of a provider's total number of monthly base rate bills submitted annually.

It has been determined that "annually" in this instance is a calendar year, and that the 50% maximum will apply beginning the first full calendar year after being licensed as a PROS provider. If you have more than one PROS location, the paid claims history at both locations will be combined, beginning in the first full calendar year both were in operation to determine compliance with the 50% limit.

A desk audit was done back to 2009 to determine if any providers did reach this limit and in fact some had. We have compiled the claiming histories of each of the PROS agencies for each year through 2012 to determine compliance with the 50% rule. You will be contacted if you are one of the providers with apparent claiming histories not in compliance.

Compliance with this standard requires monthly monitoring of IR and CRS paid claims from the beginning of each calendar year. Exceeding the 50% limit in any one or two months is NOT non-compliance. Compliance is measured on a full calendar year basis only.

OMH regulations are clear that providers cannot retain any funds received for IR visits exceeding the 50% "rule" in any year:

512.11(g)(2) If Medicaid provided reimbursement to a PROS program that was not authorized pursuant to subparagraph (c)(2)(iv) of this section, the program is not entitled to retain Medicaid reimbursement for the IR component add-on in excess of the 50 percent limit.

If you are over the 50% limit based on the section of the regulation listed above, you should return these funds. Information regarding self-disclosure to OMIG and returning any receipts due to non-compliance with any regulation can be found on the following link:

<https://www.omig.ny.gov/self-disclosure>

If you have any questions regarding this, please contact Joyce Billetts @ 518-473-0395 or by e-mail at [joyce.billetts@omh.ny.gov](mailto:joyce.billetts@omh.ny.gov).