NYS OMIG RECOVERY AUDIT CONTRACTOR

Office of the Medicaid Inspector General

Innovative payment accuracy solutions that allow our customers to focus on what matters most—affordable, quality care and healthier lives

PERFORMANT

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AGENDA

- NYS OMIG Mission
- Performant At-A-Glance
- Audit Project Identification
- Audit Notification
- Review Process
- Repayment Options
- Provider Portal
- Contact Information
- Q&A

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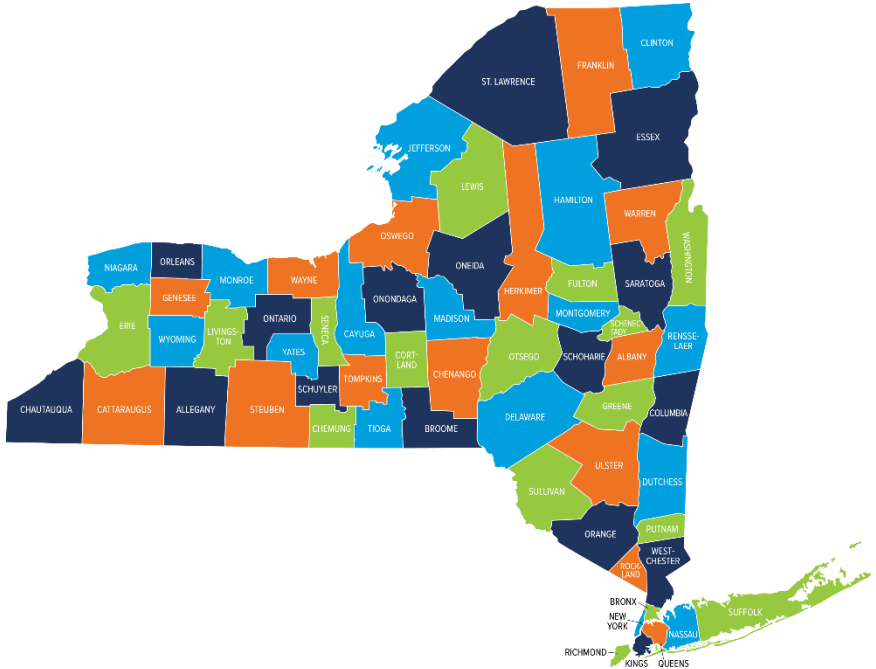
NYS OMIG MISSION

OMIG 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.



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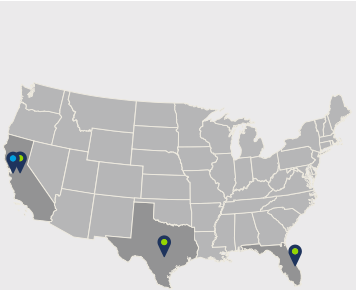
PERFORMANT AT-A-GLANCE



1976
founded

900
employees

Public
(Nasdaq: PHLT)

Key Markets
state Medicaid

NYS OMIG
Medicaid recovery audit contractor
(RAC)

Key Solutions
complex review, automated review, eligibility and recovery

Integrity Focus
enterprise integrity solutions designed to enhance revenue and contain costs

Performant is in full compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For more information, please refer to the HHS website: (http://www.hhs.gov/)

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PERFORMANT TEAM

TED DOYLE
Senior Vice President, Government Programs, Executive leader for the NY Medicaid Recovery Audit Contractor Services Contract

JEREMEY WILLIAMS
Director, Government Programs, Project Director for the NY Medicaid Recovery Audit Contractor Services Contract

JENNIFER PALOW
Manager, Government Programs, Project Manager for the NY Medicaid Recovery Audit Contractor Services Contract

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RAC ACCOUNTABILITY

OMIG PROJECTS

Limited to NYS OMIG-approved projects.

NYS OMIG detailed project information is available on the NYS OMIG website.

Audit Protocols | Office of the Medicaid Inspector General

AUDIT GUIDELINES

Adherence to NYS and federal Medicaid and Medicare rules.

Medicaid Recovery Audit Contractor - Regulations | Office of the Medicaid Inspector General

MONITORING

NYS OMIG has full oversight of all RAC-related review activity (selections, letters, collections, etc.).

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AUDIT PROJECT IDENTIFICATION

AUDIT PROJECT IDENTIFICATION

- Audit projects are developed by subject matter experts who identify claims that may have been overpaid or underpaid.
- NYS OMIG approves all audit projects, Audit Notification Letters (ANLs), Draft Audit Reports (DARs) and Final Audit Reports (FARs).
- For additional program integrity initiatives, refer to:
  - New York State Office of the Medicaid Inspector General 2025 Work Plan | Office of the Medicaid Inspector General and
  - Medicaid Recovery Audit Contractor | Office of the Medicaid Inspector General
- OMIG Authority is established by 18 NYCRR 504.3 “Duties of the Provider”—by enrolling, the provider agrees to:
  - Prepare and maintain contemporaneous records (18 NYCRR 504.3[a]),
  - Keep all necessary records for six years (18 NYCRR 504.3[a]) and
  - Permit audits (18 NYCRR 504.3[g]).

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REVIEW TYPES

AUTOMATED

- Identified at the data level, without human review of the medical record or supporting documentation.
- For example, Audit OSC-S35 identifies Medicaid fee-for-service claims with improper payments for services covered by a recipient's NYS Essential plan.

COMPLEX

- Human review of medical records, financial records and other supporting documentation.
- For example, Audit Long-Term Care Services assesses adherence to applicable laws, regulations, rules and policies governing the NYS Medicaid program.

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COURTESY CALLS

Customer Service Outreach—our representatives are here to help.

- Conduct outreach after every letter is sent by calling to confirm receipt, requesting to speak to the administrator and/or person handling OMIG audit responses.
- Answer questions about the document submission process, resend letters, send attachments and provide audit status.
- Assist if you are having trouble getting documents to Performant timely.
- If no response is received, OMIG will be notified and may reach out directly asking to speak to a person of decision-making authority such as the President or Director of Compliance.

COMPLEX

- ANL
- Entrance Packet
- Questionnaire
- DAR
- FAR

AUTOMATED

- DAR
- FAR

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DOCUMENT REQUIREMENTS

By enrolling as a New York State Medicaid provider, you agree to have documents/records demonstrating the right to receive payment under the Medicaid program, and to maintain those documents/records for a period of 6 years from the date the care, services or supplies were furnished. Documents/ records must be submitted upon request.

