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OMIG 2026 KEY FOCUS AREAS AND PRIORITIES

Frank T. Walsh, Jr., Acting Medicaid Inspector General

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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.

OMIG WORK PLAN

- Provides a roadmap detailing OMIG's planned program-integrity initiatives for stakeholders to follow as a guide
- The Plan should not be viewed as an exclusive list of all activities OMIG will conduct over the course of the year. OMIG reserves the right to conduct all activities necessary to meet its responsibilities and will update the Plan as new priorities and projects arise.
- Education, engagement and collaboration are essential elements in how OMIG approaches its program integrity responsibilities. Information or input can be provided to OMIG via email at information@omig.ny.gov.
- Work Plans: https://omig.ny.gov/information-resources/work-plans

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KEY FOCUS AREAS

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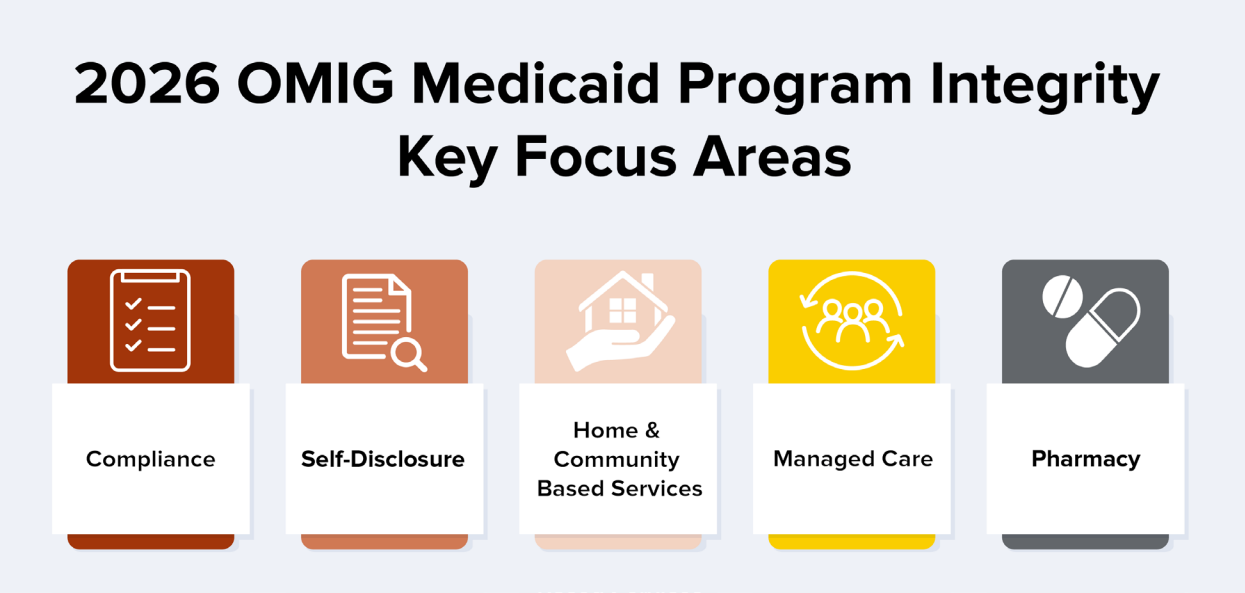

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MEDICAID AUDITS

MEDICAID MANAGED CARE AUDITS

- Medicaid Managed Care Operating Reports (MMCOR)
- Managed Long Term Care Cost Reports (MLTCCR)
- Managed Care Program Integrity Reviews (MCPIR)

MEDICAID MANAGED CARE AUDITS

Additional audit areas:

- **Incarceration Match**
- **Deceased Enrollees**
- **Retroactive Disenrollment**
- **Out of State Medicaid Recipients**
- **Multiple Client Identification Numbers (CIN**
- **Retroactive Enrollment**

PROVIDER AUDITS

- Long-Term Care Services
- Home Health & Community-Based Services
- Behavioral Health/Addiction Services and Supports
- Person-Centered Services and Supports
- Direct Medical Care
- Early Intervention (EI)
- Health Home Services
- Pharmacy
- Transportation
- Durable Medical Equipment

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SYSTEM MATCH AUDITS

- MMCO Payments For Services Not Coordinated Through Recipient Restriction Program Providers
- MMCO Payments to Unenrolled or Excluded Providers
- Payments Made for Clinic/Emergency Room/Ancillary Services Billed During an Inpatient Hospital Stay

THIRD PARTY LIABILITY MATCH

- Medicaid is intended to be the health care payor of last resort. Under the Third-Party Liability Contract (TPL), OMIG utilizes its contractor, HMS, to ensure that Medicaid is only billed after all other forms of insurance coverage have been exhausted.
- OMIG staff continue to work with its contractor on Pre-Payment Insurance Verification (PPIV) match and delivery of Commercial Insurance segments to ensure accurate identification of third-party coverage. Inappropriate Medicaid payments are averted by edits to the payment system.
- OMIG staff also work with its contractor on third-party retroactive recoveries. Recovery attempts are made by sending Medicaid reclamation claims to insurance carriers or by engaging directly with Medicaid providers.

