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OMIG KEY FOCUS AREAS, PRIORITIES AND PATH FORWARD

Home Care Association of NYS

NOVEMBER 13, 2025

AGENDA

- Welcome and Introductions
- Overview & Milestones
- Key Focus Areas
- Agency Updates
- OMIG Highlights
- Current Activities and Plans for 2026
- Questions & Answers

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OVERVIEW & MILESTONES

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

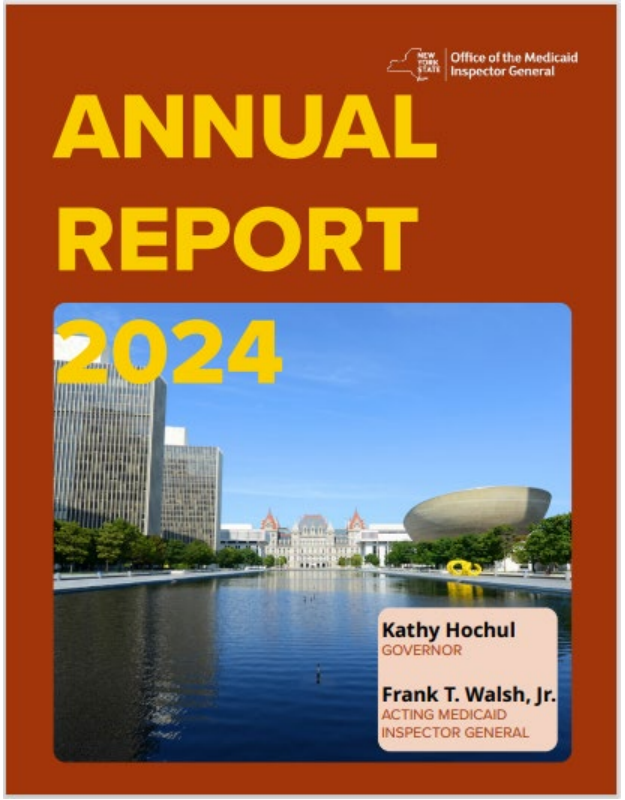
https://omig.ny.gov/information-resources/annual-reports

- 2025 Work Plan

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

KEY ACHIEVEMENTS

- Sustained education and engagement with stakeholders to de-mystify process and improve outcomes.
- Improved use of Medicaid data to identify trends and support activities.
- Reemphasized provider compliance, improving awareness and completing 83 reviews.
- Enhanced self-disclosure, facilitating provider reporting and finalizing 635 full self-disclosures, a 32% increase in cases from 2023.



KEY ACHIEVEMENTS (continued)

- Identified and referred 705 cases for enforcement, including 454 to the Attorney General's Medicaid Fraud Control Unit (MFCU).
- Completed over 2,500 audits and investigations and over $4.5 billion in cost savings and recoveries for the Medicaid program. Overall, OMIG increased its cost savings and recoveries by $468 million from 2023.
- Recognized program impacts, granting 33 providers with relief in instances when an OMIG audit could pose a financial hardship to the organization and to ensure beneficiaries' continued access to health care services.
- Strengthened due process protections during OMIG audits, investigations, and reviews, and resolved 21 hearings.
- Issued 162 "Positive Audit Reports," indicating that a substantial number of providers are compliant with Medicaid program requirements.

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KEY FOCUS AREAS

2025 OMIG Medicaid Program Integrity Key Focus Areas

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CURRENT ACTIVITIES AND PLANS FOR 2026

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AUDIT PROTOCOLS

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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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

PUBLIC HEALTH EMERGENCY

- During the PHE, many flexibilities or waivers to certain programmatic and billing policies were issued by federal and state agencies overseeing the Medicaid Program.
- OMIG has worked with program agencies to compile the relevant flexibilities and waivers that were issued.
- Page 2 of each set of protocols contains a chart listing all relevant guidance issued by program agencies.
- OMIG will apply these PHE flexibilities when reviewing claims and records for the period in question. Audit staff are expected to review such claims within the context of the PHE, recognizing legitimate and documented use of said flexibilities.
- Flexibilities and/or waivers generally did not apply to all regulations and policies. Audit disallowances may still apply to claims not meeting all requirements.

