



Office of the
Medicaid Inspector
General

NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF ELDERPLAN INC MAP
RETROACTIVE DISENROLLMENTS
FOR NOTIFICATIONS REPORTED TO OMIG
OCTOBER 1, 2013 THROUGH NOVEMBER 16, 2015

FINAL AUDIT REPORT
AUDIT #15-6743

Dennis Rosen
Medicaid Inspector General

August 4, 2016

TABLE OF CONTENTS

	<u>PAGE</u>
BACKGROUND	1
PURPOSE AND SCOPE	2
FINDINGS	2
PROVIDER RIGHTS	2
ATTACHMENTS	
ATTACHMENT I – Provider Response	



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 4, 2016



Elderplan Inc. MAP
6323 7th Avenue
Brooklyn, New York 11220

Re: Final Audit Report
Audit # 15-6743
Provider # [REDACTED]

Dear [REDACTED]

The New York State Office of the Medicaid Inspector General (OMIG) has identified instances where Elderplan Inc. MAP (Plan) received monthly Medicaid capitation payments for enrollees who were retroactively disenrolled from the Plan. In accordance with the Medicaid Advantage Plus Model Contract (Contract) and Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR), this Final Audit Report represents the final determination regarding capitation payments made on behalf of enrollees retroactively disenrolled from the Plan.

BACKGROUND

The New York State Department of Health (the Department) is the state agency responsible for the administration of the Medicaid program. As part of its responsibility as an entity within the Department, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of the Department (Titles 10 and 18 of NYCRR), the regulations of the Office of Mental Health (Title 14 of the NYCRR), and the Department's Medicaid Provider Manuals, *Medicaid Update* publications and the Contract.

PURPOSE AND SCOPE

The purpose of the audit was to identify instances where the Plan received a Medicaid capitation payment and subsequently the enrollee was retroactively disenrolled for the entire payment month. The scope of the audit includes all retroactive disenrollment capitation payments with notifications reported to OMIG from October 1, 2013, through November 16, 2015.

FINDINGS

After reviewing the Plan's May 4, 2016 response to the Draft Audit Report (Attachment I), as well as documentation submitted, OMIG has determined that for the period and scope reviewed, the Plan generally adhered to applicable Medicaid billing rules and regulations. OMIG has concluded that no further action is required pertaining to this audit.

PROVIDER RIGHTS

The Plan 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 Plan wishes to request a hearing, the request must be submitted in writing within sixty (60) days of the date of this notice to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel, at [REDACTED]

If a hearing is held, the Plan may have a person represent the Plan or the Plan may represent itself. If the Plan chooses to be represented by someone other than an attorney, the Plan must supply along with the Plan's hearing request a signed authorization permitting that person to represent the Plan at the hearing; the Plan may call witnesses and present documentary evidence on the Plan's behalf. For a full listing of hearing rights please see 18 NYCRR Part 519.

[REDACTED]

Page 3
August 4, 2016

Should you have any questions, please contact [REDACTED]
[REDACTED]. Thank you for your cooperation.

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]