



Office of the
Medicaid Inspector
General

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

Audit of Disenrollment Notifications Reported to OMIG Through June 30, 2019

**Final Audit Report
Audit #: 20-1031**

GuildNet Gold Plus FIDA Plan Provider ID #: 03863105



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

March 18, 2021

[REDACTED]

GuildNet Gold Plus FIDA Plan
c/o Lighthouse Guild
250 West 64th Street
New York, New York 10023

Re: Final Audit Report
Audit #: 20-1031
Provider ID #: 03863105

Dear [REDACTED]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for GuildNet Gold Plus FIDA Plan (Plan).

In accordance with the Fully Integrated Duals Advantage (FIDA) Model Contract and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Section 517.6, this Final Audit Report represents the final determination on the issues found during OMIG's audit.

The Plan's September 2, 2020 response to OMIG's January 30, 2020 Draft Audit Report did not dispute the Draft Audit Report findings. As a result, the overpayments identified in this Final Audit Report remain unchanged from those cited in the Draft Audit Report. The total amount due is \$16,808.94, inclusive of interest and rate adjustments. A detailed explanation can be found in the Audit Findings section of this report.

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] through email at [REDACTED]. Please refer to audit number 20-1031 in all correspondence.

[REDACTED]

Bureau of MC Audit & Program Reviews
Division of Medicaid Audit
Office of the Medicaid Inspector General

Attachments
Certified Mail Number: 7019-1120-0001-4887-8124
Return Receipt Requested

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Background, Objective, and Audit Scope

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 New York Codes, Rules and Regulations), the regulations of the Department of Mental Hygiene (Title 14 of the New York Codes, Rules and Regulations), DOH's Medicaid Provider Manuals, *Medicaid Update* publications, and in Section 5.4.2 of the Fully Integrated Duals Advantage (FIDA) Model Contract (Contract).

The FIDA program is a partnership between the United States Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS), NYSDOH, and the individual FIDA Plans (Plans). The Plans provide fully integrated Medicare and Medicaid benefits under the FIDA demonstration.

Section 3.2.6.2.1-Required Involuntary Disenrollments-states NYSDOH and CMS shall terminate a Participant's coverage upon the occurrence of any of the conditions enumerated in Section 40.2 of the *Medicare-Medicaid Plan Enrollment and Disenrollment Guidance* or upon the occurrence of any of the conditions described in section 3.2.6.2.1 of this Contract. The State must disenroll a member upon a change in residence that makes the individual ineligible to remain enrolled in the Plan, the member loses entitlement to either Medicare Part A or Part B, the member loses Medicaid eligibility, the member dies, the Plan reduces its service area to exclude the member, the member is incarcerated, or the member materially misrepresents information to the Plan regarding reimbursement for third-party coverage.

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:

- capitation payments made to the Plan for enrollees who were disenrolled from the Plan are recovered; 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 disenrolled from the Plan for the entire applicable payment month. This audit included capitation payments made to the Plan with disenrollment notifications reported to OMIG through June 30, 2019.

Audit Findings

OMIG issued a Draft Audit Report to the Plan on January 30, 2020 that identified \$15,715.50 in Medicaid overpayments due to capitation payments made to the plan for enrollees who were disenrolled for the entire applicable payment month. The Plan's response did not dispute the Draft Audit Report findings (Attachment A). During the course of the audit, rate adjustments occurred increasing the overpayment by \$848.01 to \$16,563.51 (Attachment B). Pursuant to NYS Public Health Law section 32 and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (18 NYCRR) Parts 517 and 518, OMIG, on behalf of DOH, may recover such overpayments.

In accordance with 18 NYCRR Section 518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. Interest on the overpayments identified in this Final Audit Report was calculated from October 3, 2019 through the date of the Draft Audit Report, January 30, 2020 using the Federal Reserve Prime Rate. For the overpayments identified in this audit, OMIG has determined that accrued interest of \$245.43 (Attachment B) is now owed.

Based on this determination, the total amount due to DOH, as defined in 18 NYCRR Section 518.1 is \$16,808.94 (Attachment B), inclusive of interest.

Repayment Options

In accordance with 18 NYCRR Part 518, which regulates the collection of overpayments, your repayment options are described below.

Option #1: Make a full payment by check, money order, or OMIG's Online Payment Portal within 20 days of the date of the Final Audit Report.

- The check should be made payable to the New York State Department of Health, should include the audit number on the memo line, and be mailed with the attached remittance advice to:

New York State Office of the Medicaid Inspector General
Bureau of Collections Management
800 North Pearl Street
Albany, New York 12204
[REDACTED]
[REDACTED]

- If you elect to pay electronically through OMIG's Online Payment Portal, please visit [REDACTED] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

Option #2: Enter into a repayment agreement with OMIG. If your repayment terms exceed 90 days from the date of the Final Audit Report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. OMIG's acceptance of a repayment agreement is based on your repaying the Medicaid overpayment as agreed. OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days, by telephone or email, as provided above.

Should you fail to select a payment option above within 20 days of the date of this Report, OMIG will initiate recoupment by withholding all or a part of your payments otherwise payable, in accordance with 18 NYCRR 518.6. Additionally, OMIG reserves the right to use any remedy allowed by law to collect the amount due. Pursuant to the State Finance Law Section 18(5), a collection fee equal to twenty two percent (22%) of the amount due, including interest, may be added to the amount owed.

Hearing 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
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]

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.

Contact Information



Office Address:

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

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.



Office of the
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General

REMITTANCE ADVICE

GuildNet Gold Plus FIDA Plan
c/o Lighthouse Guild
250 West 64th Street
New York, New York 10023

Provider ID #: 03863105

Audit #: 20-1031

Amount Due: \$16,808.94

Audit
Type


- ☒ Managed Care
☐ Fee-for-Service
☐ Rate

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 the check to:

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



If you elect to pay electronically through OMIG's Online Payment Portal, please visit  or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.