IMPORTANT INFO

- Website: www.omig.ny.gov
- Dedicated Email: RAC@omig.ny.gov

This requirement encompasses all types of documents/records including evidence to support loss, destruction and inaccessibility, including, but not limited to, data corruption, theft and other issues. Please note, providers must report these type of loss issues to OMIG within 30 days of discovery.

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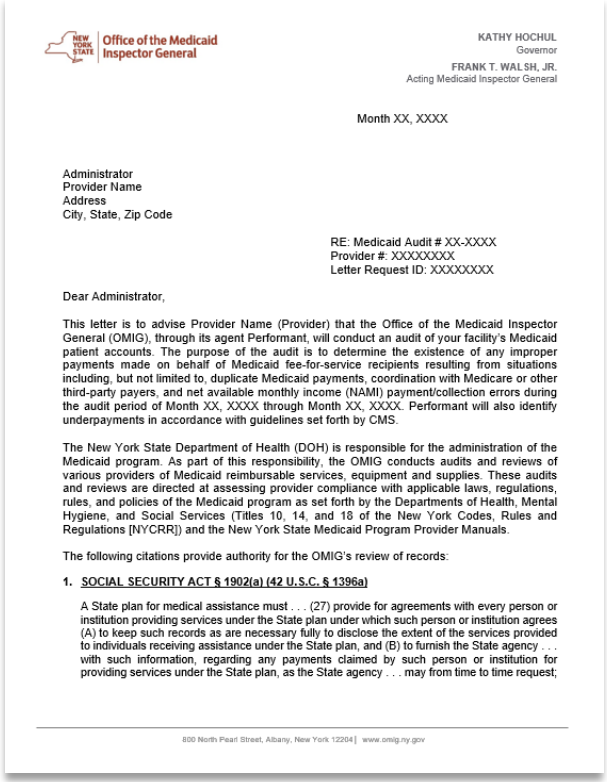
COMPLEX AUDIT: AUDIT NOTIFICATION LETTER

1. Audit # and letter request ID
2. Facility, address and NPI #
3. Submission timeframe—30 days + 5 days for mail time
4. List of requested records/ documents
5. Document submission instructions
6. Customer Service contact information
7. Consequences for non-compliance



NEW YORK STATE | Office of the Medicaid Inspector General

KATHY HOCHUL
Governor
FRANK T. WALSH, JR.
Acting Medicaid Inspector General

Month XX, XXXX

Administrator
Provider Name
Address
City, State, Zip Code

RE: Medicaid Audit # XX-XXXX
Provider #. XXXXXXXX
Letter Request ID: XXXXXXXX

Dear Administrator,

This letter is to advise Provider Name (Provider) that the Office of the Medicaid Inspector General (OMIG), through its agent Performant, will conduct an audit of your facility's Medicaid patient accounts. The purpose of the audit is to determine the existence of any improper payments made on behalf of Medicaid fee-for-service recipients resulting from situations including, but not limited to, duplicate Medicaid payments, coordination with Medicare or other third-party payers, and net available monthly income (NAMI) payment/collection errors during the audit period of Month XX, XXXX through Month XX, XXXX. Performant will also identify underpayments in accordance with guidelines set forth by CMS.

The New York State Department of Health (DOH) is responsible for the administration of the Medicaid program. As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules, and policies of the Medicaid program as set forth by the Departments of Health, Mental Hygiene, and Social Services (Titles 10, 14, and 18 of the New York Codes, Rules and Regulations [NYCRR]) and the New York State Medicaid Program Provider Manuals.

The following citations provide authority for the OMIG's review of records:

1. **SOCIAL SECURITY ACT § 1902(a) (42 U.S.C. § 1396a)**

   A State plan for medical assistance must . . . (27) provide for agreements with every person or institution providing services under the State plan under which such person or institution agrees (A) to keep such records as are necessary fully to disclose the extent of the services provided to individuals receiving assistance under the State plan, and (B) to furnish the State agency . . . with such information, regarding any payments claimed by such person or institution for providing services under the State plan, as the State agency . . . may from time to time request;

800 North Pearl Street, Albany, New York 12204 | www.omig.ny.gov

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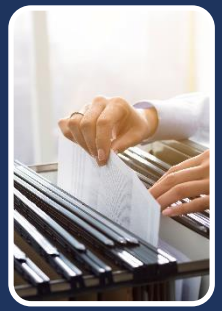
AUDIT NOTIFICATION LETTER: COMPLEX AUDITS



DOCUMENTATION

- Documents supporting all items paid on the claim
- All pertinent information to meet policies and billing requirements must be included

CUSTOMER SERVICE

- Contact Customer service for an “entrance packet”.
- You must send all requested documents.

LONG-TERM CARE

- The ANL is mailed to the address on record.
- Providers should contact customer service to obtain the entrance packet, which contains:
  - ✓ A list of requested documents, example report names and submission instructions, and
  - ✓ A provider questionnaire.

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RESPONSE DOCUMENT SUBMITTAL

PROVIDER PORTAL (preferred method)

Upload to website—NaviNet Sign In | NantHealth

SECURE EMAIL

PFMTrecords@performantcorp.com

FAX (large record sets should be submitted via provider portal or email)

(325) 480-3671

NOTE

CDs and USB flash drives are not accepted

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GENERAL
REVIEW PROCESS

COMMON REVIEW GUIDELINES

Policies and Guidelines Applied During Review

- NYS Department of Health (DOH) criteria NYCRR Title 10, 14 and 18
- Social Security Act § 1902(a) (42 U.S.C. § 1396a)
- Public Health Law § 32(9)
- Social Service criteria 18 NYCRR § 504.3 and § 517.3
- Provider/eMedNY manuals (program-specific billing guidelines)
- Medicaid updates and informational letters
- State and federal laws

NOTE: The applicable version of the policy/regulation is applied based on date of service.

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REVIEW PROCESS

Are the services billed in accordance with the regulations and provider manuals as applicable?

Are the services covered? Were the correct rates paid?

Are there overlapping or duplicate payments?

Are the claims coded correctly?

