



Office of the  
Medicaid Inspector  
General

# Protecting the Integrity of New York State's Medicaid Program

*An overview of OMIG's progress, priorities and path forward*

May 10, 2022

# New York State's Medicaid Program

# Evolution of Medicaid Program

- ❑ Medicaid spending in NYS totaled \$83.4 billion in SFY 2021-22\*
  
- ❑ Medicaid enrollment grew to 7,452,010 in March 2022 from 6,976,904 enrollees in March 2021; a net increase of 475,106 enrollees or 6.8 percent increase in SFY 2021-22\*\*
  
- ❑ The program continues to expand and evolve
  - Demographics
  - Payment models
  - Complexity and pace of change
  - COVID-19 impacts

Source

\* NYSDOB

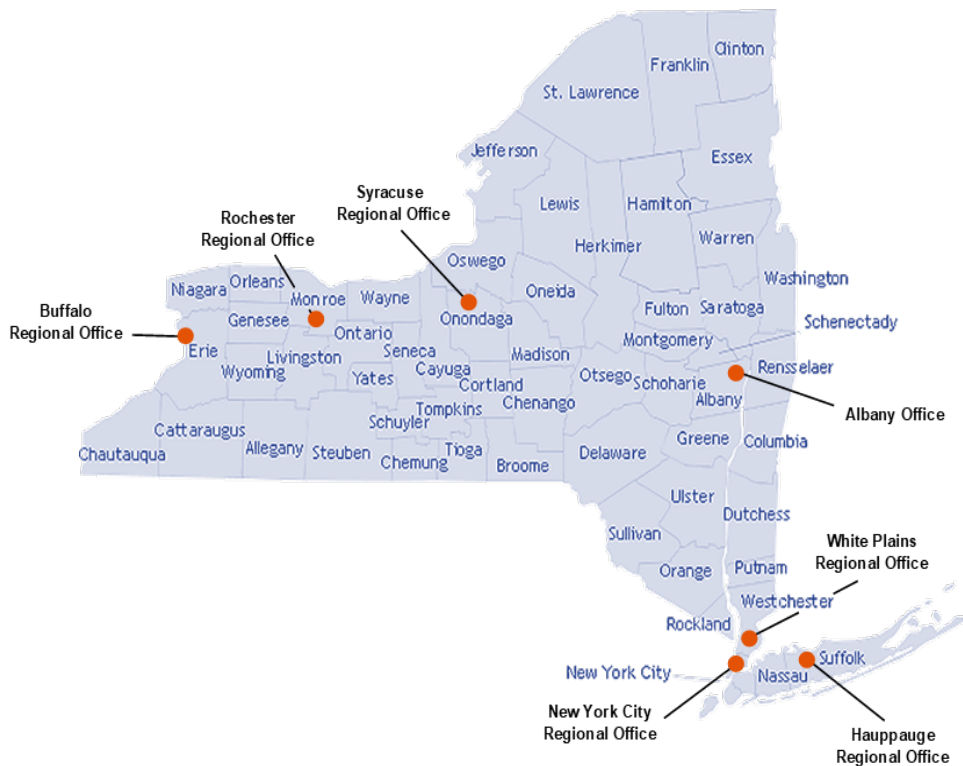
\*\* NYSDOH

# Office of the Medicaid Inspector General (OMIG)

# OMIG's Mission

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.