RECOVERY AUDIT CONTRACT (RAC) AND UNIFIED PROGRAM INTEGRITY CONTRACTOR (UPIC) REVIEWS

OMIG's Recovery Audit Contractor (RAC), Performant, coordinates with OMIG to identify and collect overpayments that would likely go undetected by reviewing Medicaid claims data alone. OMIG will continue to work with its RAC, providers, and the Centers for Medicare & Medicaid Services' Unified Program Integrity Contractor to promote and inform future program integrity projects.

Projects include but are not limited to:

- Medicare-Medicaid Duplicate Payments
- Medicare-Medicaid Outpatient Crossovers

CASUALTY & ESTATE/MEDICAID LIENS RECONCILIATIONS

- OMIG will continue to carry out the Casualty & Estate Recovery program in coordination with its contractor, the Department of Health (DOH), and Local Department of Social Services (LDSS) to represent the State's Medicaid interest and seek appropriate repayment of identified Medicaid liens. OMIG's reporting will be enhanced to improve the intake and assignment of Medicaid lien cases, allow for enhanced data reporting, and increase the contractor's efficiency in gathering necessary case information. OMIG will also seek to improve awareness of Medicaid liens and facilitate the processing of these cases.

COLLECTIONS

- OMIG will continue to engage in projects to develop and support provider-friendly processes such as the Financial Hardship and Electronic Payment Portals. The Hardship Process application provides an opportunity for extended repayment when a plan or provider cannot afford to repay their OMIG liability within the standard repayment timeframe, which is two years at a rate of no less than 15 percent of their prior year's billings.

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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COMPLIANCE AND SELF-DISCLOSURE

COMPLIANCE

- OMIG will continue to assist providers in meeting their compliance requirements by providing technical assistance and conducting compliance program reviews (CPRs) that assess whether a provider's compliance program is meeting regulatory requirements as outlined in Part 521, identify program integrity risks, and provide feedback to providers on compliance program enhancements. OMIG anticipates completing approximately 200 CPRs in 2026.
- *Compliance Reviews:*

  Prior to July 1, 2025, all CPRs assessed a three-month review period. For all reviews initiated after that date, a 12-month review period is being used. In 2026, OMIG aims to have all three-month review assessments issued and will fully concentrate on providing guidance specific to the 12-month reviews of required providers' compliance plans.
- *Compliance Education:*

  The Bureau will continue its outreach and education efforts by responding to inquiries from providers, updating and publishing guidance, and providing in-person presentations.

SELF-DISCLOSURE

- Medicaid providers are required by Federal law to report, return, and explain any overpayments that they receive within 60 days of identification, including those they void or adjust, through OMIG's Self-Disclosure Program. Voids and adjustments on their own do not satisfy these requirements.

- OMIG's Self-Disclosure Program and Abbreviated Self-Disclosure Process assists providers in meeting these requirements. OMIG's Bureau of Self-Disclosure will continue to process self-disclosure submissions in an efficient manner, provide high-quality customer service to the submitting individual(s), and educate the Medicaid provider and plan community regarding self-disclosure requirements. OMIG will continue to streamline and/or enhance the submission process.

- Additionally, OMIG plans to continue efforts to increase awareness of and compliance with self-disclosure requirements through targeted outreach to providers that have never previously self-disclosed, providing education to provider programs that have lower rates of self-disclosure, and incorporating additional self-disclosure information on the OMIG website, eMedNY, and in Medicaid Updates. With OMIG's focus on enhanced provider outreach and education, it is anticipated that the number of self-disclosure submissions will increase.

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INVESTIGATIONS

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- Credential Verification Reviews (CVR)
- Pharmacy inventory reviews (PIR)
- Pre-Payment Review
- Explanation of Medicaid Benefits (EOMB)
- Agency Referrals
- Consumer Directed Personal Assistance Program (CDPAP)
- Restricted Recipient Program (RRP)

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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
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- Dedicated e-mail: information@omig.ny.gov

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QUESTIONS

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