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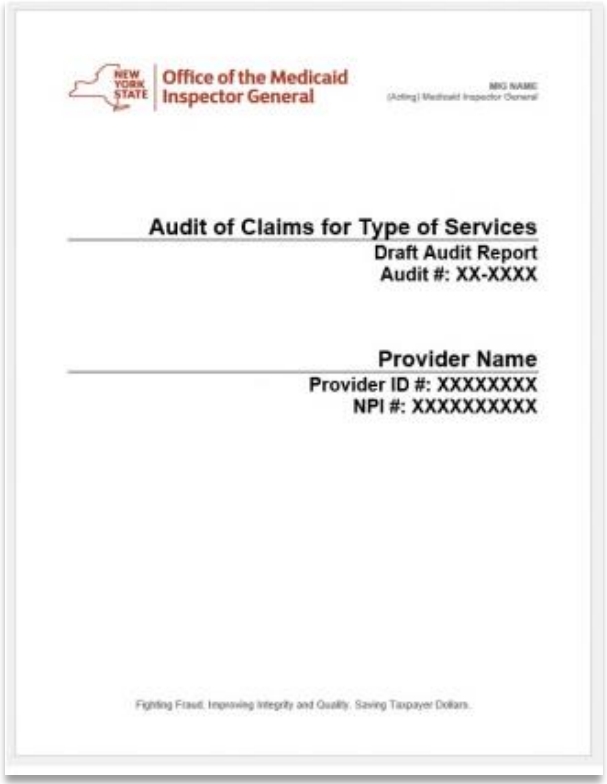
AUDIT PROCESS

DRAFT AUDIT REPORT (DAR): AUTOMATED AND COMPLEX



NEW YORK STATE | Office of the Medicaid Inspector General

MG NAME
(Acting) Medicaid Inspector General

Audit of Claims for Type of Services
Draft Audit Report
Audit #: XX-XXXX

Provider Name
Provider ID #: XXXXXXXX
NPI #: XXXXXXXXXX

Fighting Fraud, Improving Integrity and Quality, Saving Taxpayer Dollars.

1. Background
2. Objective
3. Audit scope
4. Regulations and contracts of general application
5. Audit findings
6. Provider rights (including dispute options)
7. Contact information
8. Attachments/exhibits

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DAR: AUTOMATED AND COMPLEX

- Attachments included:
  - Initial overpayment and underpayment reports
  - Other audit related support documents, if applicable
  - Draft report of claims identified as overpayments in excel format
- Form may be used to submit responses

No.	Review ID	Provider ID	Provider Name	Total Due	Reason Code	Overpayment Type	Reviewer Comments	Provider Response	Intention to Void	Voided Amount	Provider Comments
1	XX-XXXX	04466XXX	Insert provider name	$9.42	3	CL		Agree	Yes	$7.50	
2	XX-XXXX	01798XXX	Insert provider name	$5.02	5	CL		Dispute	)	$0.00	refer to included document.
3	XX-XXXX	00584XXX	Insert provider name	$12.12	7	CL					
4	XX-XXXX	00810XXX	Insert provider name	$31.71	3	CL		Agree	No	$0.00	
5	XX-XXXX	02150XXX	Insert provider name	$32.62	5	CL		Agree	Yes	$25.00	
6	XX-XXXX	0176XXXX	Insert provider name	$710.11	7	CL		Dispute	No	$0.00	refer to included document.
7	XX-XXXX	0238XXXX	Insert provider name	$16.78	3	CL		Dispute	No	$0.00	refer to included document.
8	XX-XXXX	0190XXXX	Insert provider name	$46.80	5	CL		Agree	No	$0.00	
9	XX-XXXX	0164XXXX	Insert provider name	$20.66	7	CL		Agree	Yes	$16.44	
10	XX-XXXX	0454XXXX	Insert provider name	$32.44	3	CL		Agree	No	$0.00	

Instructions
Valid Responses:
Agree, Dispute or Blank.

Agree-Choose Intention to Void as Yes or No.
Dispute-Must include support information/documentation
Blanks-Accepted as No Response

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PROVIDER RIGHTS

The DAR shall also include your right to submit written disputes/objections to findings cited within the DAR. Follow the steps outlined in the letter.

TIMEFRAME

The provider may submit additional documentation and written arguments in objection to the determination within 30 days of receiving the DAR (receipt of which is presumed to be 5 days after the date of the report).

PURPOSE

Opportunity to submit additional information if you, the provider, disagrees with the overpayments identified. If you dispute the finding, you must include additional evidence to support why the claim should be covered/paid by Medicaid.

BENEFIT

If a decision is made to reduce or remove the original finding(s) during the dispute review period, the RAC will revise the FAR total amount due to reflect the changes.

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DAR DOCUMENT SUBMITTAL

PROVIDER PORTAL (preferred method)

Upload to website—NaviNet Sign In | NantHealth

SECURE EMAIL

PFMTdisputes@performantcorp.com

FAX (large record sets should be submitted via provider portal or email)

(925) 245-8224

NOTE

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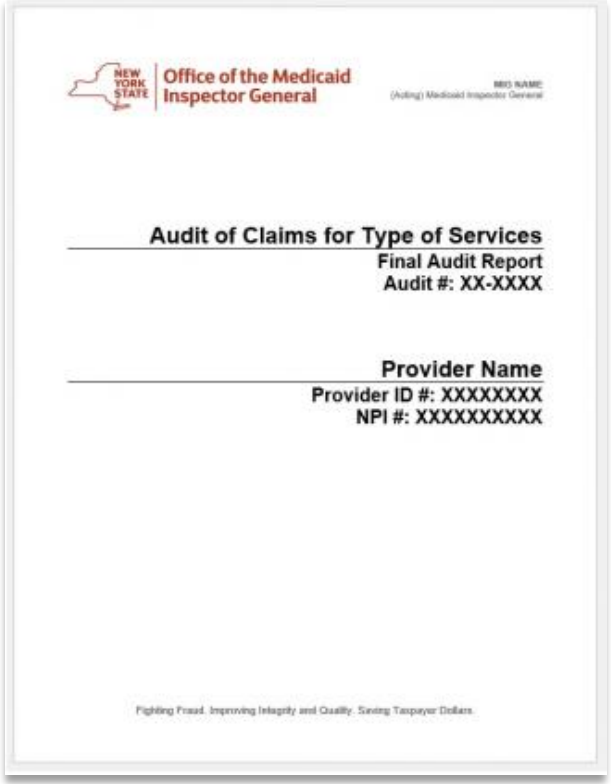
FINAL AUDIT REPORT (FAR)



NEW YORK STATE | Office of the Medicaid Inspector General

MIG NAME
(Acting) Medicaid Inspector General

Audit of Claims for Type of Services
Final Audit Report
Audit #: XX-XXXX

Provider Name
Provider ID #: XXXXXXXX
NPI #: XXXXXXXXXX

Fighting Fraud. Improving Integrity and Quality. Saving Taxpayer Dollars.