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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MEDICAID AUDITS

MEDICAID MANAGED CARE AUDITS

- **Medicaid Managed Care Operating Reports (MMCOR):** Increase the number of reviews and include Managed Long-term Care Plans
- **Managed Care Program Integrity Reviews (MCPIR):** OMIG will continue to complete reviews and initiate a new round of reviews with a Review Period covering the 2023 calendar year. MCPIR is also expanding its focus to include additional types of Managed Care Plans for review, including Managed Long-Term Care (MLTC) plans.

HOME & COMMUNITY-BASED LTC SERVICES

- Home Health (Episodic Payments)
- Personal Care Services
- Consumer Directed Personal Assistance Program
- Nursing Home Transition and Diversion
- Private Duty Nurses – Agency
- Private Duty Nurses- Independent
- Traumatic Brain Injury Services

LOST, DESTROYED OR DAMAGED RECORDS

- By enrolling in Medicaid, providers agree to have records demonstrating the right to receive payment under the Medicaid program, and to maintain those records for a period of six years from the date the care, services or supplies were furnished. Records must be produced upon request.
- This requirement encompasses all types of records including electronic records, and all types of loss, destruction, corruption or inaccessibility including, but not limited to data corruption, theft, and other issues.
- OMIG has developed a process for providers to self-disclose lost, damaged or destroyed records. Reports must be submitted to OMIG no later than 30 days after discovery.

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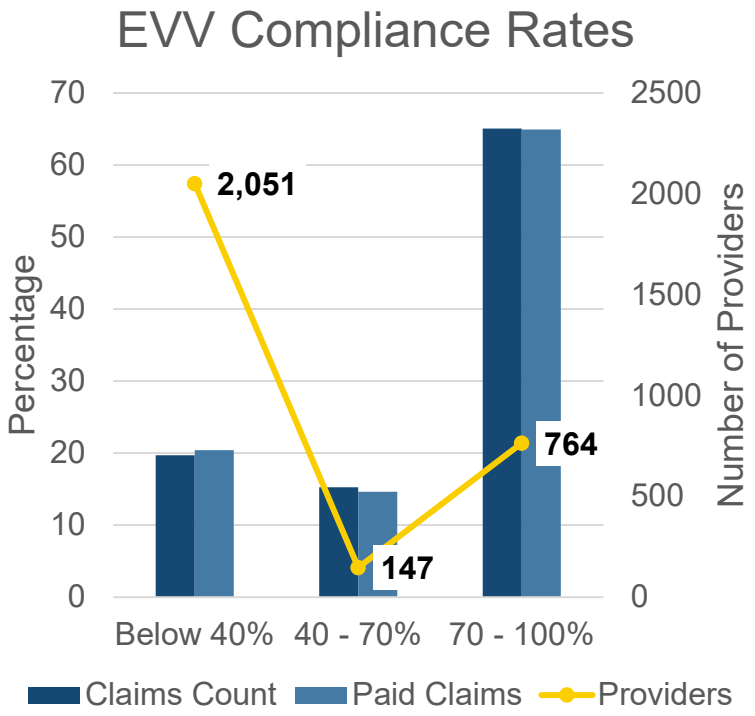
ELECTRONIC VISIT VERIFICATION

ELECTRONIC VIST VERIFICATION (EVV)

- As part of the 21st Century Cures Act, all states were required to establish a statewide EVV system for personal care services (PCS) and home health care services (HHCS).
- The EVV system is intended to report for all services delivered:
  - the type of service performed;
  - the individual receiving the service;
  - the date of the service;
  - the location of service delivery;
  - the individual providing the service; and
  - the time the service begins and ends.
- As of January 1, 2023, all PCS and HHCS providers and fiscal intermediaries (within limited exceptions) are required to submit the required EVV data with eligible service claims to the New York State aggregator. Providers have the option to choose among multiple EVV vendors operating in the State.

