

Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

In October 2015, the Centers for Medicare & Medicaid Services (CMS) approved New York's Community First Choice option (CFCO). The approval allowed New York to receive an additional 6 percent of Federal Medical Assistance Percentage (FMAP), referred to as "enhanced FMAP," for eligible home and community-based services and supports provided to individuals that would otherwise require an institutional level of care.

Under the CFCO, New York claimed enhanced FMAP for calendar year (CY) 2016 totaling \$18.6 million for fee-for-service payments and \$269 million for managed care payments. We decided to audit New York's methodology for claiming enhanced FMAP on payments made for CFCO services.

Our objective was to determine whether New York followed its CMS-approved methodology for claiming enhanced FMAP on payments made for CFCO services.

How OIG Did This Audit

Our audit covered \$310 million in fee-for-service payments and \$4.5 billion in managed care payments for beneficiaries determined eligible by New York. New York claimed enhanced FMAP of \$287.6 million related to these payments on its Form CMS-64s for CY 2016. We reviewed New York's CFCO eligibility determinations for 60 beneficiaries for whom New York claimed the enhanced FMAP.

New York Followed Its Approved Methodology for Claiming Enhanced Medicaid Reimbursement Under the Community First Choice Option

What OIG Found

New York followed its CMS-approved methodology for claiming enhanced FMAP on Medicaid fee-for-service and managed care payments made for CFCO services provided to beneficiaries that New York determined eligible in CY 2016.

What OIG Recommends

This report contains no recommendations.