



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 6, 2019

Mr. Kenneth Shulman
Assistant Comptroller
New York State Office of the State Comptroller
110 State Street, 10th Floor
Albany, New York 12236

Dear Mr. Shulman:

Pursuant to the provisions of Section 170 of New York State Executive Law, I hereby transmit to you a copy of the New York State Department of Health's comments related to the Office of the State Comptroller's final audit report 2017-S-46 entitled, "Medicaid Overpayments for Medicare Advantage Plan Services."

Please feel free to contact Estibaliz Alonso, Assistant Commissioner, Office of Governmental and External Affairs at (518) 473-1124 with any questions.

Sincerely,

Sally Dreslin, M.S., R.N.
Executive Deputy Commissioner

Enclosure

cc: Estibaliz Alonso

**Department of Health
Comments on the
Office of the State Comptroller's
Final Audit Report 2017-S-46 entitled, "Medicaid Overpayments for
Medicare Advantage Plan Services"**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) Final Audit Report 2017-S-46 entitled, "Medicaid Overpayments for Medicare Advantage Plan Services."

Recommendation #1:

Remind providers of their obligation to bill all applicable third parties that may be liable for a claim before billing Medicaid. Ensure attention is paid to dental providers.

Response #1:

The Department issued a Medicaid Update article in December 2018 reminding all dental providers of their obligation to bill all applicable third parties that may be liable for a claim before billing Medicaid.

Recommendation #2:

Review the overpayments of \$152,235 (\$104,007 + \$48,228) we identified that have not been adjusted by providers and recover as appropriate.

Response #2:

The Office of the Medicaid Inspector General's (OMIG) contractor reviewed the identified overpayments and will pursue recovery of any payment determined to be inappropriate.

Recommendation #3:

Using a risk-based approach, assess the remaining 92,030 (55,675 + 36,355) highly questionable claims totaling almost \$12.6 million, and recover overpayments as warranted. Ensure prompt attention is paid to those providers that received the largest dollar amounts of questionable payments.

Response #3:

OMIG's contractor reviewed the identified claims and will pursue recovery of any payment determined to be inappropriate.

Recommendation #4:

Develop and implement formal procedures for identifying and analyzing high-risk claims for services that are covered by Plans, including those that offer supplemental dental benefits.

Response #4:

The Department has begun collaboration with the OMIG to determine an appropriate course of action.

Recommendation #5:

Develop a process to monitor whether providers are reporting CARCs appropriately.

Response #5:

The Department will continue to collaborate with the OMIG to determine an appropriate course of action.