NEW YORK STATE | Office of the Medicaid Inspector General

PROTECTING THE INTEGRITY OF THE NEW YORK STATE MEDICAID PROGRAM

OCTOBER 23, 2025

AGENCY OVERVIEW

- The Office of the Medicaid Inspector General (OMIG) is an independent entity created within the New York State Department of Health to promote and protect the integrity of the Medicaid program in New York State
- **Our mission** is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high-quality patient care.
- In carrying out its mission, OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with the laws and regulations

GUIDING PRINCIPLES

- Maximize Medicaid Program Integrity
- Improve Awareness and Stakeholder Relationships
- Strengthen Compliance and Encourage Self Disclosures
- Promote Quality of Care
- Preserve Medicaid Resources and Access to Care

ANNUAL REPORT AND WORK PLAN

- 2024 Annual Report

https://omig.ny.gov/information-resources/annual-reports

- 2025 Work Plan

New York State Office of the Medicaid Inspector General 2025 Work Plan | Office of the Medicaid Inspector General

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AUDIT PROTOCOLS

- To provide additional information and resources to assist the provider community, OMIG recently revised the audit protocol page (https://omig.ny.gov/audit/audit-protocols) on its website.
- The enhanced site includes information about the protocol development process, details on applicable service dates, and a protocol development planner.
- The new site also contains the following additional features:
  - Frequently Asked Questions
  - Audit Protocol Archive
  - Protocol Change Log - A summarization of updates to recently published protocols

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AUDIT PROTOCOLS - OVERVIEW

- OMIG documents that summarize audit criteria in reference to rules and regulations governing specific program areas for a retrospective period of time.
- Reflect a specified, previous period of time as OMIG audits are conducted retrospectively.
- Protocols are "…working documents for auditors, used as guidelines in their efforts to identify violations of rules and regulations" – https://www.health.ny.gov/health_care/medicaid/decisions/docs/newco_alp.pdf
- Audit protocols are not used as a basis for disallowance of audited claims. Pertinent rules and regulations established by the Department of Health and the Medicaid Program are cited in Audit Reports when a Medicaid overpayment is identified.
- Protocols are not rules imposed upon providers.

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HOW ARE AUDIT PROTOCOLS DEVELOPED?

- Audit protocols are intended solely as guidance
- Audits focus on criteria listed in protocols, but additional findings may be uncovered during the course of the audit
- Protocols are not a substitute for a review of the statutory and regulatory law
- Audit Protocols can be found on OMIG's website at: https://omig.ny.gov/audit/audit-protocols

WHEN/WHY IS A NEW PROTOCOL DEVELOPED?

- New service or benefit created under state or federal policy
- Expansion of existing program areas
- Emergence of new risk areas or program vulnerabilities
- OIG/AG/OSC recommendations or compliance mandates
- Change in billing structure or provider type (e.g. shifting from institutional to community-based settings)

WHEN/WHY IS A PROTOCOL UPDATED OR DISCONTINUED?

Reasons for audit protocol update

- New regulations or regulatory revisions
- New programmatic guidance or updates
- Addition or deletion of audit finding types
- New claims processing rules or edits
- Clarification of audit finding types (e.g. revision of audit finding type name)
- Events outside of our control (e.g. COVID-19 public health emergency)
- Expiration of applicable service dates

Reason for audit protocol discontinuance

- Service or program is no longer active or reimbursed
- Scope of audit protocol has been absorbed into another audit protocol

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PROTOCOL UPDATES

- Audits in progress remain bound to the regulations and guidance that were active at the time the service occurred. When existing protocols are updated, there should be little to no impact to audits in progress.
- When protocols are updated, regulations and policies are included to cover all audits already in progress through the current policy at the time of the updated.
- Providers will be informed of protocol updates through official OMIG channels, including but not limited to the agency listserv, public website, Medicaid Updates, and social media channels.
- OMIG's recently launched enhanced protocol website will contain all current audit protocols, as well as archived audit protocols. Additionally, information on new protocols in development and targeted publication dates for existing protocol updates will be contained here.