1. Background, objective and audit scope
2. Regulations and contracts of general application
3. Audit findings (detail in exhibits)
4. Repayment options
5. Hearing rights
6. Contact information
7. Remittance advice
8. Attachments/exhibits

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REPAYMENT PROCESS

REPAYMENT

18 NYCRR Part 518 regulates the collection of overpayments

- Acceptable Payment Method **Pre-FAR**: Void
- Acceptable Payment Methods **Post-FAR**: Check, Withhold

Repayment Arrangements:

- For questions regarding repayment agreements, reach out to the contacts listed in the Repayment Options portion of the Final Audit Report

NOTE: OMIG maintains authority and oversight throughout the repayment process.

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REPAYMENT PROCESS (CONTINUED)

- Should you fail to pay in full or select a repayment option within the timeframe allotted on your notice issued by OMIG, collections actions will be initiated. This may include withholding where the state retains full or portions of your payments under the Medicaid program, and using any remedy allowed by law to collect the amount due.
    - A collection fee equal to twenty two percent (22%) of the amount due, including interest, may be added to the amount owed, pursuant to the State Finance Law Section 18(5) .
- Interest may be assessed in accordance with 18 NYCRR 518.4. The Final Audit Report or other notice issued by OMIG will inform you if interest is being charged.
- Collections activities continue when a hearing is requested. An overpayment will be refunded if the hearing decision results in a lower amount due.

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HEARING RIGHTS

PROCESS

Hearings are conducted by Administrative Law Judges (ALJs) from the DOH.

Evidence and documentation presented for reconsideration at the hearing is limited to issues directly related to the final determination.

DEADLINE

Hearing requests must be made in writing within 60 days from the date of the FAR. The 60 days is jurisdictional (as set forth in the statute and regulations) and cannot be waived or extended by the agency.

MAILING

Requests should be directed to:

OMIG Office of Counsel
800 North Pearl Street
Albany, NY 12204

Title 18 of the New York Codes, Rules and Regulations (NYCRR): Part 519, Section 519.4 and 519.7(a)

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NYS OMIG PORTAL

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PROVIDER PORTAL

Performant and NantHealth | NaviNet have teamed up to provide a secure online solution to receive audit notice letters. You can also submit requested records and responses to those letters via the portal.

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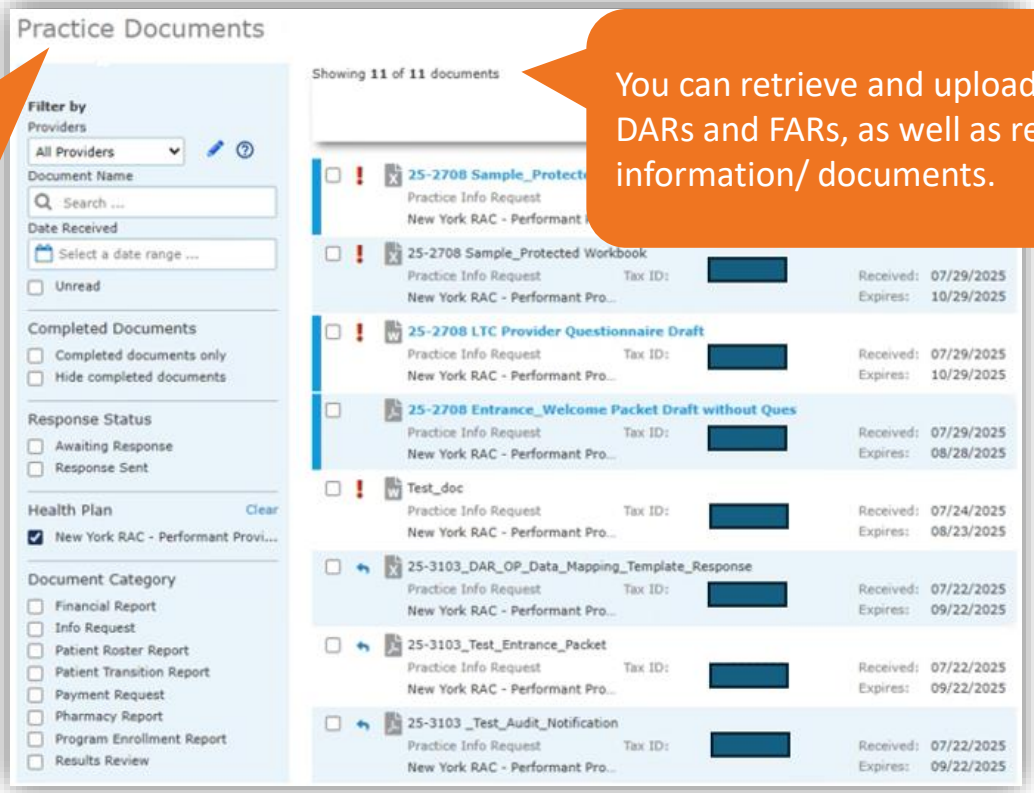
WHAT IS INSIDE THE SECURE PROVIDER PORTAL?

This new, automated process will help improve efficiencies and provide enhanced letter receipt and document submission tracking.



You can retrieve and upload responses to ANLs, DARs and FARs, as well as respond to requests for information/ documents.

