



Department of Health

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

October 25, 2019

Mr. Kenneth Shulman
Assistant Comptroller
Division of State Government Accountability
NYS 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 2018-S-24 entitled, "Medicaid Program – Improper Managed Care Premium Payments for Recipients with Duplicate Client Identification Numbers."

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 2018-S-24 entitled, "Medicaid Program – Improper
Managed Care Premium Payments for Recipients with Duplicate
Client 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 2018-S-24 entitled, "Medicaid Program – Improper Managed Care Premium Payments for Recipients with Duplicate Client Identification Numbers."

Recommendation #1:

Review the \$102.1 million in improper premium payments we identified and make recoveries, as appropriate.

Response #1:

The Office of the Medicaid Inspector General (OMIG) continues to conduct ongoing, second-level reviews, after the local department of social services (Local Districts), New York State of Health (NYSOH), and the New York City Human Resources Administration (HRA) performs their processes to identify and resolve multiple Client Identification Numbers (CINs).

OMIG will review the identified payments and pursue recovery of any payment determined to be inappropriate.

Recommendation #2:

Take steps to ensure the DEMI unit and Local Districts resolve the remaining duplicate CIN pairs identified in this audit.

Response #2:

The Department has researched and taken appropriate steps to resolve the duplicate CIN pairs identified in the audit.

Recommendation #3:

Take steps to ensure Local Districts make timely and accurate updates to demographic information on all Medicaid cases (at the time when caseworkers receive such information) to allow proper CIN assignment for new applications and efficient reconciliation of existing duplicates.

Response #3:

The Department has expanded its internal work procedures to increase coordination and resolution activities of Welfare Management System (WMS)-only duplicate CINs between the Department and Local Districts. The Department informed Local Districts of the OSC's audit findings and the updated process at the July 2019 New York Public Welfare Association Summer Conference.

Furthermore, a General Information System (GIS) message was drafted and is in clearance for issuance. In addition to reminding Local Districts of the WMS CIN correction and consolidation procedures, the GIS provides detailed policy guidance for the new quarterly reports that will list duplicate CINs found in WMS that require Local District research and resolution. The Department also implemented an internal quality improvement process to monitor the timeliness, accuracy and efficiency of CIN correction and consolidation by Local Districts.

Recommendation #4:

Implement enhanced NYSOH functionality by the expected time frame of the fourth quarter of 2019 to prevent the creation of future inappropriate duplicate CINs.

Response #4:

In January 2019, the Department implemented enhanced functionality that increased NYSOH's ability to match consumers who already have public minimal essential coverage (MEC). Since this functionality has reduced access to consumers who already have coverage, NYSOH has seen a reduction in the number of duplicate CINs created.

The Department also continues to work to further refine CR1657 and CR1882 in order to close gaps in CIN clearance and duplicate CIN processing. As a result of these efforts, CR1657 was deployed on August 1, 2019 and is currently in production. Furthermore, CR1882 has been descope and CR1909 has subsequently been added to better address the back-office functionality necessary for improved CIN management; CR1909 is tentatively scheduled for production 1st Quarter 2020 with a date for CR1882 yet to be determined.

Recommendation #5:

Establish a central oversight entity responsible for all duplicate CIN detection and resolution, and evaluate the feasibility of building a central tracking database of potential duplicate CINs that shows the status of each case and can be shared among all the stakeholders in the duplicate CIN research and resolution process.

Response #5:

Duplicate CIN resolution when at least one CIN resides in NYSOH has been centralized in the Division of Eligibility and Marketplace Integration (DEMI). DEMI's comprehensive and detailed work procedures include working with various stakeholders including NYSOH, eMedNY, and Local Districts to resolve duplicate CINs. Local District staff follow the guidance on WMS-only duplicate CIN resolution provided to them over the years by the Department. DEMI staff have a process in place to work with OMIG to respond to inquiries and to support the recoupment of capitation payments made in error.