PROVIDER FEEDBACK

- Stakeholders/relevant provider associations are afforded the opportunity to provide feedback on protocols as part of OMIG's protocol development process
- Provider Associations have discretion with how they may choose to comment. Comments may indicate perceived errors, discrepancies or disagreements with audit criteria, request that additional policy be referenced, and/or request that additional information be included or modified for clarity.

AUDIT PROTOCOLS & SERVICE DATES

- The “For Service Dates” listed at the beginning of the protocol represent the timeframe in which the regulatory and policy references listed in the protocols are applicable.
- Oftentimes, the “For Service Dates” range will extend beyond six years. This is because protocols are designed to reflect long-term regulatory guidance and any relevant changes that may have occurred over an extended period.
- The broader date range ensures that the latest guidance and historical regulatory context are available in one comprehensive document.
- This date range ***does not*** represent the timeframe that each audit will cover. OMIG will continue to be bound to a six-year look-back period for audits, as required in Title 18, Sections 504.3 and 517.3
- Previous versions of protocols may not have listed “For Service Dates”. Going forward, all protocol updates will include “For Service Dates” to indicate the specific date range covered by the protocol.

QUESTIONS ON POSTED PROTOCOLS

- Questions related to the audit protocols or OMIG's audit process should be directed to: audit@omig.ny.gov
- Questions related Medicaid policy cited within the protocols should be directed to the relevant oversight agency (e.g., DOH, OMH, OASAS, OPWDD, etc.)
- If a provider suspects an error or discrepancy in a protocol document, please contact: audit@omig.ny.gov
- Ensuring accurate protocol information is essential for both compliance and audit accuracy. OMIG encourages and welcomes provider feedback.

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COMPLIANCE PROGRAM UPDATES

AGENDA

- Overview of the Compliance Program Review (CPR) Process
- Elements of a Compliance Program – Frequently Identified Issues and Best Practices
- Compliance Program Resources

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OVERVIEW OF THE COMPLIANCE PROGRAM REVIEW (CPR) PROCESS

18 NYCRR 521

- OMIG's Compliance Review Module is built on the requirements pursuant to Social Services Law Section 363-d (SOS § 363-d) and Title 18 NYCRR SubPart 521-1.
- Main objectives:
  - ✓ flexibly build upon existing provider compliance programs
  - ✓ integrate/strengthen role for compliance within management structure
  - ✓ enhance organizational awareness and training
  - ✓ improve communications/transparency
  - ✓ align state and federal compliance program requirements

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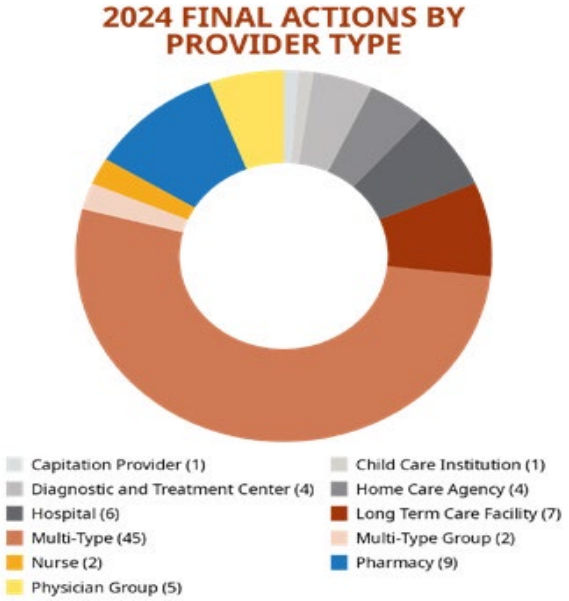
CPR DATA

- In 2024, OMIG initiated 86 CPRs and finalized 83.