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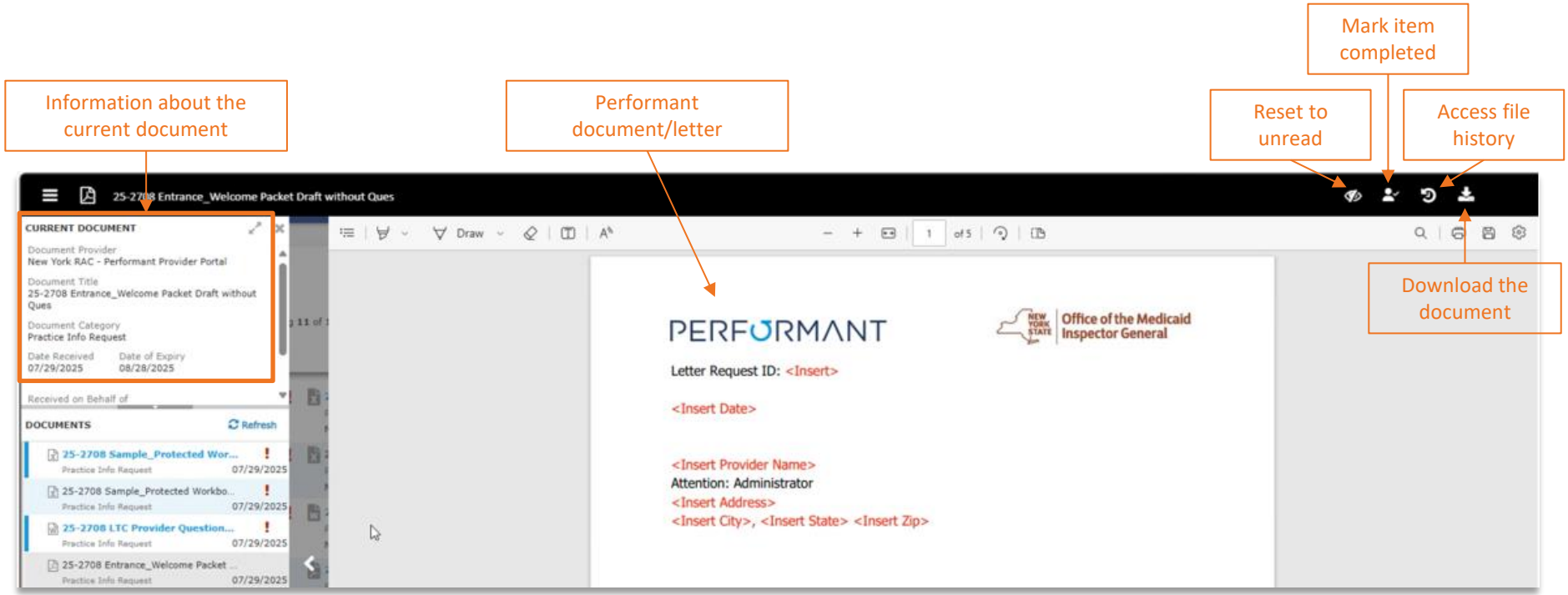
DOCUMENT DETAIL

The portal offers full access to view and download documents.



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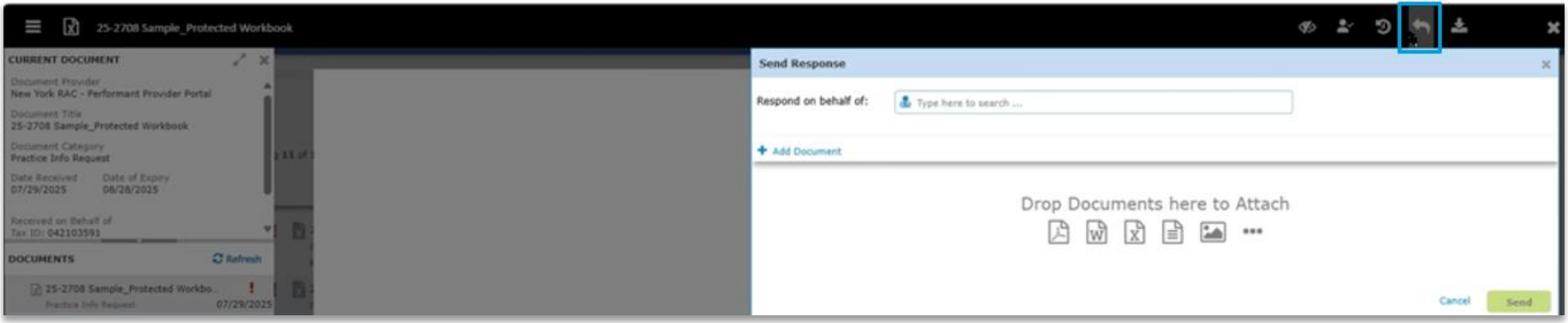
RESPONSE OPTIONS

Via the portal you can upload requested ANL and entrance packet documents, as well as submit DAR and FAR responses.



Please follow the file naming conventions previously covered on slide 15 (audit ID-document type-NPI).

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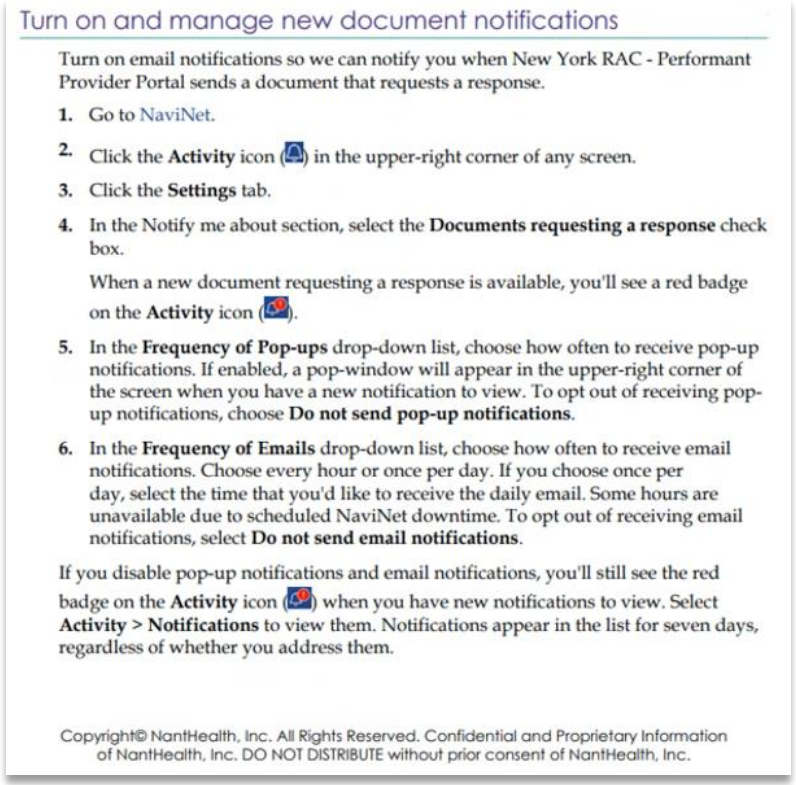
USER GUIDE: MANAGE YOUR NOTIFICATIONS

- A user guide will be provided to help navigate the full range of portal capabilities. One key feature is the ability to customize your document notifications.
- Within the portal, you can:
  - Enable or disable document notifications
  - Assign recipients who should receive notifications
  - Set notification frequency (e.g., hourly, daily, etc.)
- This feature ensures you stay informed and in control of your workflow, with tailored alerts sent to the right team members at the right time.