In July 2019, in order to increase central oversight, DEMI developed a new database to identify and monitor duplicate CINs active on Upstate and Downstate WMS. The new database will be maintained in addition to the existing duplicate CIN database used to identify and monitor duplicate CINs that are active on NYSOH and WMS. DEMI will use the new database to generate reports and track the efficiency of Local District duplicate CIN resolution and consolidation activity. The Department will provide quarterly data reports to Local Districts and

monitor correction of enrollee demographic data, termination of duplicate coverage and CIN consolidation.

Recommendation #6:

Ensure that the DEMI unit takes steps to improve the efficiency and timeliness of duplicate CIN research and resolution, including, but not limited to, expanding the prioritization methodology to include active eligibility status of the potential duplicate CINs and the cost of associated managed care premium payments, and establishing a benchmark for the time it takes to resolve duplicate CINs.

Response #6:

DEMI staff follow written procedures to determine which CIN should remain open and which CIN should be closed. Since June 2018, prior to receiving OSC's audit file to research, DEMI staff filter CINs to identify pairs where both CINs have active coverage and then prioritize those CIN pairs over others in the report. The guidance also provides for accurate, efficient and timely processing of identified duplicate CINs. Staff have completed the review of all monthly duplicate CIN reports through August 2019 and are currently reviewing the September 2019 report. As a result, there is no need to establish a prioritization methodology based on the cost of associated managed care premium payments.

Recommendation #7:

Evaluate the feasibility of updating the logic used by eMedNY's duplicate CIN reports to include additional criteria for identifying and properly scoring potential duplicate CIN matches.

Response #7:

The Department continues to meet internally to determine how the eMedNY logic should be updated to identify and properly score potential duplicate CIN matches.

Recommendation #8:

Monitor all MCOs' compliance with the requirement to identify and report duplicate CINs to the Department and Local Districts. Ensure non-compliant MCOs (including the MCO we identified) promptly take corrective steps to perform the reviews quarterly and report duplicate CINs within 30 days of identification.

Response #8:

Per the amended Medicaid Managed Care/FHP/HIV SNP/HARP Model Contract, a requirement was added on October 1, 2015, and approved by CMS in November 2017, requiring Managed Care Organizations (MCOs) to submit a quarterly multiple CIN report. In May 2018 discussion began between the Office of Health Insurance Programs and OMIG to develop a report format and instructions for the MCOs to use to report multiple CINs on a quarterly basis. The final approved report template and letter were sent to MCOs on October 29, 2018.

The Department tracks the Quarterly Multiple CIN report submission. MCOs who fail to submit the report are contacted by Department staff to remind them of their requirement to submit on a

quarterly basis and the dates the reports are due. As of May 2019, all MCOs are submitting Quarterly Multiple CIN reports.

Recommendation #9:

Monitor duplicate CIN resolutions among HRA and ACS subsequent to the new data-sharing agreement, and take further corrective actions, if necessary.

Response #9:

The Department continues to monitor duplicate CIN resolutions among HRA and the New York City Administration for Children's Services. A process has been implemented to reduce the assignment of multiple CINs to children enrolled in foster care or adoption support services. The Department meets regularly to identify and address concerns, as needed.

Recommendation #10:

Evaluate the feasibility of creating a control to prevent confirmed duplicate CINs from being reused in the future.

Response #10:

The Department is taking steps to establish a control to prevent confirmed CINs from being used again in the future.

Office of the State Comptroller's Comments:

OSC Comment to Response #2:

While the Department has taken certain steps to close duplicate CINs, it has not taken necessary steps to prevent duplicate CINs from being used again (i.e., some duplicate CINs are reopened and/or not linked in eMedNY) or to promptly recover the \$102.1 million in overpayments that resulted from the duplicate CINs.

Response to OSC Comment:

The Department is taking steps to establish a control to prevent confirmed CINs from being used again in the future.

OSC Comment to Response #6:

The written procedures, dated January 2019, used by the DEMI unit did not address the prioritization of active CINs. We encourage the Department to ensure that active Medicaid eligibility is a factor when considering the prioritization of duplicate CIN consolidation and to ensure the procedures are updated accordingly.

Response to OSC Comment:

Active CIN prioritization was not included in the supplemental January 2019 procedures because the process was already reflected in other written procedures, which continue to remain in effect even though they were issued prior to January 2019.