



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

November 10, 2015

[REDACTED]  
Health Plus Amerigroup  
9 Pine Street, 14th Floor  
New York, NY 10005

Re: Family Planning Chargeback  
Provider # [REDACTED]  
Project # 15-5138

Dear [REDACTED],

Pursuant to the terms of the Medicaid managed care contract(s) between Amerigroup New York LLC (the Plan) and the New York State Department of Health, the Plan received monthly capitation payments for covered services that included family planning and reproductive health services. Per Section 10.10 b (Family Planning and Reproductive Health Services) of this contract, the Plan agreed to reimburse the Medicaid Program for family planning and reproductive health services claims paid by the New York State Department of Health to non-network providers who rendered family planning and reproductive health services to members of the Plan. This letter is to advise the Plan of the chargeback amount due the Medicaid program and provide instructions to remit the amount due.

In a previous chargeback project, review period 1/1/2010 through 9/30/2011, Project # 13-6629, Amerigroup New York LLC deducted claims from their chargeback payment due to contractual agreements with providers. Two of these providers, Mid-Manhattan Physicians Services PC and Jean-Baptiste Simeone, disputed their status as network providers. A careful review of the contracts in question, in conjunction with evidence submitted by the providers, demonstrated that the providers were not part of the Plan's provider network during the review period. As a result, the Office of the Medicaid Inspector General is contacting you to request reimbursement in the amount of \$45,067.01.

Please refer to the attached remittance advice when making out your check. Please include the project number on your remittance and forward to the name and address shown.

Any questions in regard to this payment recovery notice should be directed to [REDACTED]  
[REDACTED]

Sincerely,

[REDACTED]  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

cc: [REDACTED]  
Certified Return Receipt # [REDACTED]

**NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE**

**NAME AND ADDRESS OF AUDITEE**

Amerigroup New York LLC  
9 Pine Street, 14<sup>th</sup> Floor  
New York, NY 10005

**AMOUNT DUE: \$ 45,067.01**

**PROVIDER #** [REDACTED]

**AUDIT #** 15-5138

**PROVIDER  
TYPE**

- Fee For Service
- Rate - LTC
- Rate - NH
- Managed Care
- Other

**CHECKLIST**

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management, B.A.M.  
GNARESP Corning Tower, Room 2739  
File #15-5138  
Albany, New York 12237-0016

5. If the provider number shown above is incorrect, please enter the correct number below.

*Thank you for your cooperation.*