Turn on and manage new document notifications

Turn on email notifications so we can notify you when New York RAC - Performant Provider Portal sends a document that requests a response.

1. Go to NaviNet.
2. Click the **Activity** icon ( ) in the upper-right corner of any screen.
3. Click the **Settings** tab.
4. In the Notify me about section, select the **Documents requesting a response** check box.

   When a new document requesting a response is available, you'll see a red badge on the **Activity** icon ( ).
5. In the **Frequency of Pop-ups** drop-down list, choose how often to receive pop-up notifications. If enabled, a pop-window will appear in the upper-right corner of the screen when you have a new notification to view. To opt out of receiving pop-up notifications, choose **Do not send pop-up notifications**.
6. In the **Frequency of Emails** drop-down list, choose how often to receive email notifications. Choose every hour or once per day. If you choose once per day, select the time that you'd like to receive the daily email. Some hours are unavailable due to scheduled NaviNet downtime. To opt out of receiving email notifications, select **Do not send email notifications**.

If you disable pop-up notifications and email notifications, you'll still see the red badge on the **Activity** icon ( ) when you have new notifications to view. Select **Activity > Notifications** to view them. Notifications appear in the list for seven days, regardless of whether you address them.

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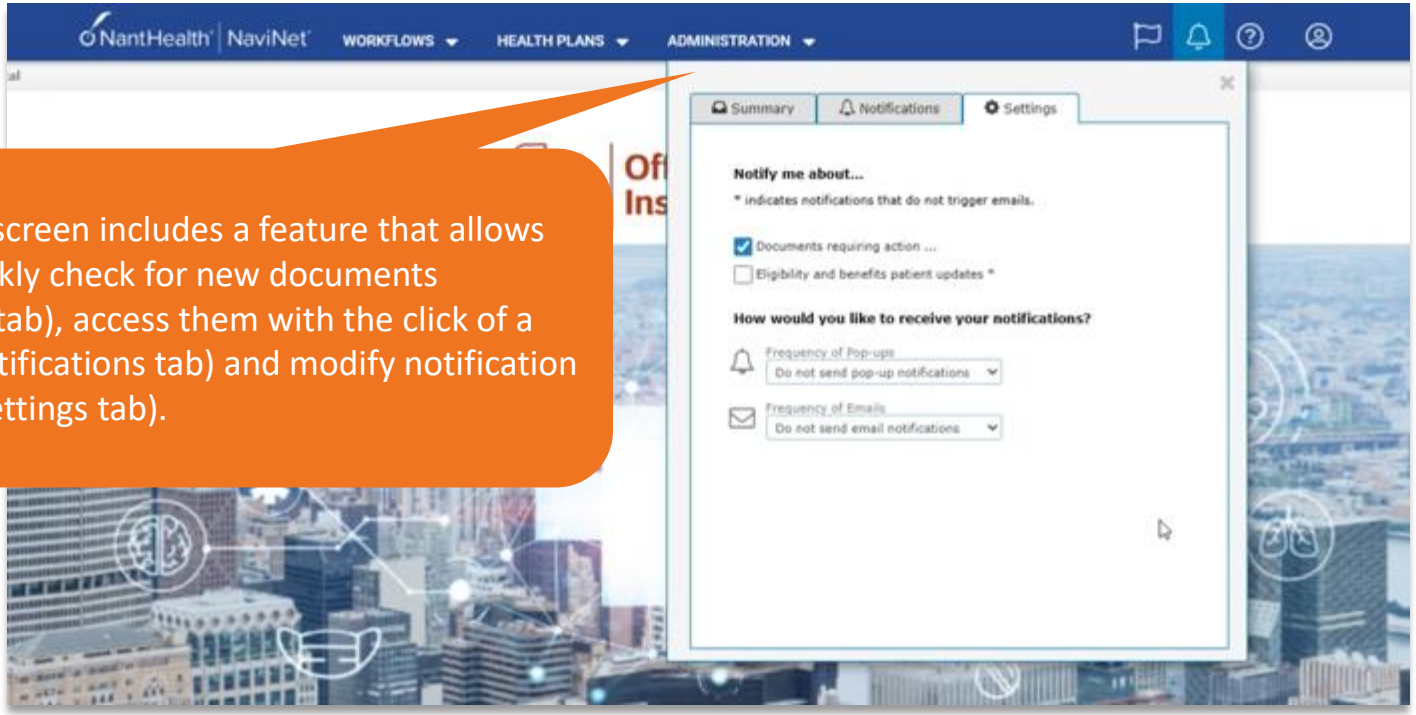
BONUS FEATURES



The home screen includes a feature that allows you to quickly check for new documents (Summary tab), access them with the click of a button (Notifications tab) and modify notification settings (Settings tab).