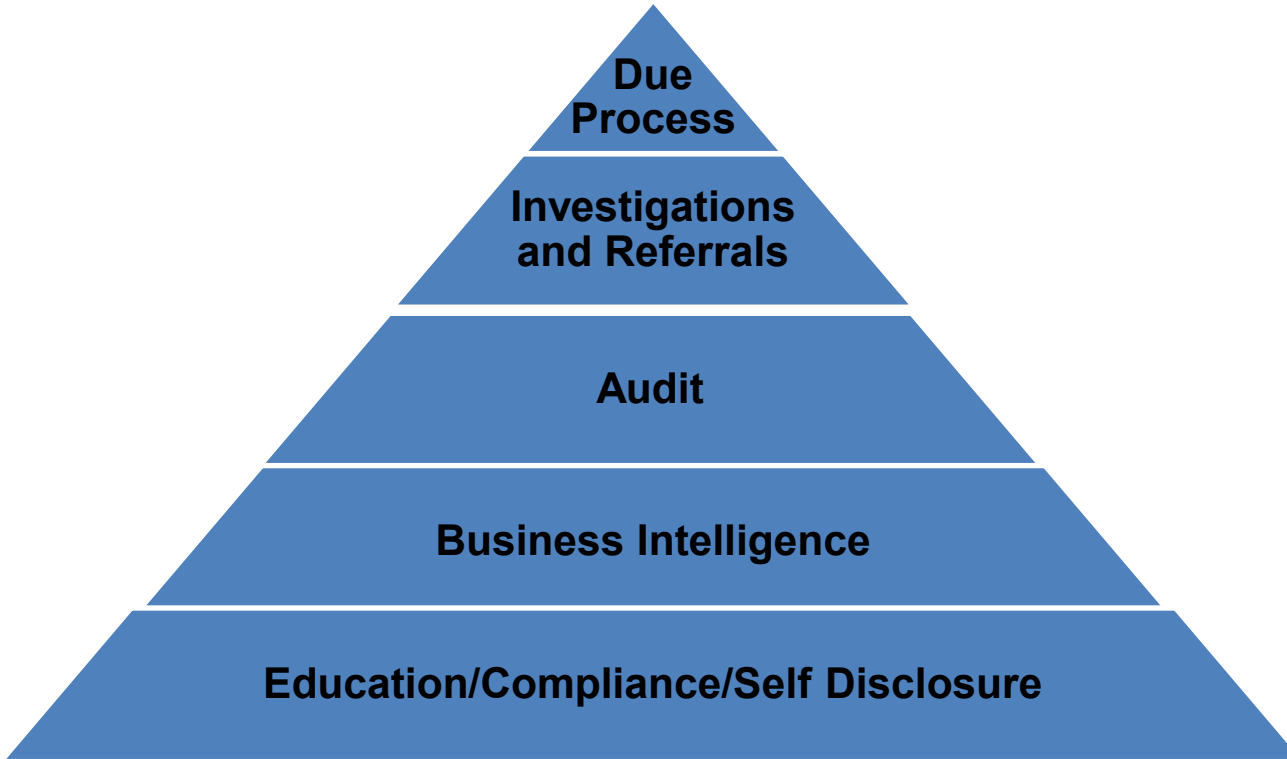
# A Statewide Presence



## 7 Regional Offices:

- Albany
- Buffalo
- Hauppauge
- New York City
- Rochester
- Syracuse
- White Plains

# Functions



# 2020 Initiatives & Outcomes: *OMIG Annual Report at a glance*



# 2020 Highlights

- ❑ Quickly responded and adapted to COVID-19 pandemic
- ❑ Ongoing communication with provider community and key stakeholders
- ❑ Successfully fulfilled OMIG mission while not burdening providers or recipients' access to care
- ❑ 2020 Annual Report available at:

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



# 2020 Performance by the Numbers

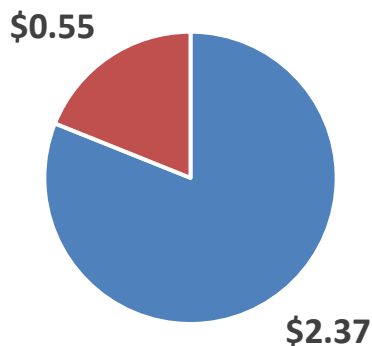
## ❑ Despite process changes:

- Received over 2,800 allegations of Medicaid fraud
- Opened 2,477 investigations; Completed 2,001 investigations
- Initiated 1,457 audits and finalized 1,240 audits
- Responded to nearly 2,300 data requests
- Participated in 38 administrative hearings; 29 remotely
- Received final decisions in 22 administrative hearings

# Achieved More Than \$3B in Medicaid Savings and Recoveries

## 2019

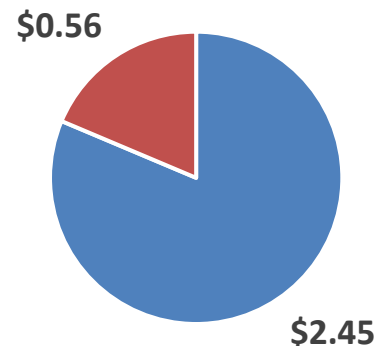
\$2.9 billion (Gross)



■ Cost Savings ■ Cash Recoveries

## 2020

\$3.0 billion (Gross)



