

Home Health Pre-claim Review

In accordance with Chapter 59 of the Laws of 2011, as amended in 2014, certain providers of home health services that exceed \$15 million in Medicaid fee-for-service and/or Medicaid managed care reimbursements are required to utilize a verification organization (VO) to perform a pre-claim review. The VO must verify the home health services within a claim or encounter collected from electronic visit verification (EVV) prior to submission of the claim or encounter to the Department of Health (DOH) or to a managed care provider.

The Office of the Medicaid Inspector General (OMIG) has identified the participating providers that are required to utilize a VO. Those providers required to participate will be notified by the OMIG by certified letter. Only providers that receive notification from OMIG are required to have their services verified by a VO. If you have any questions regarding your status under the amended law please contact OMIG at (518) 402-1470.

Providers requiring a VO must select their VO from the OMIG and DOH joint list of approved VOs, which can be found on our website at <http://omig.ny.gov> under the **Resources** tab. Follow the Verification Organizations link. Please note that the VO you select **does not** have to be the same vendor you utilize for your EVV services.

Additional information and resources related to the law can be found on our website at <http://omig.ny.gov> under the **Resources** tab. Follow the Home Health Requirements and/or Questions and Answers links.