



Office of the
Medicaid Inspector
General

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

May 2, 2024

[REDACTED]
Elderplan, Inc. MAP
6323 7th Avenue
Brooklyn, New York 11220-4742

Re: Final Audit Report
Audit #: 23-4457
Provider # [REDACTED]

Dear [REDACTED]

This letter constitutes the Office of the Medicaid Inspector General's (OMIG) Final Audit Report of Elderplan, Inc. MAP (Plan).

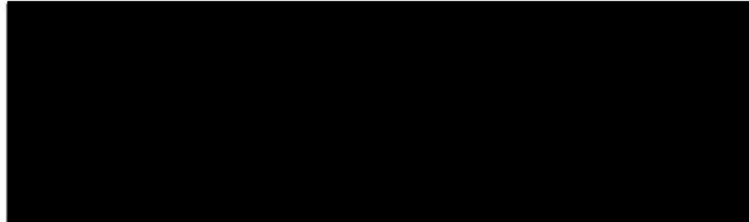
The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers 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 the Medicaid Advantage Plus Model Contract (Contract).

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 retroactively disenrolled from the Plan are recovered; and
- capitation payments were submitted in accordance with applicable rules and requirements.

After reviewing the Plan's September 13, 2023, response to OMIG's August 24, 2023, Draft Audit Report, 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.

OMIG reserves the right to conduct further reviews of your participation in the Medicaid program, take action where appropriate, and recover any associated overpayments. If you have any questions regarding the above, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]. Thank you for your cooperation.



Division of Medicaid Audit
Office of the Medicaid Inspector General

Certified Mail Number: [REDACTED]
Return Receipt Requested