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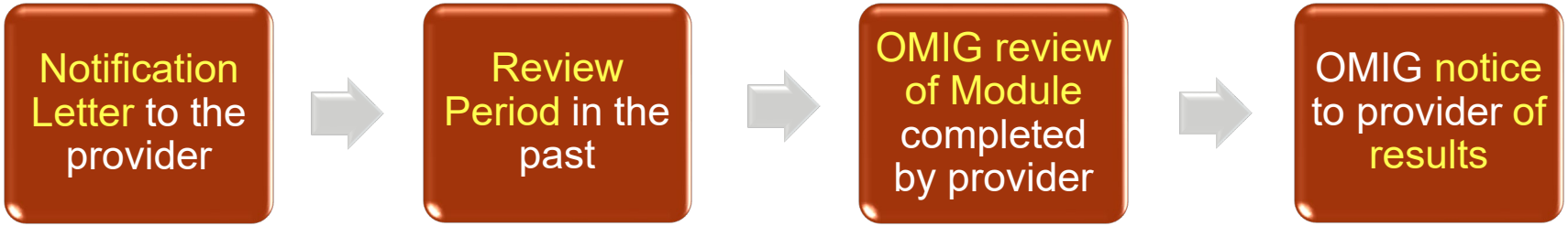
COMPLIANCE PROGRAM REVIEWS

- SubPart 521-1 is comprised of **seven elements**, which are all assessed in the Compliance Reviews:

1. Compliance Policies
2. Designated Compliance Officer and Compliance Committee
3. Compliance Program Training
4. Lines of Communications to/from the Compliance Officer
5. Disciplinary Standards
6. Auditing and Monitoring
7. Responding to Compliance Issues

Compliance Program Review Process



OMIG and the provider will communicate throughout the process.

See additional information in the Compliance Program Guidance on pages 7-8

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ELEMENTS OF A COMPLIANCE PROGRAM – FREQUENTLY IDENTIFIED ISSUES AND BEST PRACTICES

Element 1 – Compliance Policies

Overview: Legal and ethical obligations related to compliance program requirements should be incorporated into providers' written policies, procedures, and standards of conduct (Policies)

Frequently identified issues:

- Written Policies not applicable to all Affected Individuals
- Use of limiting language
- Deficit Reduction Act (DRA) requirements

Best Practices:

- Define an umbrella term for all Affected Individuals to use consistently

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Element 2 – Compliance Officer and Compliance Committee

Overview: Designation of a compliance officer who is vested with responsibility for the day-to-day operation of the compliance program and compliance committee that will coordinate with the compliance officer

Frequently identified issues:

- No annual compliance work plan
- No compliance committee charter
- Including compliance work plan activities in written Policies rather than in a work plan

Best Practices:

- Make the compliance work plan a living document
- Have the Compliance Officer independent from financial and legal departments
- If compliance officer's duties change, complete an assessment

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Element 2 – Annual Compliance Workplan

- The annual compliance workplan should outline the strategy for meeting the compliance program requirements for the coming year. A specific emphasis should be placed on written policies, compliance program training/education, auditing and monitoring activities, and responding to compliance issues.
- The Compliance Officer is responsible for drafting, implementing, and updating the compliance workplan on an annual basis, at minimum.
- Since the annual compliance workplan should include a focus on compliance program training and education, it is acceptable for the annual compliance program training plan to be combined with the annual compliance workplan.
- There is no requirement in Section 521-1.4 for an annual audit plan; however, the annual compliance workplan should include a focus on auditing and monitoring activities. Therefore, it is acceptable for activities that might be included in an annual audit plan to be included in the annual compliance workplan.

