



Office of the  
Medicaid Inspector  
General

**DENNIS ROSEN**  
Medicaid Inspector General

# **Audit of Multiple Client Identification Numbers in Different Managed Care Plans**

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**Final Audit Report  
Audit #: 19-7548**

## **MetroPlus Partnership Care SNP**

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**Provider ID #: 02191362**



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

May 1, 2020

[REDACTED]  
MetroPlus Partnership Care SNP  
160 Water Street, 3<sup>rd</sup> Floor  
New York, New York 10038

Re: Final Audit Report  
Audit #: 19-7548  
Provider ID #: 02191362

Dear [REDACTED]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for MetroPlus Partnership Care SNP (Plan).

In accordance with the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR) Section 517.6, this Final Audit Report represents the final determination on the issues found during OMIG's audit.

After reviewing the Plan's January 21, 2020 response to OMIG's December 5, 2019 Draft Audit Report, the overpayments in this Final Audit Report remain unchanged from those overpayments identified in the Draft Audit Report. Based on this determination, the final overpayment amount is \$25,634.67. A detailed explanation can be found in the Audit Findings section.

The attachments referred to in this Final Audit Report will be sent via the Health Commerce System (HCS). Please provide a contact person with a dedicated HCS account. If you have any questions, or to obtain your copy of the attachments via HCS, please contact [REDACTED] or through email at [REDACTED]. Please refer to audit number 19-7548 in all correspondence.

[REDACTED]  
Bureau of Managed Care Audit & Program Reviews  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

Attachments  
Certified Mail Number: 7018 1130 0001 2505 0107  
Return Receipt Requested

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## Background, Objective, and Audit Scope

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### Background

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (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 DOH (Titles 10 and 18 of the NYCRR), the regulations of the Department of Mental Hygiene (Title 14 of the NYCRR), DOH's Medicaid Provider Manuals, *Medicaid Update* publications, and the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract (Contract).

In accordance with 18 NYCRR Parts 517 and 518 and pursuant to the Contract, specifically Section 3.6 (SDOH Right to Recover Premiums), Section 19.7 (OMIG Audit Authority) and Appendix H, the OMIG, on behalf of the DOH, has the right to recover premiums paid to the Plan for enrollees listed on the monthly roster who are later determined to have been ineligible for the entire applicable payment month.

### Objective

The objective of this audit was to assess the Plan's adherence to applicable laws, regulations, rules and policies governing the New York State Medicaid program and to verify that:

- the Plan is not in receipt of capitation payments for an individual who was enrolled in a different managed care organization (MCO) under a different CIN for the same payment month; and
- capitation payments were submitted in accordance with applicable rules and requirements.

### Audit Scope

This audit identified instances where capitation payments were made to the Plan for enrollees who were concurrently enrolled in a different MCO under a different CIN, and then determined which of the concurrent capitation payments were paid inappropriately. These determinations were based on guidance provided by the New York State Department of Health, Office of Health Insurance Programs (OHIP) whereby encounter data reported by the MCO, or lack thereof, during the concurrent enrollment period was utilized to make the overpayment determination. If encounter data was inconclusive, the capitation payment will be recovered from the MCO affiliated with the CIN first closed by the local district. This audit included capitation payments made to the Plan for dates of service starting between January 1, 2014 and December 31, 2016 and continuing until the concurrent payments end.

**Audit Findings**

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OMIG issued a Draft Audit Report to the Plan on December 5, 2019 that identified \$25,634.67 in Medicaid overpayments due to capitation payments made to the Plan for enrollees who were concurrently enrolled in a different MCO under a different CIN. The Plan's January 21, 2020 response (Attachment A) to the Draft Audit Report disputed a portion of the claims identified. After reviewing the Plan's response to the Draft Audit Report, the overpayments identified (Attachment B) in this Final Audit Report remain unchanged from those cited in the Draft Audit Report. Pursuant to Section 3.6, 19.7, and Appendix H of the Contract, and 18 NYCRR Parts 517 and 518, OMIG, on behalf of DOH, may recover such overpayments.

Based on this determination, the final overpayment amount, as defined in 18 NYCRR Section 518.1, is \$25,634.67. Subsequent to the issuance of the Draft Audit Report, the Plan voided claims in the amount of \$25,634.67 (Attachment B). Therefore, there is no balance due to DOH.

**Hearing Rights**

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

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

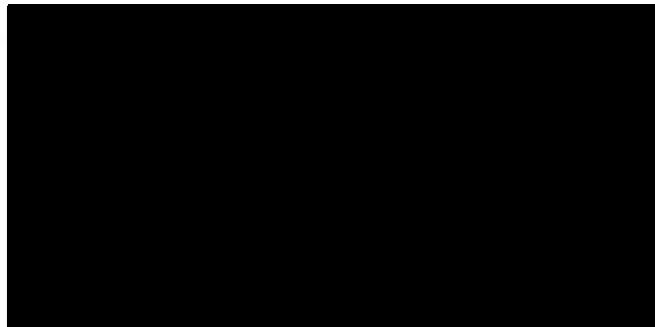
If a hearing is held, the Plan may have a person represent it or the Plan may represent itself. If the Plan chooses to be represented by someone other than an attorney, the Plan must supply along with its hearing request a signed authorization permitting that person to represent the Plan at the hearing; the Plan may call witnesses and present documentary evidence on its behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

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## **Contact Information**

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**Office Address:**

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

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## **Mission**

The mission of the Office of the Medicaid Inspector General is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.

## **Vision**

To be the national leader in promoting and protecting the integrity of the Medicaid program.