Written Right, Defended Well: Strengthening Program Integrity Audits from Protocol to Appeal

NEW YORK STATE | Office of the Medicaid Inspector General

Division of Medicaid Audit

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What is an Audit Protocol?

Audit protocols bridge program requirements and the audit process.

REQUIREMENTS

AUDIT PROTOCOL

AUDIT

Provides Transparency for Providers

Guides Auditors

Does Not Replace Underlying Law

Protocol Example: Missing Documentation of Service

OMIG Audit Criteria	The service must be documented in the clinical record. If there is no documentation of service, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(a), (e), (h), and (i) 18 NYCRR § 517.3(b) 18 NYCRR § 540.7(a)(1)-(3) and (8) NYS Medicaid Program, Information for All Providers, General Policy Versions 2008-1 through 2022-2, Section II NYS DOH Medicaid Update, May 2026, Vol. 42, No. 6

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Our Journey: The Need for Change

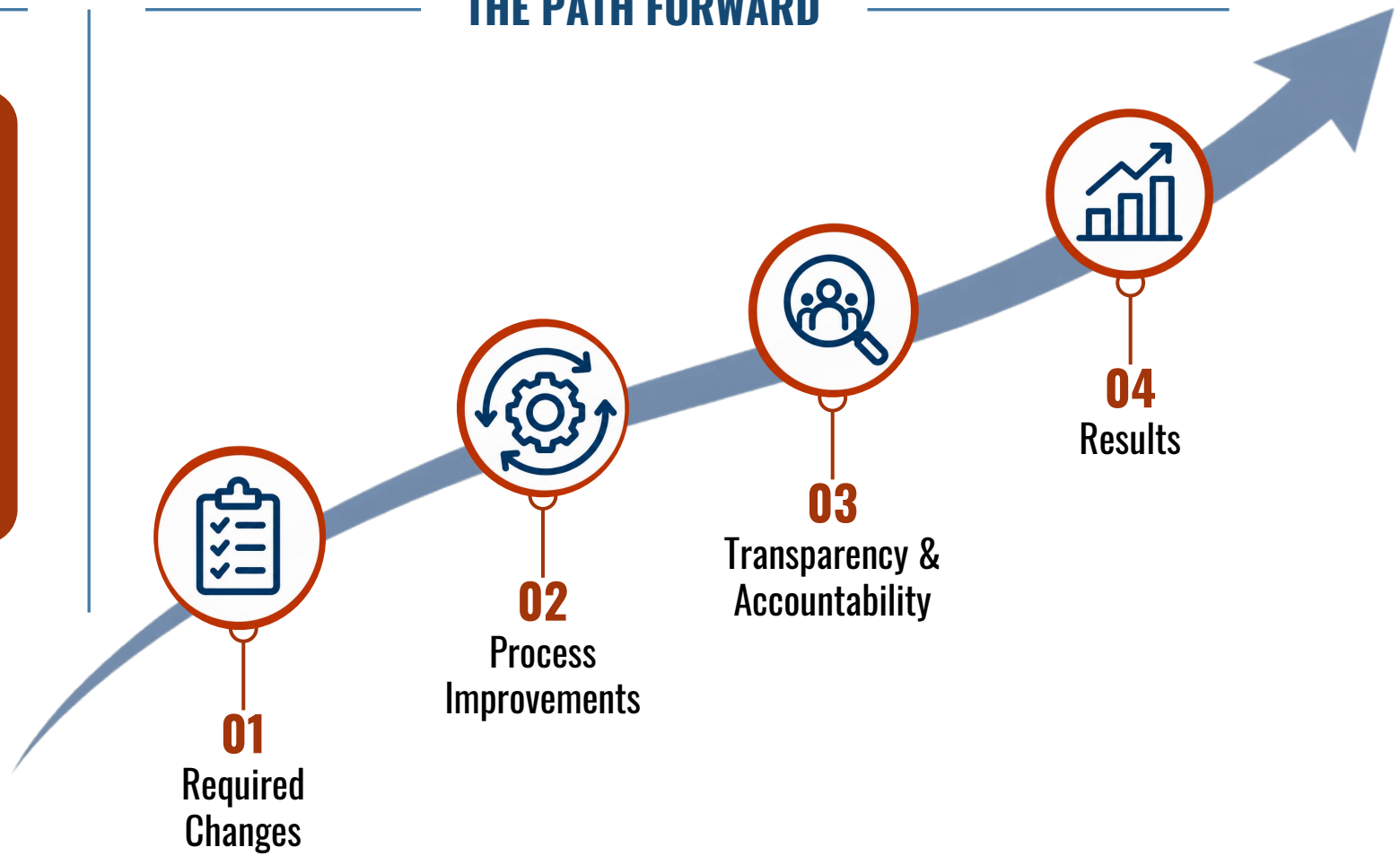
THE CHALLENGE

842 DAYS
Before

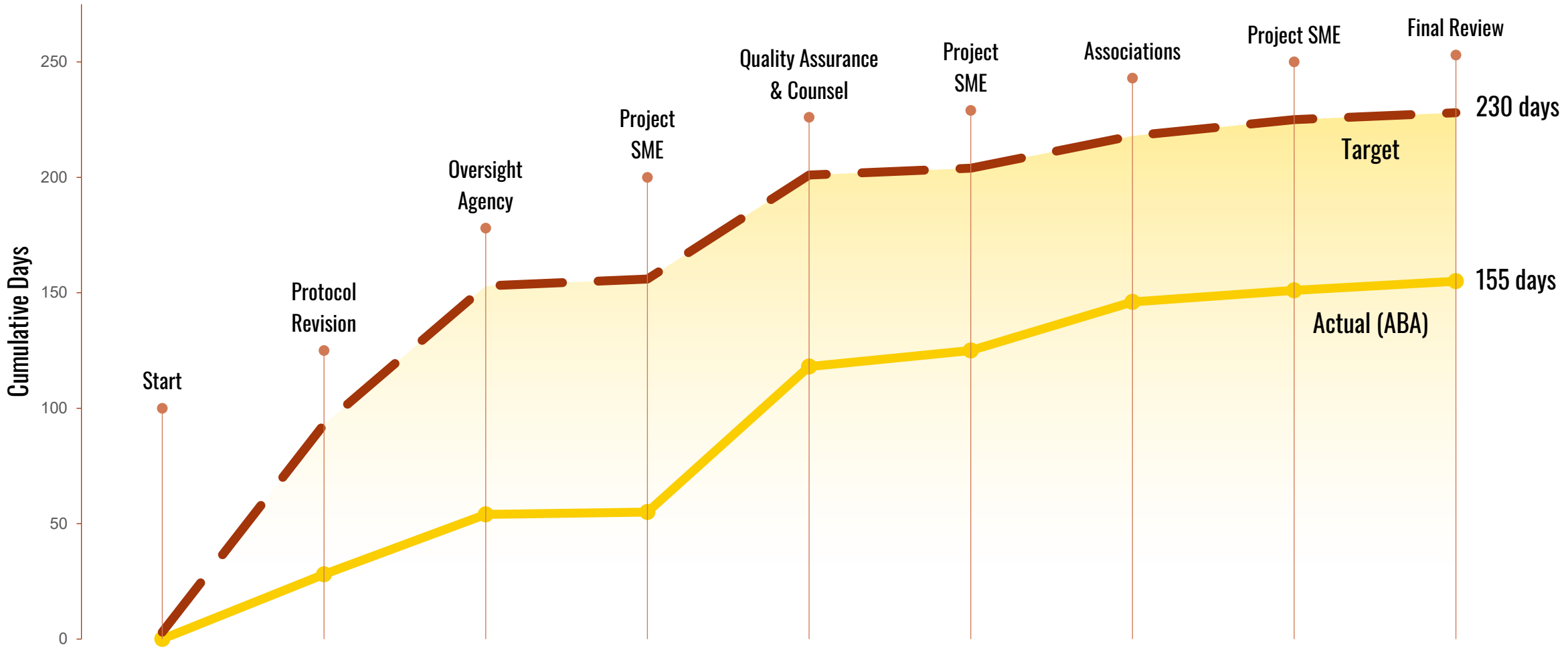
230 DAYS
New Target

73% REDUCTION

THE PATH FORWARD



Our Journey: The Impact of Change



Challenges

- Duration of review times
- Redundant reviews
- Number of reviewers
- Program & regulation changes during development
- File management
- Volume of reviews in progress
- Lack of consistency