Element 3 – Compliance Program Training

Overview: Compliance program training and education for all Affected Individuals annually and at orientation; develop and maintain a training plan

Frequently identified issues:

- Not including all required training topics
- Not training all Affected Individuals, such as governing body members and Contractors
- Not having a compliance program training plan

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Element 3 – Compliance Program Training

Best Practices:

- Document who completed training
- Conduct compliance training as part of orientation for new Affected Individuals within 30 days of their start date
- In the annual compliance program training plan, outline subjects/topics for compliance training, which affected individuals are required to take the trainings, how attendance is tracked, and how the effectiveness of the training is periodically evaluated

Element 4 – Lines of Communication

Overview: Lines of communication to the compliance officer to report compliance issues and assurance of confidentiality

Frequently identified issues:

- Confusing the terms “confidential” and “anonymous”
- Confidentiality should be maintained unless the matter is subject to:
  - a disciplinary proceeding;
  - referred to or under investigation by MFCU, OMIG, or law enforcement
  - disclosure is required during a legal proceeding
- Lack of required information available on the provider’s website

Element 4 – Lines of Communication

Best Practices:

- Routinely document evidence of when information was posted/updated on the provider's website
- Confidential methods of communication should be placed in an area with no monitoring or surveillance

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Element 5 – Disciplinary Standards

Overview: Disciplinary standards that address potential violations and encourage good-faith participation in the compliance program; written policies establishing disciplinary standards that are published and disseminated to all Affected Individuals

Frequently identified issues:

- Disciplinary standards not being applicable to all Affected Individuals

Best Practices:

- Disciplinary actions should be progressive

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Element 6 – Auditing & Monitoring

Overview: Systems for:

- identifying compliance risk areas;
- routine auditing and monitoring;
- checking monthly for excluded providers;
- requiring Contractors to comply with checking monthly for excluded providers, individuals, and companies; and
- an annual compliance program review.

Element 6 – Auditing & Monitoring (cont.)

Frequently identified issues:

- Not recognizing compliance issues
- Not checking the exclusion status of all Affected Individuals and/or requiring contractors to check the exclusion status of all Affected Individuals
- Not documenting the design, implementation, and results of any internal or external audits

Best Practices:

- Utilize the Module and Self-Assessment Form on OMIG's website to guide the annual compliance program review
  - The Module focuses on the elements from a high level; the Self-Assessment form focuses on each requirement under the elements

Element 7 – Responding to Compliance Issues

Overview: Systems for responding to compliance issues, investigating and correcting problems, and ensuring compliance with applicable requirements of the Medicaid program

Frequently identified issues:

- Lack of action to investigate
- Lack of determining corrective actions
- Failure to promptly implement corrective actions

Best Practices:

- Monitor corrective actions to ensure effectiveness

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COMPLIANCE PROGRAM REVIEW BEST PRACTICES

- General Best Practices:
  - Upon receipt of a notification letter, assemble the appropriate team and promptly begin completing the form/gathering related documentation
  - Communicate early and often with OMIG throughout a review
  - Submit all documentation and information that is responsive to the areas outlined in the Compliance Program Review Module
  - Include pertinent and required compliance-related information on the provider's website
  - Document the implementation of your policies and procedures

OMIG'S COMPLIANCE PROGRAM RESOURCES

- The Compliance Library on OMIG's website (omig.ny.gov) contains:
  - *Compliance Program Guidance*
  - *Compliance Program Requirements FAQs*
  - *Compliance Program Self-Assessment Form*
  - *General Compliance Guidance and Resources*
  - *Compliance-Related Laws and Regulations*

- Bureau of Compliance email: compliance@omig.ny.gov; phone: (518) 408-0401

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OMIG CONTACT INFORMATION

- OMIG main office phone: 518-473-3782
- Website: www.omig.ny.gov
- Bureau of Medicaid Fraud Allegations: Medicaid Fraud Hotline: 877-873-7283; email: bmfa@omig.ny.gov
- Division of Medicaid Audit email: audit@omig.ny.gov
- Bureau of Compliance email: compliance@omig.ny.gov; phone: (518) 408-0401
- Self-Disclosure Unit email: selfdisclosures@omig.ny.gov; phone: (518) 402-7030
- Join our listserv
- Follow us on Twitter: @NYSOMIG
- Like us on Facebook
- Dedicated e-mail: information@omig.ny.gov

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