

NEW YORK STATE  
DEPARTMENT OF HEALTH  
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF GUILDNET INC.  
CAPITATION PAYMENTS FOR DECEASED MANAGED CARE ENROLLEES  
FEBRUARY 1, 2011 – NOVEMBER 1, 2014

FINAL AUDIT REPORT  
AUDIT #15-1113

Dennis Rosen  
Acting Medicaid Inspector General

May 5, 2015

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Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Acting Medicaid Inspector General

May 5, 2015

[REDACTED]  
Guildnet Inc.  
15 West 65th Street  
New York, New York 10023

Re: Final Audit Report  
Audit # 15-1113  
Provider # [REDACTED]

Dear [REDACTED]

The New York State Office of the Medicaid Inspector General (OMIG) has identified instances where Guildnet Inc. (Plan) received monthly Medicaid and/or Family Health Plus capitation payments for months subsequent to the enrollee's month of death. In accordance with the Medicaid Managed Long Term Care Model Contract (Contract) and Section 517.5 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR), this report represents the final determination on the issues found during the OMIG's review.

### **BACKGROUND**

The New York State Department of Health (Department) is the state agency responsible for the administration of the Medicaid program. As part of its responsibility as an entity within the Department, the 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 the Department (Titles 10 and 18 of the NYCRR), the regulations of the Office of Mental Health (Title 14 of the NYCRR) and the Department's Medicaid Provider Manuals, *Medicaid Update* publications and the Contract.

### **PURPOSE AND SCOPE**

The purpose of this audit was to identify instances where the Plan received a capitation payment subsequent to the enrollee's month of death. These cases were identified by a computerized match comparing Medicaid and Family Health Plus managed care enrollees to New York State and New York City Vital Statistic death record information. The review includes all dates of death reported through December 31, 2013 to Vital Statistics.

In accordance with 18 NYCRR Parts 517 and 518 and pursuant to the Contract, Article VI, F (1) (Department Right to Recover Premiums) and Article VIII, P (OMIG Audit Authority), the OMIG, on behalf of the Department, has a right to recover premiums paid to the Plan for enrollees listed on the monthly roster who are later determined to be deceased.

### **FINDINGS**

A Draft Audit Report was issued on March 17, 2015 identifying \$16,390.43 in overpaid capitation payments made to the Plan for periods subsequent to the enrollee's month of death. In response to the Draft Audit Report, the Plan submitted claim voids totaling \$16,390.43.

In accordance with 18 NYCRR Parts 517 and 518 and pursuant to the Contract, specifically Article VI, the OMIG, on behalf of the Department, 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.

The total amount of overpayment, as defined in 18 NYCRR §518.1(c), is \$16,390.43. Subsequent to the issuance of the Draft Audit Report, the Plan voided claims in the amount of \$16,390.43. Therefore, there is no balance due the New York State Department of Health (Attachment I).

### **PROVIDER RIGHTS**

The Provider 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 Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel  
Division 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].

[REDACTED]  
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If a hearing is held, the Plan may have a person represent the Plan 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 the Plan's 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 the Plan's behalf.

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 via email at [REDACTED]. Thank you for your cooperation.

Sincerely,

[REDACTED]

Division of Medicaid Audit, Albany Office  
Office of the Medicaid Inspector General

Attachment  
CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED