



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

July 13, 2010

Mr. Jerry Barber
Assistant Comptroller
Division of State Government Accountability
NYS Office of the State Comptroller
110 State Street, 11th Floor
Albany, New York 12236

Dear Mr. Barber:

Pursuant to the provisions of Section 170 of the 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 2008-S-163 on "Inappropriate Medicaid Payments for Recipients with Multiple Identification Numbers."

Sincerely,

Richard F. Daines
Commissioner of Health

Enclosure

**Department of Health
Comments on the
Office of the State Comptroller's
Final Audit Report 2008-S-163 on
“Inappropriate Medicaid Payments for Recipients
with Multiple Identification Numbers”**

The following are the Department of Health’s (Department) comments in response to the Office of the State Comptroller’s (OSC) final audit report 2008-S-163 on “Inappropriate Medicaid Payments for Recipients with Multiple Identification Numbers.”

Recommendation #1:

Formally advise HRA and county social services agencies of common situations, such as recipient relocation (particularly from one county to another) and the enrollment of an infant before birth, which can increase the risk of the assignment of multiple identification numbers to individual Medicaid recipients.

Recommendation #2:

Formally advise HRA and county social services agencies of the various WMS functionalities (such as cross-machine inquiry screens) that can be used to determine if a Medicaid applicant already has a program identification number.

Recommendation #3:

Formally require HRA and county social service agencies to use available WMS functionalities to determine if an applicant already has a program identification number. Periodically verify that such determinations are taking place.

Responses #1 - #3:

The Department will issue formal guidance for all local social services districts including HRA (“local districts”) on issues relative to duplicate identification numbers. This will include potential solutions to situations commonly encountered and best practices for ascertaining whether an applicant has an existing identification number. It will additionally include information on the WMS cross-machine inquiry screens function as well as other information regarding eMedNY data that can be used to determine if an applicant already has a program identification number. Since there are more ways than just WMS to obtain needed information, the Department does not agree with the OSC recommendation to *require* use of WMS, although the Department will monitor program data and follow-up with individual districts where the information on the number of duplicates indicates potential noncompliance with Department policies. The Department will additionally revise the Access NY application form (DOH-4220) to inquire on prior public health insurance coverage that the applicant may have had, and where relevant, to capture the associated identification number, if known. Furthermore, the guidance

discussed above will be incorporated into refresher and new worker training sessions for local district staff.

Recommendation #4:

Investigate the improper Medicaid payments identified in this report and recover them to the extent possible. At a minimum, the Department should recover the \$2.4 million in duplicate payments made to single managed care plans for individual recipients.

Response #4:

All payments identified in the report will be investigated, with recoveries pursued where appropriate. Recoveries from different plans and from hospital/clinic and managed care overlap will be contingent on Department policies regarding recoverability for the specific situations encountered. Regarding the \$2.4 million noted in the recommendation, approximately \$1.1 million has already been recovered via several different Office of Medicaid Inspector General (OMIG) initiatives, and the remaining \$1.3 million will be included in OMIG recovery projects currently under development, with completion anticipated by the end of the year.

The Department will continue to work with the local districts and the OMIG to identify inappropriate payments and seek recoveries through the Retro Disenrollment Project and other program audits. Training for the local districts in this pursuit is ongoing. In addition, the Department is evaluating the managed care enrollment process as a possible means of limiting potential duplicate payments for individuals enrolled with two different identification numbers. A report identifying individuals appearing to have multiple enrollments in managed care was made available to the local districts last December. Districts were directed to investigate and resolve the cases identified, including initiating recoveries where warranted, and to report back to the Department on their statuses.

The Department is also working with its managed care enrollment broker to match submitted health plan enrollments against the WMS database of current coverage, and to deny enrollment of individuals found to have active Medicaid coverage under another identification number. This prevents creation of the duplicate number in the first instance, eliminating the need for backend follow-up and resolution of duplicate CINs. WMS system requests to take similar action are being constructed for counties that do not use the enrollment broker.

Furthermore, as noted above, the Department is in the process of revising the Access NY application form (DOH-4220) to inquire about any prior public health insurance coverage that the applicant may have had. Once the revised application is in use, the Department will issue formal instructions for all local districts, including HRA, to perform an inquiry on eMedNY or the WMS cross-machine inquiry screens whenever prior public health insurance is indicated on the DOH-4220 and there is no match present on the WMS clearance report. This additional step will address those situations where the applicant may have moved between districts utilizing two different WMS systems. This will be an interim procedure pending further investigation into a permanent systems solution to support cross-district CIN inquiries. The Department will

monitor program data and follow-up with individual districts where the information on the number of duplicates indicates potential noncompliance with Department policies.

Furthermore, the Department has implemented several other initiatives that help prevent duplicate CINs and reduce potential overpayments. These include:

- Existing SSI duplicate cases were researched and resolved, and improvements implemented to the “SDX” clearance process resulting in a reduction in the volume of duplicate SSI cases. In addition, other improvements implemented prevent the opening a duplicate SSI case in another New York State district without the initial case being closed.
- A revision was made to WMS so that when there is a clearance score of 102 or greater at application, staff cannot utilize the newly created “spawned” CIN but must reuse an existing CIN.
- Developed the ability to truncate coverage in cases where coverage has been extended but there is existing coverage under a duplicate CIN.