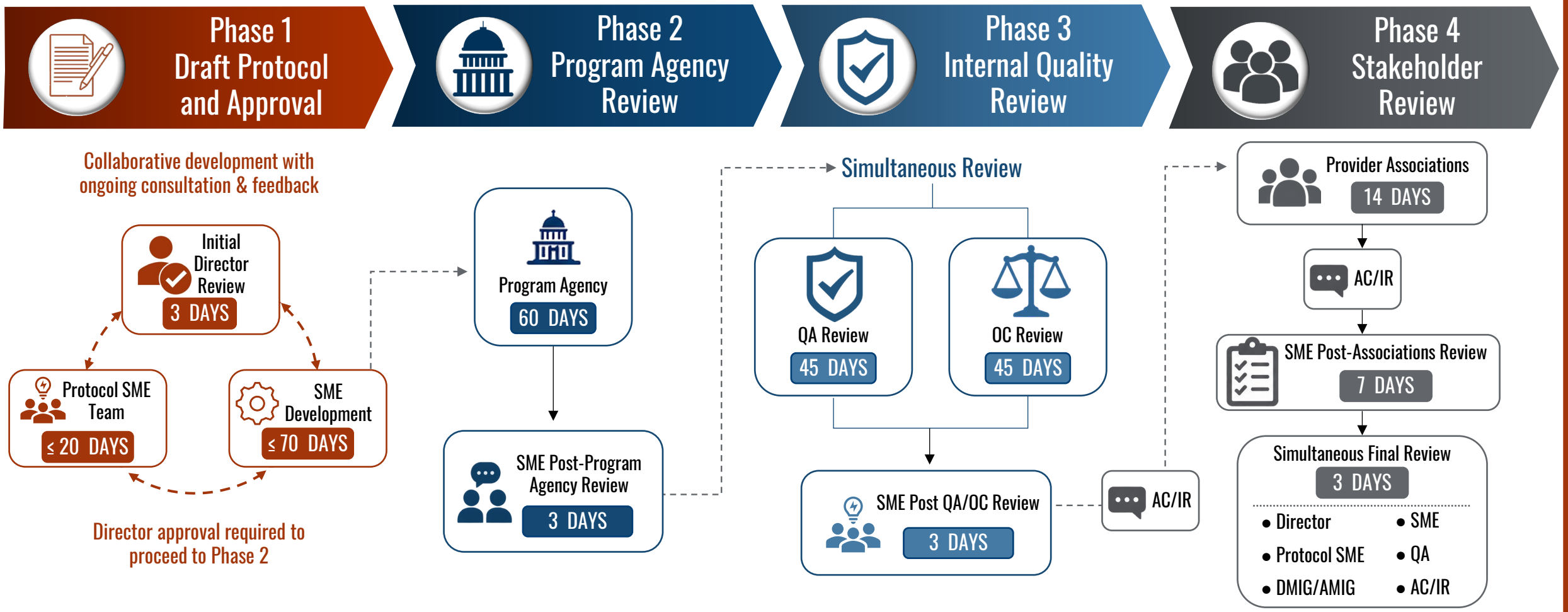
Solutions

- Review deadlines and narrowed scope
- Streamlined process
- Simultaneous reviews
- Routinely evaluate changes and have a plan
- Shared files
- Tracking and communicating statuses
- Protocol SME Team

Collaboration with Stakeholders

- Internal
  - Subject Matter Experts
  - Upper Management & Executive Leadership
  - Legal Counsel
  - Quality Assurance
  - Public Affairs
- External
  - Oversight Program Agency
  - Stakeholders / Associations

Establish Expectations



Durations are calendar days | AC/IR: Agency Communications & Intergovernmental Relations | QA: Quality Assurance | OC: Office of Counsel | SME: Subject Matter Expert

Create Consistency: Identify Common Findings Across Audit Areas

- Missing Patient Record
- Missing Documentation of Service
- Missing Authorization
- Incorrect Rate / Procedure Code Billed
- Billed More Units than Authorized or Documented
- Missing or Inaccurate Practitioner Information Claimed
- Services Provided by an Individual Unqualified / Excluded / Not Enrolled
- Incompatible or Duplicative Services Performed
- Service Performed After Patient's Death
- Billed for Services While Inpatient at Another Facility
- Failure to Bill Medicaid Managed Care
- Failed to Maximize Service Benefit Covered Under other Insurance
- Personnel-related findings (trainings, health records, assessments)

Strengthen Findings & Learn from Past Hearings

Turn Audit Experience Into Stronger Requirements

1. IDENTIFY GAPS

Use audit findings and patterns to identify unclear or inconsistent requirements.

2. COLLABORATE

Work with oversight agencies to strengthen or clarify the requirements.

3. IMPROVE OUTCOMES

Clear requirements create shared understanding for auditors and providers.

Strengthen Findings & Learn from Past Hearings

"(a) *Provision of care*. Rehabilitation services . . . are available only if a physician provides a written order for the services to the medical assistance recipient and the services are an integral part of a comprehensive medical care program. . . ." *18 NYCRR Section 505.11(a)*

In XX instance(s) pertaining to XX recipient(s), the record did not contain the required written order for the sampled date of service. For Sample #(s) X, X, X and XX, the written order was choose missing element(s).

- missing
- late
- not dated
- not signed and dated
- not signed by a licensed practitioner

Protocol Example: Bringing Clarity to Changing Requirements

Service Coordination Caseload Exceeds Limit	
OMIG Audit Criteria	**For Services 4/1/2008 through 6/30/2018:** A full-time Service Coordinator (SC) may not exceed a case load of 20 participants. **For Services 7/1/2018 and After:** A full-time Service Coordinator (SC) may not exceed a case load of 25 participants. SCs providing services to NHTD waiver participants on less than a full-time basis must limit their caseload proportionately. If the SC exceeds the limit of participants, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI **For Services 07/01/18 and After:** Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3

Midstream Changes

PROGRAM REQUIREMENT CHANGES

OPTION 1 – MAINTAIN ORIGINAL SCOPE

- Keep established dates of service
- Complete review as originally scoped
- Address newer requirements in next update

OPTION 2 – INCORPORATE THE CHANGE

- Evaluate new requirement
- Update protocol as appropriate
- Revisit affected reviews

Transparency with Provider Community

Communications

- OMIG's Protocol Webpage https://omig.ny.gov/audit/audit-protocols
  - Current and archived audit protocols
  - Identified service dates covered by the audit protocol
  - New protocols in development
  - Targeted publication dates
  - FAQ
  - Change Log
- Listserv email notification at the time of posting
- Reiterated in OMIG Annual Reports