ELECTRONIC VISIT VERIFICATION (EVV) ENFORCEMENT

- DOH is in the process of developing regulations with OMIG input.
- OMIG has been regularly reviewing data to identify non-compliance, issuing compliance letters to identify barriers and working with DOH to facilitate compliance.
- OMIG/DOH are working collaboratively with providers, health plans and EVV vendors to identify appropriate compliance metrics and future enforcement strategies.



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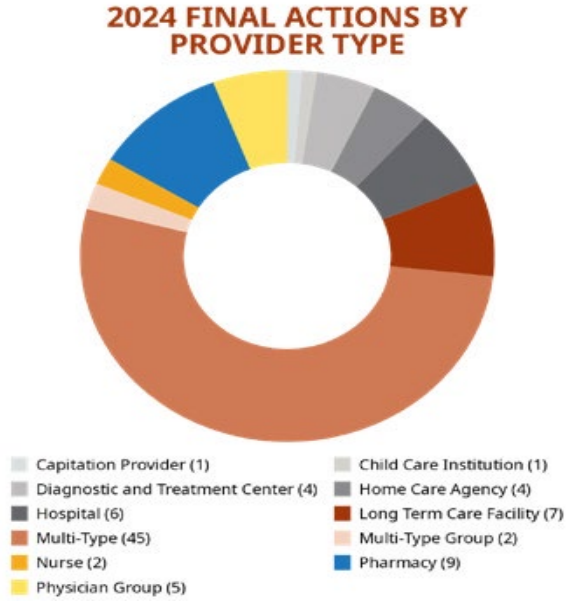
COMPLIANCE PROGRAM REVIEWS AND COMMON FINDINGS

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

CPR DATA

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



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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.

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SELF-DISCLOSURE PROCESS

IMPACTED ENTITIES

- All Medicaid Entities are required to self-disclose Medicaid overpayments, including:
  - Medicaid-Enrolled Providers
  - Network Providers
  - Medicaid Managed Care Organizations (MMCOs) as both a Plan and as a Provider (overpaid capitation payments)
  - All other Entities involved in the billing or receipt of Medicaid funds

SELF-DISCLOSURE DATA

CY 2024

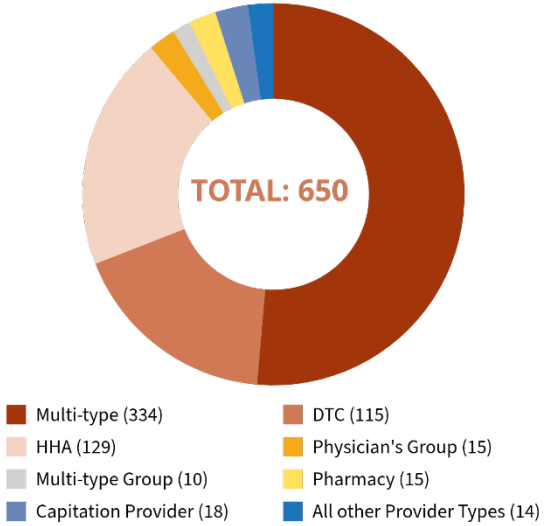
- 650 Full SDs initiated
- 635 Full SDs finalized
  - $25,309,288 in overpayment recoveries
- 3,827 Abbreviated SDs received
  - $21,067,584 reported returns

CY 2025

- 151 Full SDs initiated
- 141 Full SDs finalized (*as of 3/31/25*)
  - $7,554,903 in overpayment recoveries
- 968 Abbreviated SDs received (*Jan – March)*
  - $4,784,237 reported returns

(Preliminary data as of calendar year Quarter 1, 2025)

FULL SELF-DISCLOSURES INITIATED IN 2024



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BENEFITS OF SELF-DISCLOSURE

- Promotes an environment of compliance and integrity within an organization
- Enables OMIG to work with the disclosing entity on repayment terms
- Satisfies the disclosing entity's obligation to report, return, and explain under Federal and State law

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RESOURCES

AGENCY CONTACT & RESOURCE 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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QUESTIONS & COMMENTS

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