



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

July 5, 2012

[REDACTED]
Senior Whole Health of New York, Inc.
200 S. Pearl Street, Suite 201
Albany, NY 12202-1834

RE: Final Audit Report
Audit #: 12-3260
Provider #: [REDACTED]

Dear [REDACTED]:

This letter constitutes the Office of the Medicaid Inspector General's (OMIG) Final Audit Report of Senior Whole Health of New York, Inc.(the Plan) Audit # 12-3260 covering the first three quarterly reports of the calendar year 2011.

The New York State Department of Health (SDOH) is the single state agency responsible for the administration of the medical assistance (Medicaid) program. The OMIG is an independent office within the SDOH responsible for a variety of Medicaid program integrity functions. As part of its responsibilities, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews assess 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 the Department of Health (Titles 10 and 18 of the NYCRR) and the Department of Mental Hygiene (Title 14 of the NYCRR) and the Department of Health's Medicaid Provider Manuals, *Medicaid Update* publications and Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract (Contract).

The purpose of the audit was to identify instances where the Plan received a capitation payment from Medicaid and subsequently the enrollee was retroactively disenrolled for the entire payment month. Following the notification of the retroactive disenrollment by the local district and the SDOH, Office of Health Insurance Programs/Division of Health Plan Contracting and Oversight via the Quarterly Retro Disenrollment Premium Recovery Report, the Plan has not voided the capitation payment. The scope of the audit includes all retroactive disenrollment capitation payments with dates of service beginning with January 1, 2007, listed repeatedly on the First, Second, and Third Quarter Quarterly Retro Disenrollment Premium Recovery Reports for 2011.

After reviewing the Plan's May 14, 2012 response to the OMIG's May 10, 2012 Draft Audit Report, as well as any other information/documentation submitted, OMIG has determined that for the period and scope reviewed, the Plan adhered to applicable Medicaid billing rules and regulations. The OMIG has concluded that no further action is required pertaining to this audit.

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), if the Plan wishes to request a hearing, the request must be submitted in writing to:

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

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

Issues you may raise shall be limited to those issues relating to determinations contained in the Final Audit Report. Further, issues must be limited to those you raised in any written response to the Draft Audit Report. The hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

The 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 by email at [REDACTED]. Thank you for your cooperation.

Sincerely,

[REDACTED]
Office of the Medicaid Inspector General
Bureau of Managed Care Audit and
Provider Review

Certified Mail # [REDACTED]
Return Receipt Requested