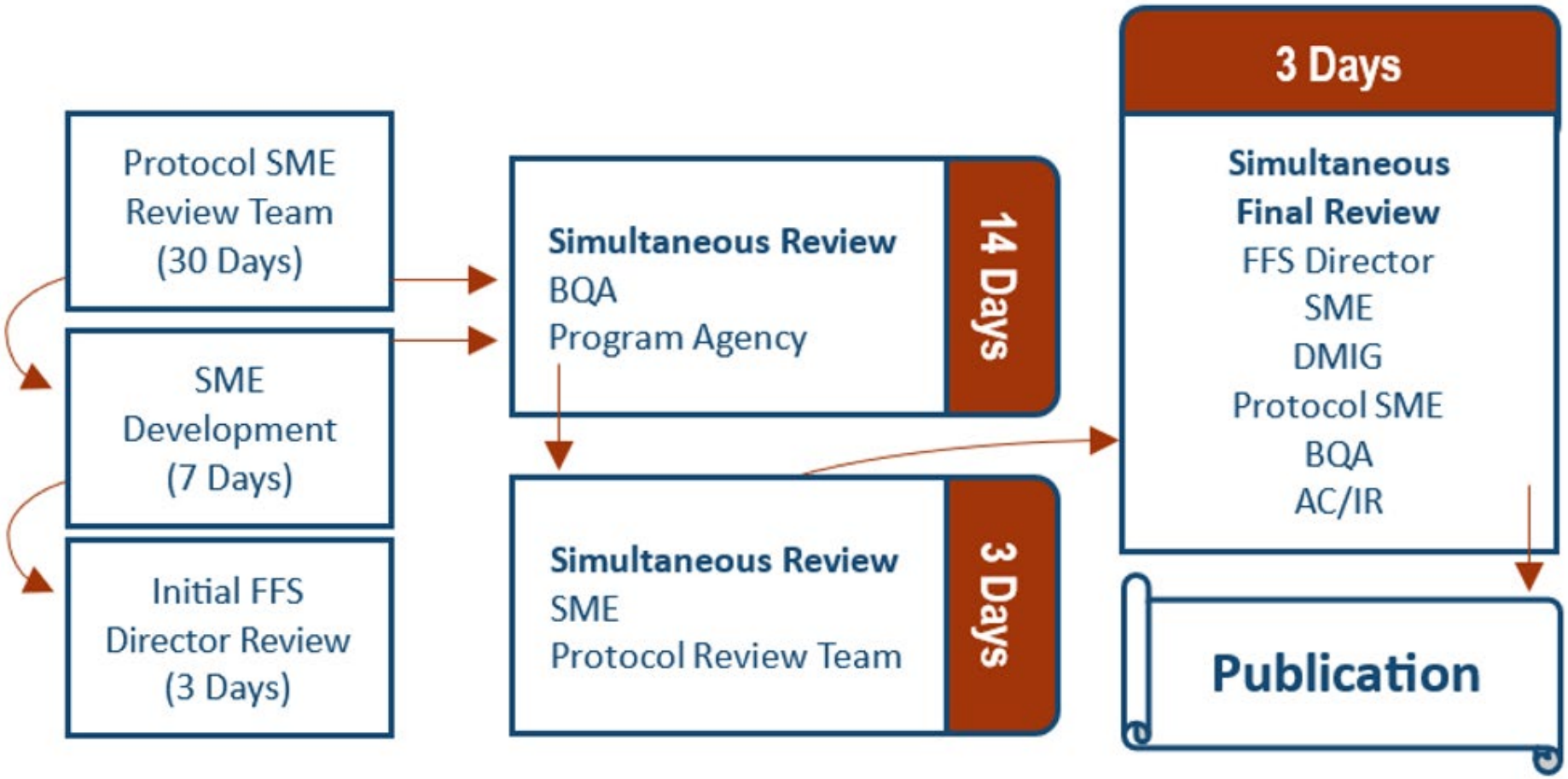
Questions

- Related to the audit process → Audit@omig.ny.gov, webinars, and provider forums
- Related to Medicaid policy referenced within protocols → NYS Oversight Agencies: Health, Mental Health, Developmental Disabilities, Substance Abuse Services, etc.
- Related to protocols (e.g., suspected error or discrepancy) → Protocols@omig.ny.gov

Audit Protocol Webpage

Department of Health (DOH) Project Type	For Service Dates	Published Date	Targeted Next Publication
Applied Behavior Analysis (ABA)	08/01/2021 - 06/25/2026	06/29/2026	Pending
Assisted Living Program (ALP) Protocol	01/01/2013 - 10/31/2025	12/26/2025	Pending
Dental Protocol	10/01/2012 - 07/02/2025	08/05/2025	Pending
Diagnostic & Treatment Center (DTC) Services Protocol	01/01/2018 - 02/05/2023	11/25/2024	2027
Durable Medical Equipment Protocol	04/01/2013 - 05/15/2025	08/20/2025	Pending
Early Intervention (EI) Program Protocol	04/06/2016 - 10/18/2021	03/30/2023	2027
Health Home (Adults) Protocol	01/09/2014 - 08/21/2025	04/01/2026	Pending
Hospice Protocol	08/31/2016 - 02/17/2026	03/24/2026	Pending
Hospital Outpatient Department (OPD) Emergency Room/Clinic Protocol	09/14/2015 - 03/31/2025	04/11/2025	2027
Hospital Outpatient Department (OPD) - Laboratory Protocol	09/14/2015 - 03/31/2025	04/11/2025	2027
Hospital Outpatient Department Ordered Ambulatory Services - Other Than Laboratory Protocol	09/14/2015 - 03/31/2025	04/11/2025	2027

Continue the Process: Maintenance Reviews



Tracking and Reporting

DUE DATE

When the current step is due.

NEXT ACTION OWNER

Who is responsible for the next step.

CURRENT STATUS

Where the protocol is in the process

ANTICIPATED PUBLICATION DATE

Our target for when the protocol will be published.

FLAGS OR RISKS

Items that may need attention or are high priority.

