NEW YORK STATE | Office of the Medicaid Inspector General

Division of Medicaid Audit
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Audit Project Fact Sheet

Managed Care Enrollment and Eligibility Review: PARIS Match

Project Overview

This audit project reviewed Medicaid Managed Care capitation payments for enrollees who were listed on the Public Assistance Reporting Information System (PARIS) Medicaid Interstate Matches and were identified by OMIG as having received Medicaid in a state other than New York for the entirety of one or more payment months during the period of January 1, 2020, through December 31, 2020.

In accordance with regulation and the Medicaid managed care plan contracts, OMIG, on behalf of DOH, has a right to recover premiums paid to the Medicaid Managed Care Organization (MMCO) for enrollees listed on the monthly roster who are later determined to have been out-of-state for the entirety of the payment month. OMIG's review included all MMCOs in New York State, across all plan types.

A total of 46 MMCOs were notified of overpayment amounts in Draft Audit Reports mailed out on December 11, 2025. All disputes submitted by MMCOs were reviewed. Where appropriate, capitation payments were removed from the audit findings. The total Final Audit Report overpayments are $26,975,707.13.

Audit Profile

Year Under Review
2020

Audits Initiated
46

Final Audit Reports
46

Overpayments Identified
$27 Million

What is PARIS?

The Public Assistance Reporting Information System or PARIS is a data matching service matching recipients of public assistance to check if they receive duplicate benefits in two or more states. PARIS matches help identify improper payments and minimize fraud and abuse.

How Many Enrollees?

Medicaid Managed Care Enrollment as of December 2020 was 5,377,317 enrollees. OMIG's PARIS Match Audit of the Calendar Year 2020 scope identified 11,654 individuals as potentially receiving benefits in another state.

Future Project Enhancements?

OMIG continues to explore additional data sources to enhance this project and identify additional capitation payments appropriate for recovery. For example, Federal Transformed Medicaid Statistical Information System (T-MSIS) data can provide Medicaid eligibility and claim data from other states.

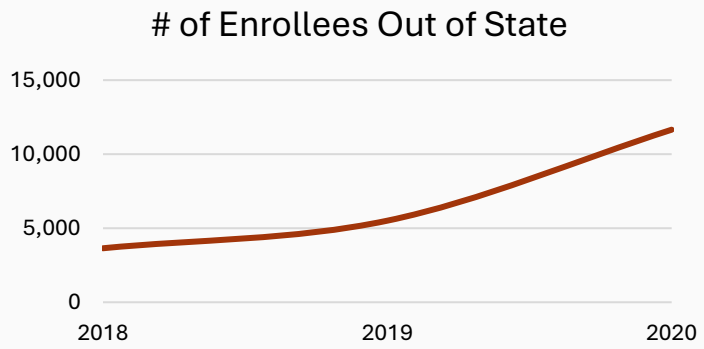
Agency Collaboration

OMIG's PARIS Match audit is a second-level review that follows a first-level review conducted by the local districts (LDSSs), New York State of Health (NYSoH), and New York City – Human Resources Administration (HRA), whereby retroactive disenrollment notifications are issued to Plans by the LDSSs, NYSoH, and HRA to recover inappropriately paid capitation payments for individuals residing out-of-state. For Calendar Year 2020, this first-level review resulted in the recovery of $9,502,417.88.

Project History

Audit Scope	Enrollees	Findings
Oct. 1, 2016 – Dec. 31, 2018	3,647	$12,663,248.00
Jan. 1, 2019 – Dec. 31, 2019	5,510	$9,711,910.63
Jan. 1, 2020 – Dec. 31, 2020	11,654	$26,975,707.13

*First iteration of this project had a 2¼ review period. Subsequent and future iterations are for 1-year periods.



