



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

April 11, 2023

Ms. Andrea Inman
Audit Director
Division of State Government Accountability
NYS Office of the State Comptroller
110 State Street, 11th Floor
Albany, New York 12236
ainman@osc.ny.gov

Dear Ms. Inman:

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 2020-S-66 entitled, "Medicaid Program: Improper Overlapping Medicaid and Essential Plan Enrollments."

Please feel free to contact Mischa Sogut, Office of Governmental and External Affairs, at (518) 473-1124 or mischa.sogut@health.ny.gov, with any questions.

Sincerely,

Megan E. Baldwin
Acting Executive Deputy Commissioner

Enclosure

cc: Mischa Sogut

Department of Health Comments to Final Audit Report 2020-S-66 entitled, “Medicaid Program: Improper Overlapping Medicaid and Essential Plan Enrollments” by the Office of the State Comptroller

The following are the responses from the New York State Department of Health (the Department) to Final Audit Report 2020-S-66 entitled, “Medicaid Program: Improper Overlapping Medicaid and Essential Plan Enrollments” by the Office of the State Comptroller (OSC).

Recommendation #1:

Review and correct the identified Medicaid and EP enrollment overlaps and recover overpayments, as warranted, prioritizing payments made to the same insurer for the same recipient in the same month.

Response #1:

The Department will continue to review the cases provided by OSC for instances of overlapping Medicaid and EP enrollment and will recover overpayments as warranted.

Recommendation #2:

Review controls and take corrective actions to address issues that caused improper Medicaid and EP enrollment overlaps, including but not limited to:

- eMedNY and NYSOH Force Closure processing weaknesses;
- NYSOH assignment of multiple account numbers and/or HX IDs to the same individual; and
- NYSOH and eMedNY 834 transaction processing that yield unintended results.

Response #2:

Collaboratively, eMedNY and NYSOH have already made improvements to the force closure process (i.e., closing enrollment in NYSOH for members enrolling in the Welfare Management System), the multiple concurrently active HX IDs issue, and 834 processing between systems since the inception of the NYSOH and as additional functionalities were needed over time. Additional review of exceptions is ongoing, and the Department continues to close processing gaps and correct historic data as needed through development work and the data correction process. All system enhancement documentation related to these improvements has been provided to OSC.

With the receipt of OSC’s findings, NYSOH and eMedNY continue to work to determine first whether existing processes have already or will address any corrections that need to be made, or whether new processes and applicable system corrections need to be implemented.

NYSOH and eMedNY track 834 transactions daily and, working together, ensure enrollment expectations are met and that the two systems are in sync. More recently, a system enhancement was put into place for 834 transaction balance and control purposes. As noted above, all documentation related to this enhancement has been provided to OSC. The Department will continue to monitor transaction processing and make improvements as needed.

In the time period between OSC's extraction of the data and potential findings presented to the Department, (March 2021 to July 2022), project implementations and data corrections have already occurred or are in progress as part of existing processes.

Recommendation #3:

Develop and implement periodic reconciliations between the Medicaid and EP programs to detect duplicative enrollments and take corrective actions, including recovery of improper payments.

Response #3:

The Department will continue to review instances of overlapping coverage between Medicaid and EP programs and pursue options to improve existing processes.