PROVIDER FEEDBACK

Comments received and how we addressed them.

Design your tracking system to be useful to the people who use it. When tracking informs decisions, it drives results.

Key Takeaways

START WITH A PLAN

A clear process creates consistency, reduces delays, and builds confidence.

ELIMINATE REDUNDANCY

Remove duplicative review while maintaining quality.

COLLABORATE EARLY & OFTEN

Engage oversight agencies and provider associations throughout to align expectations and strengthen outcomes.

FOCUS ON CLARITY

Clear requirements create shared understanding for auditors and providers.

MAINTAIN & COMMUNICATE

Maintain current protocols and provide visibility into changes.

TRACK WHAT MATTERS

Use tracking to manage the work, meet timelines, and drive results.

Resources

- OMIG Website: https://omig.ny.gov
- Active Audit Protocols: https://omig.ny.gov/audit/audit-protocols
- Archived Audit Protocols: https://omig.ny.gov/audit-protocols-archive
- Audit Protocols FAQ: https://omig.ny.gov/audit-protocols-frequently-asked-questions
- Laws & Regulations: https://omig.ny.gov/information-resources/laws-and-regulations
- Audit Reports: https://omig.ny.gov/audit/final-audit-reports
- OMIG Webinars: https://omig.ny.gov/information-resources/webinars
- Annual Reports: https://omig.ny.gov/information-resources/annual-reports
- Annual Work Plans: https://omig.ny.gov/information-resources/work-plans

NEW YORK STATE | Office of the Medicaid Inspector General

OREGON HEALTH AUTHORITY

Oregon Health Authority

Office of Program Integrity

Pre-Audit

Planning to support audit outcomes and appeals

Caleb Richards, FWA Detection and Prevention Manager,
Oregon Health Authority

Referral Numbers and Sources

666

Referrals to OPI in 2025

Referrals Breakdown

Managed Care 45%

Public/Providers 37%

Internal/Partner Agencies 18%

Research Medicaid billing guidance, policy and rule

Research

- SOS, Lexis Nexis, Wages, Social Media, Accurint
- MMIS and Claims Analysis (Outliers, Vulnerabilities)
- Billing Guidance, Rules, Regulations, Policies
- Prior Case Status, Deconfliction w/ CCOs, MFCU, HHS OIG, USAOG

Types of Audits and Reviews

- Medical Records Review Audits
- Demand Audits
- Probe Audits
- Compliance Reviews

Design and Methodology

- Sampled vs. Census
- Dates (Paid, DOS)
- FFS or Encounter

Statistical Foundations — OPI may use, but is not limited to, statistical and sampling methods from Cochran…

Data Integrity Reviews — Universe definition, random seeds, peer review

Audits

Investigations to Appeals

Tamara McNatt, Program Integrity Audit Unit Manager,
Oregon Health Authority

Audit Process & Key Points

1

Audit Planning & Records Request

- Establishes the start of the audit's factual record.
- Identifies potential risks, gaps or records issues.
- Enhances transparency and defensibility.

2

Preliminary and Final Audit Reports

- Preliminary audits enhance early fact-based understanding of the audit.
- Preliminary audits improve outcomes by resolving minor issues early.
- Preliminary audits help determine whether a full or expanded audit is necessary.
- Final audits confirm accuracy and completeness of audit processes.
- Final audits ensure the final decision is fully defensible.
- Final audits provide a record of how the audit was resolved.

3

Appeal Rights In Oregon

- Two types of appeals: administrative review or a contested case hearing
- Admin reviews = facts are not in dispute & contested case = facts are in dispute
- Both may be further appealed; county circuit court (AR) or OR court of appeals (CC)

Resources

Oregon OPI

★ **Oregon OPI Website**

https://www.oregon.gov/oha/FOD/PIAU/Pages/Index.aspx

★ **Oregon Administrative Procedures Act (APA) Chapter 183**

https://www.oregonlegislature.gov/bills_laws/ors/ors183.html

★ **Oregon DOJ Contested Case Rules: Chapter 137 Division 003**

Rules 0501-0700:
https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=283

★ **Oregon OPI Rules: Chapter 410 Division 120 Rules 1395/1396**

Rule 1395: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=83174

Rule 1396: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=305865

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PORTLAND, OREGON

Thank you & Questions

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