Finalized Audits

Audit #	Plan Name	Plan Type	Enrollees	Final Audit Amount
25-6438	Aetna Better Health of New York	MLTC Partial Cap	2	$13,960.05
25-6439	Amida Care, Inc.	Mainstream	10	$182,030.68
25-6476	Anthem Blue Cross and Blue Shield, HP	Mainstream	904	$1,695,779.91
25-6477	Anthem Blue Cross and Blue Shield, HP	MLTC Partial Cap	4	$25,667.73
25-6478	Anthem Blue Cross and Blue Shield, HP	HARP	13	$102,497.04
25-6441	Capital District Physicians' Health Plan	Mainstream	172	$349,787.93
25-6440	Capital District Physicians' Health Plan	HARP	8	$64,851.03
25-6479	Catholic Managed LTCS MLTC	MLTC Partial Cap	2	$40,697.67
25-6442	CenterLight Healthcare PACE	PACE	1	$16,174.76
25-6481	Elderplan, Inc. MAP	Medicaid Advantage Plus	1	$4,975.23
25-6482	Elderplan, Inc., Homefirst	MLTC Partial Cap	4	$9,917.39
25-6443	Erie Niagara MLTCP, Inc. Kalos Health	MLTC Partial Cap	1	$7,419.68
25-6444	Excellus Health Plan, Inc.	HARP	14	$79,621.53
25-6445	Excellus Health Plan, Inc.	Mainstream	438	$753,302.86
25-6446	Extended MLTC LLC c/o Healthcare Directives	MLTC Partial Cap	1	$4,259.98
25-6449	Fidelis Care	Mainstream	362	$727,337.06
25-6447	Fidelis Care	Mainstream	2,797	$5,891,088.44
25-6483	Fidelis Care	MLTC Partial Cap	3	$15,051.56
25-6448	Fidelis Care	HARP	103	$834,554.38
25-6484	Health Insurance Plan of Greater New York	HARP	13	$136,530.92
25-6450	Health Insurance Plan of Greater New York	Mainstream	479	$928,068.77
25-6452	HIP Nassau County	Mainstream	8	$28,101.05
25-6453	HIP Westchester	Mainstream	13	$54,212.99
25-6485	Healthfirst Health Plan, Inc.	Medicaid Advantage Plus	3	$21,465.20
25-6486	Healthfirst PHSP Personal Wellness Plan	HARP	80	$946,247.28
25-6488	Healthfirst PHSP, Inc.	Mainstream	2,738	$5,797,350.91
25-6487	Healthfirst PHSP, Inc.	MLTC Partial Cap	5	$42,816.70
25-6451	Highmark Western and Northeastern New York	Mainstream	123	$257,723.12
25-6454	Independent Health Association, Inc.	Mainstream	108	$231,551.23
25-6455	Independent Health Association, Inc.	HARP	3	$21,961.65
25-6489	Integra MLTC, Inc	MLTC Partial Cap	24	$104,643.68
25-6456	MetroPlus Health Plan, Inc.	Mainstream	1,401	$2,648,855.85
25-6457	MetroPlus Health Plan, Inc.	HARP	76	$981,481.02
25-6458	MetroPlus Partnership Care SNP	SNP	6	$72,274.64
25-6459	MVP Health Plan, Inc.	HARP	19	$215,455.04
25-6460	MVP Health Plan, Inc.	Mainstream	361	$850,297.76
25-6493	Senior Whole Health of New York MLTC	MLTC Partial Cap	5	$31,180.76
25-6461	United Healthcare Community Plan of NY, Inc	Mainstream	916	$1,857,552.62
25-6462	United Healthcare Community Plan of NY, Inc	HARP	33	$345,898.01
25-6495	VNSNY Choice Plus M/M	Medicaid Advantage Plus	1	$22,804.40
25-6496	VNSNY Choice Select Health SNP	SNP	2	$8,111.88
25-6463	WellCare of New York, Inc.	Mainstream	346	$399,127.49
25-6464	WellCare of NY MLTC	MLTC Partial Cap	1	$9,684.64
25-6480	Wellpoint of NY, LLC	MLTC Partial Cap	7	$81,851.74
25-6465	YourCare Health Plan, Inc.	Mainstream	40	$46,523.97
25-6466	YourCare Health Plan-Option Plus	HARP	2	$14,958.90

^Audit reports are available on the OMIG website for 5 years.