■ Cost Savings ■ Cash Recoveries

May 10, 2022

# Key Focus Areas: 2021-2022

# Key Focus Areas

- ❑ Appropriately Return to Field/ Full Business Operations
  - Conduct audits/reviews safely, transparently, expeditiously
  - Pursue all allegations of Medicaid fraud and work with partners to hold offenders accountable
  - Identify Medicaid overpayments and cost savings
  - Promote patient safety (i.e., controlled substances) and quality of care
  - Enhance provider/stakeholder education and outreach

# Key Focus Areas

- ❑ Continued Monitoring & Documenting COVID-19 Environment
  - Identifying new federal and state requirements for COVID-19 period
  - Observing changes in provider and payor practices (i.e., telehealth)
  - Evaluating and avoiding conflicts that may threaten federal funding
  - Collaborating with stakeholders on challenges, next steps and plans for future oversight

# Key Focus Areas

- ❑ Medicaid Redesign Team II (MRT II) Initiatives
  - Expanding fraud, waste, and abuse prevention & requirements for Managed Care and Managed Long-Term Care (MLTC)
  - Enhancing compliance and self-disclosure
  - Attaching Explanation of Medical Benefits (EOMBs) to a Medicaid claim connected with third-party health insurance
  - Home care worker unique identifier

# Key Focus Areas

## □ Progression of Efforts & New Opportunities

- Oversight of managed care
- Preservation of long-term care services and community supports
- Inappropriate prescribing & pharmacy operations
- Expanded use of EOMBs
- Supportive services (i.e., transportation, DME)



May 10, 2022

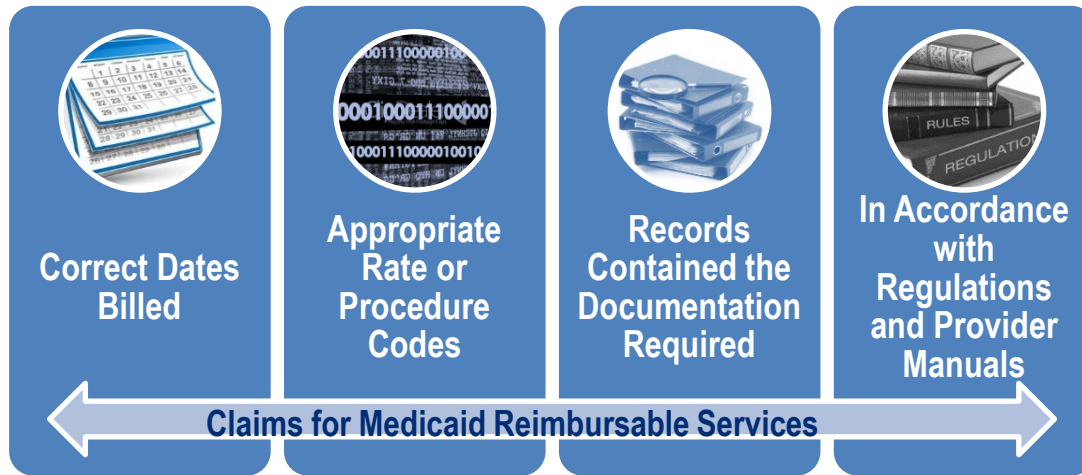
# Audits

# Key Audit Focus Areas

- IRA Residential Habilitation
  
- Article 16 clinics

# Medicaid Audit/Compliance Objectives

Were the services rendered and reimbursed in compliance with Medicaid statute, regulations, and policies?



# Audit Protocols

- [Office for People With Developmental Disabilities \(OPWDD\) Article 16 Clinic Services Protocol](#)
- [Office for People With Developmental Disabilities \(OPWDD\) Day Habilitation Protocol](#)
- [Office for People With Developmental Disabilities \(OPWDD\) Day Treatment Protocol](#)
- [Office for People With Developmental Disabilities \(OPWDD\) IRA Residential Habilitation Protocol](#)
- [Office for People With Developmental Disabilities \(OPWDD\) Medicaid Service Coordination Protocol](#)
- [Office for People With Developmental Disabilities \(OPWDD\) Prevocational Services Protocol](#)
- [Office for People With Developmental Disabilities \(OPWDD\) Supported Employment Protocol \(7/1/15-3/9/16\)](#)
- [Office for People With Developmental Disabilities \(OPWDD\) Supported Employment Protocol \(prior to 7/1/15\)](#)

# Audit Process

- Entrance Conference
- Review
- Exit Conference
- Draft Audit Report
- Final Audit Report

If necessary:

- Repayment Agreement
- Request for Hearing
- Hearing/Article 78

# Goals of Compliance Programs

# Goals of Provider Compliance Program

1. Detect and correct payment and billing mistakes and fraud
2. Organize provider resources to resolve payment discrepancies and detect inaccurate billing
3. Make corrections/improvements quickly and efficiently in order to prevent compliance issues going forward
4. Create and operate a system of checks and balances to prevent recurrences
5. Operationalize a system to identify, assess, and address risks

# Goals of Provider Compliance Program

6. Maintain appropriate processes to repay overpayments, regardless of the cause
7. Build on and expand existing management control structures so that integrity of operations is demonstrated
8. Ensure compliance programs are compatible with a provider's characteristics
9. Create a culture of compliance throughout the organization
10. Demonstrate to your constituencies a commitment to integrity in operations



# Statutory and Regulatory Authority

- ❑ Mandatory Compliance Program Obligation
  - New York Social Services Law § 363-d
  - 18 New York Code of Rules and Regulations Part 521

# Compliance Resources

OMIG website: [www.omig.ny.gov](http://www.omig.ny.gov)

- ❑ Compliance Library
  - Compliance Authorities
  - OMIG Compliance Publications
  - Forms
  - OMIG Assessment Results
  - FAQs
  - Compliance-related Webinars
  - Other Compliance Resources

# Compliance Resources

- ❑ Medicaid statute, regulations, and policy guidance
- ❑ Federal and State Oversight – Federal HHS and OSC
- ❑ Provider Associations

# Compliance Resources

- ❑ Bureau of Compliance dedicated e-mail address – [compliance@omig.ny.gov](mailto:compliance@omig.ny.gov)
- ❑ Bureau of Compliance dedicated telephone number – 518-408-0401

# Self-Disclosure

# Self-Disclosure Background

- ❑ Providers who identify Medicaid overpayments are obligated to return those funds
- ❑ Failure to timely report and return any overpayment can have severe consequences, including but not limited to, potential liability under the Federal False Claims Act

# Self-Disclosure Background

- ❑ Inappropriate Medicaid payments identified through a provider's self-review process must be self-disclosed. For example:
  - Internal Compliance Programs
  - Internal Audits
  - Internal investigation into a complaint received
  - Internal investigation into an error found by staff

# Benefits of Self-Disclosure

- ❑ Promotes an environment of compliance and integrity within an organization
- ❑ Avoids future finding and the potential for treble damages by the federal government
- ❑ Can result in beneficial repayment terms (i.e., waiver of interest; extended repayment period). Provider may be required to submit financial documentation to assist OMIG determining repayment terms



# Common Self-Disclosure Items

- ❑ Self-Disclosed matters include, but are not limited to:
  - Billing errors
  - Fraudulent behavior by employees
  - Discovery of an employee on the Excluded Provider list
  - Documentation errors
  - Changes in billing systems

# Matters That Should Not Be Self-Disclosed

- ❑ The overpayment is included in another separate review or audit being conducted by OMIG, the Office of the Inspector General, Attorney General, etc.
- ❑ The overpayment is included in a broader state-initiated rate adjustment, cost settlement, or other payment adjustment mechanism. For example: retroactive rate adjustments, charity care, cost reporting, etc.
- ❑ Any underpayments; these must be re-billed to eMedNY. Claims are subject to their own rules and regulations

# Submitting a Self-Disclosure

- Preferred Method:** OMIG Website secure uplink:  
<https://omig.ny.gov/provider-resources/self-disclosure>
  
- By secure or encrypted email to: [selfdisclosures@omig.ny.gov](mailto:selfdisclosures@omig.ny.gov)
  
- By mail to: Office of the Medicaid Inspector General  
Attention: Self-Disclosure Unit  
800 North Pearl Street  
Albany, NY 12204

May 10, 2022

# OMIG Contact Information

# Agency Contact & Resource Information

- ❑ OMIG Executive Staff: 518-473-3782
- ❑ Website: [www.omig.ny.gov](http://www.omig.ny.gov)
- ❑ Bureau of Medicaid Fraud Allegations: [bmfa@omig.ny.gov](mailto:bmfa@omig.ny.gov)
- ❑ Medicaid Fraud Hotline: 877-873-7283
- ❑ Join our [listserv](#)
- ❑ Follow us on Twitter: @NYSOMIG
- ❑ Dedicated e-mail: [information@omig.ny.gov](mailto:information@omig.ny.gov)

# Thank You!

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# Questions