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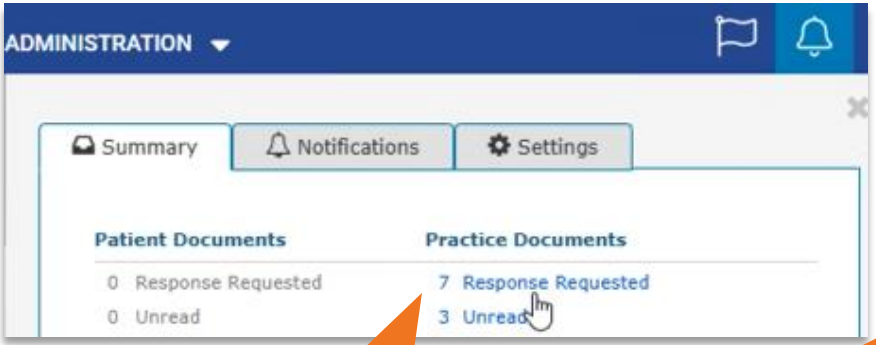
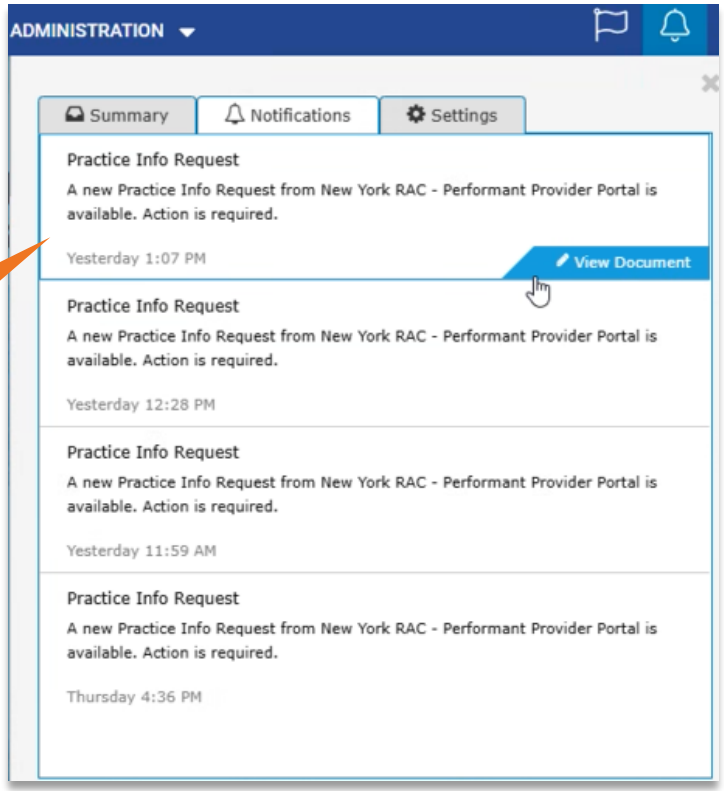
SUMMARY AND NOTIFICATIONS



The Summary tab displays the number of documents sent to you and those still unread.



The Notifications tab shows available documents. Each with a quick “View Document” hyperlink that will display the sent document.

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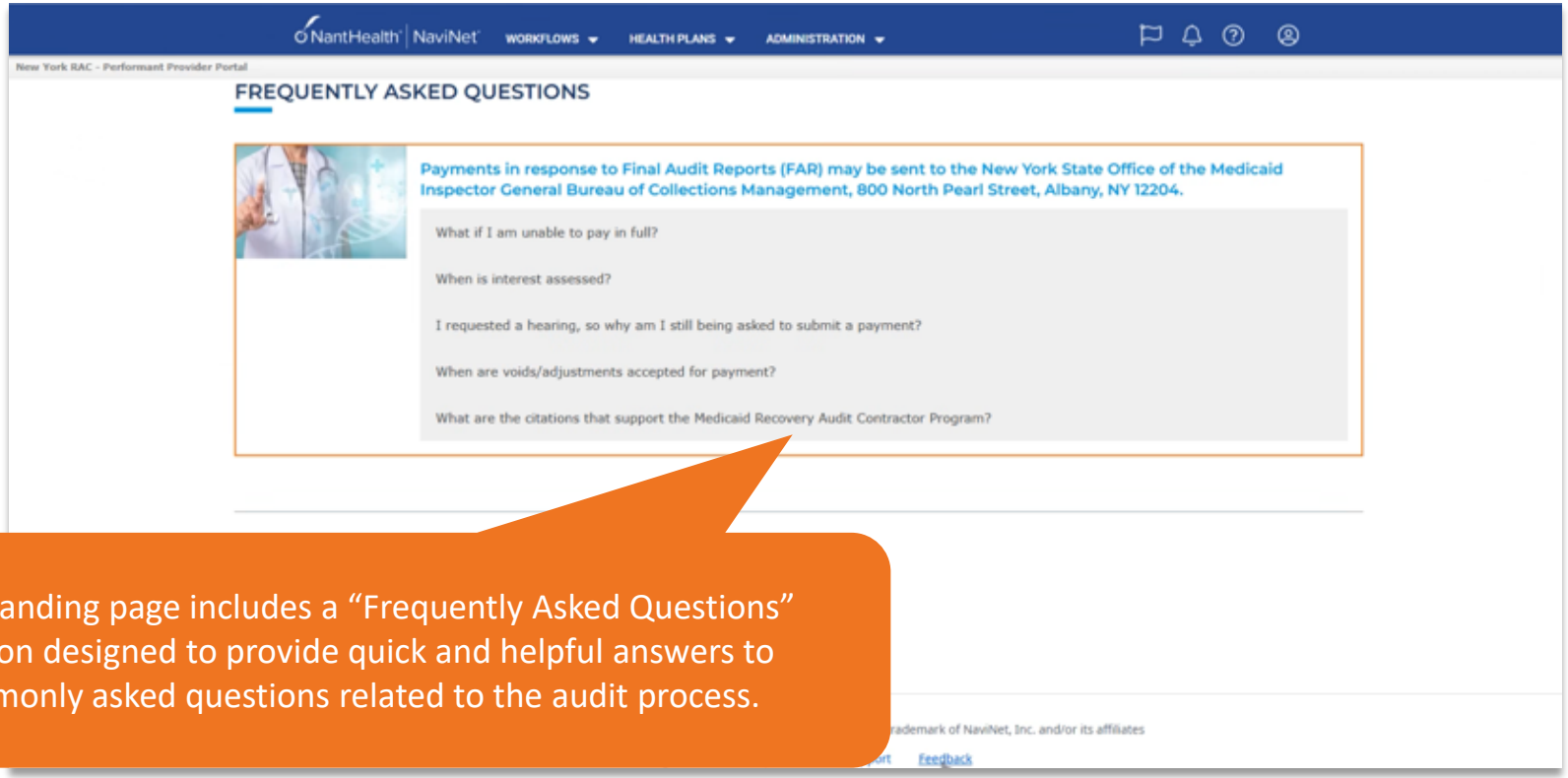
FREQUENTLY ASKED QUESTIONS



The landing page includes a “Frequently Asked Questions” section designed to provide quick and helpful answers to commonly asked questions related to the audit process.

