



**Office of the
Medicaid Inspector
General**

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

April 11, 2024

[REDACTED]
MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305

Re: Review Summation
Review #: 19-6256
Provider #: [REDACTED]

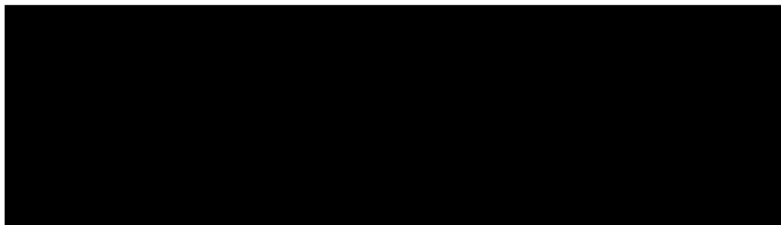
Dear [REDACTED]

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 various audits and reviews of Medicaid providers which 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 (SSL), the regulations of DOH (Titles 10 and 18 of the New York Codes, Rules and Regulations (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 SSL Section 364-j(36) and 18 NYCRR Part 517, a program integrity review of MVP (Plan) was completed to assess the Plan's contractual performance as it relates to the program integrity obligations under the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Contract dated March 1, 2014, as amended October 1, 2015. This review was limited to the program integrity obligations for Fraud and Abuse Prevention, and Reporting Requirements as outlined in the "Medicaid Managed Care Program Integrity Reviews - Matrix of Contract Obligations and Performance Standards" published on OMIG's website on July 10, 2019. This review covered the calendar year ending December 31, 2018. Our review revealed that, for the period and scope reviewed, the Plan generally complied with the program integrity obligations under the Contract.

Please be advised that pursuant to 18 NYCRR Section 517.3(h), OMIG hereby concludes its review related to the above-referenced audit objective and scope. OMIG has determined that no further action is warranted. Nothing in OMIG's actions concerning this matter, including acceptance of payment, or voiding of claims by the Provider should be construed to limit the authority of any New York State or federal agency to conduct any reviews, audits or investigations or to commence any action pursuant to New York state and/or federal laws, regulations or rules.

If you have any questions regarding the above, please contact me at [REDACTED] or through email at [REDACTED]



Division of Medicaid Audit
Office of the Medicaid Inspector General

cc: [REDACTED]
Certified Mail #: [REDACTED]