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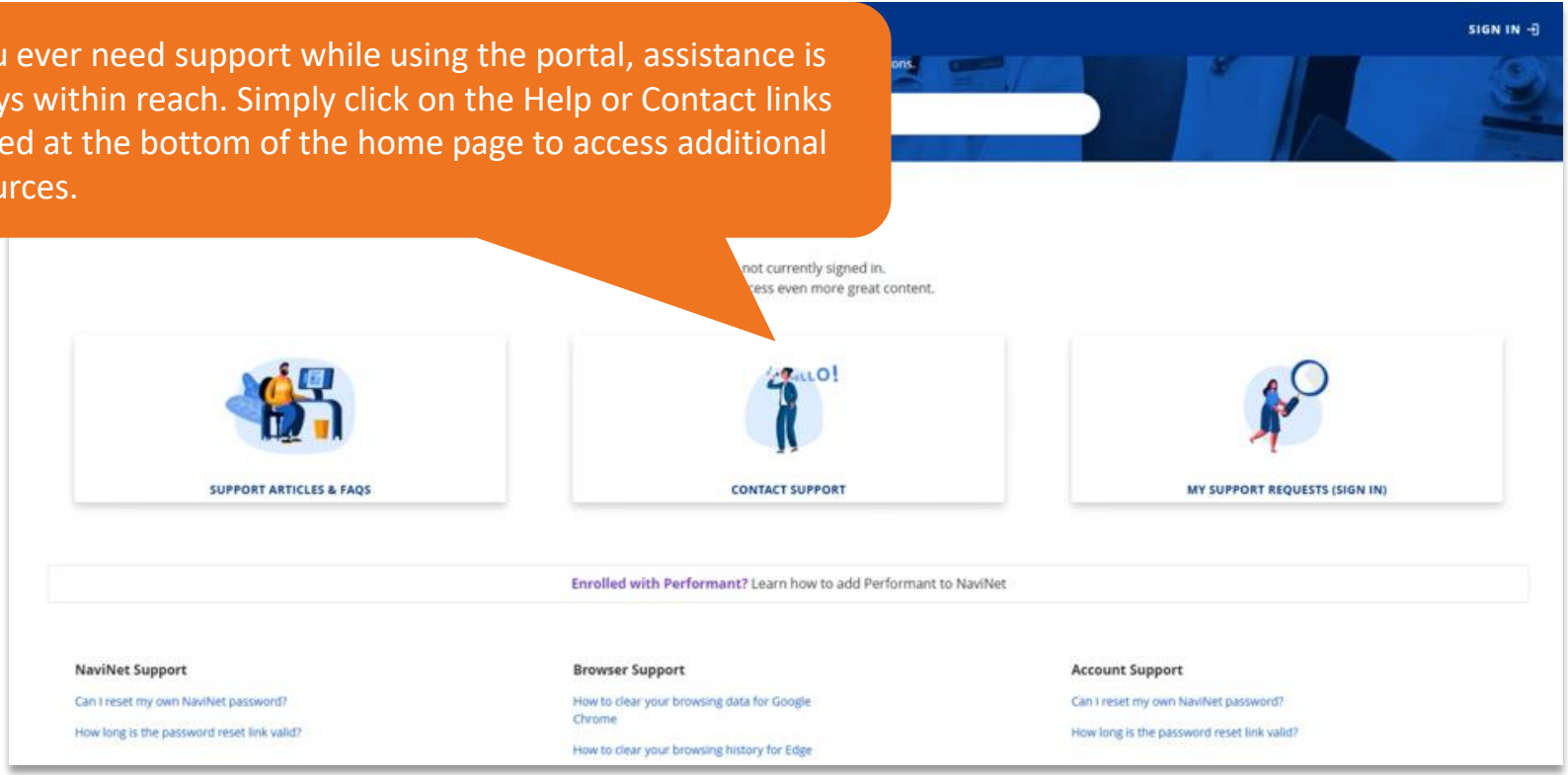
PORTAL SUPPORT

If you ever need support while using the portal, assistance is always within reach. Simply click on the Help or Contact links located at the bottom of the home page to access additional resources.



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GET STARTED NOW!

To begin receiving and responding to documents electronically via the New York RAC – Performant Provider portal, you must first register.

To access the online registration form, visit register.navinet.net and follow the prompts to set up a new account.

Once your registration has been processed, you will receive a notification from NaviNet with further instructions on how to access the New York RAC – Performant Provider portal from your health plan menu. You can check on the status of your registration request at any time at https://register.navinet.net/csregistrationstatuschek.

If you already have a NantHealth | NaviNet account, please select New York RAC – Performant Provider portal from your health plan menu to get started. For additional information, visit helpcenter.nanthealth.com and select “Add a health plan to your office”. Existing users may choose live chat or open a case through the portal for questions or issues.

Once you gain access to the portal, we recommend setting up your preferred notification rules immediately. This ensures you stay promptly informed and can efficiently respond to new documents.

If you have any questions or issues registering your account as a new user, please contact NaviNet Support at (888) 482-8057. Hours of operation are generally Monday-Friday from 8 am to 11 pm EST and Saturday from 8 am to 3 pm EST.

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CONTACT INFORMATION

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ADDRESS AND CONTACT UPDATES

Address and contact name updates must be initiated by you, via the eMedNY website (https://www.emedny.org).

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WHO DO I CONTACT IF I HAVE QUESTIONS?

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Audit Notice, Entrance Packet Requests and Draft Audit Report inquiries:

- Customer Service Toll Free: 866-227-5742
- Email: CustServ@PerformantCorp.com

Final Audit Report and Recovery inquiries:

- Provider Relations Team Toll Free: 800-327-9467
- Email: NYSOMIGCollectionInquiries@Performantcorp.com

Document Submissions:

- Provider Portal: NantHealth/NaviNet
  - Phone: (888) 482-8057
  - Website NaviNet Sign In | NantHealth
- Email Records: PFMTrecords@PerformantCorp.com Fax: 325-480-3671
- Email DAR Responses : PFMTdisputes@PerformantCorp.com Fax: 925-245-8224

NEW YORK STATE | Office of the Medicaid Inspector General

OMIG RAC Unit:

- Dedicated email: RAC@omig.ny.gov
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QUESTIONS

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