



**Office of the Medicaid
Inspector General**

MLTC Program Integrity Reporting

Medicaid Advantage Plus, PACE and Partial Capitation

FEBRUARY 13, 2025

Program Integrity Reporting

- Notification to Audit – Clearance process to prevent duplication of efforts between plans and OMIG.
- Provider Investigative Report – Quarterly report of closed program integrity reviews of providers.

Notification to Audit

- Medicaid Advantage Plus, Section 19.9
- PACE, Article VI(P)
- Partial Capitation, Article VIII(Q)

MLTC Model Contract Language

Notification to Audit

1. The Contractor shall notify the OMIG of its intention to initiate an audit of a Participating Provider or Non-Participating Provider. The following shall constitute the notification process. For the purposes of this Section, an audit refers to activity which will or may result in a post payment recovery and/or referral to the OMIG in accordance with Article IX, Section BB of this Contract.

- a. The notification to audit shall be communicated by the Contractor to the OMIG in a form and format to be determined by SDOH and OMIG. The notification to audit shall include (at a minimum) the following information: provider name, provider address, audit scope and time period to be reviewed.
- b. Upon receipt of the Contractor's notification to audit, the OMIG shall within ten (10) business days:
 - i. Acknowledge receipt of the notification; and
 - ii. Acknowledge that there is no conflict with the Contractor conducting the audit; or
 - iii. Alert the Contractor to stop the audit or any further activity if a conflict exists.
- c. If the Contractor does not receive a response from the OMIG in ten (10) business days, the Contractor may proceed with its audit.
- d. Notwithstanding the above, the OMIG may initiate an audit of the Contractor's provider at any time.

MLTC Model Contract Language

2. The OMIG shall notify the Contractor of its intention to initiate an audit of a Participating Provider in the Contractor's network or Non-Participating Provider. The following shall constitute the notification process.
- a. The OMIG shall email the notification to audit to the Contractor's designee. The notification to audit shall include (at a minimum) the following information: provider name, provider address, audit scope and time period to be reviewed.
 - b. Upon receipt of OMIG's notification to initiate an audit, the Contractor's designee shall respond within ten (10) business days as follows:
 - i. Acknowledge receipt of the notification by email; and/or
 - ii. Alert the OMIG of a conflict.
 - c. If the OMIG does not receive a response from the Contractor within ten (10) business days, the OMIG may proceed with its audit.
 - d. Upon receipt of OMIG's notification to initiate an audit, the Contractor shall provide to OMIG, in a form and format required by OMIG, all records required by OMIG to complete its audit, investigation or review of the Contractor's Participating or Non-Participating Provider, or subcontractor. The Contractor shall provide such records to the OMIG within ten (10) business days of OMIG's notification to initiate an audit.

MLTC Model Contract Language

3. Once notified of OMIG's intent to audit a Participating Provider or Non-Participating Provider, the Contractor shall not take any of the following actions as they specifically relate to Medicaid claims, and the audit scope and time period identified in OMIG's notification of intent to audit:

- a. Initiate an audit of the same provider;
- b. Enter into or attempt to negotiate any settlement agreement with the provider; or
- c. Accept any monetary or other thing of valuable consideration offered by the provider.

Notification to Audit

- These requests should be submitted at the beginning of any review.
- This requirement is intended to prevent duplication of efforts between the Plans and OMIG.
 - Requests should only be denied where there is an existing review of the same provider for the same allegation and time period; or it would interfere with an active investigation.

Notification to Audit – Plan Requests

- Plans are required to request clearance from OMIG at the start of their review of a provider utilizing the OMIG 19.9 Audit Notification Form. Direct all requests to the mmcreporting@omig.ny.gov mailbox.
- Should the Plan have multiple requests to submit in a 24-hour period, they should be submitted on one form.

A	B	C	D	E	F
MCO MMIS ID	MCO Name	Plan Type	MCO Case ID	Provider Name	Provider MMIS ID

- OMIG has ten (10) business days to respond to the plan request with either an approval or denial. Should OMIG not respond within ten (10) business days, the plan may proceed with their review of the provider.

Completing the Request Form

- The information contained in the report falls into two primary categories.
 - Identifiers
 - Allegation Information

Completing the Request Form

- Identifiers
 - MLTC Identifiers
 - MCO MMIS ID
 - MCO Name
 - Plan Type
 - MCO Case ID
 - Provider Identifiers
 - Provider Name
 - Provider MMIS, NPI and FEIN
 - Provider Address

Completing the Request Form

- Allegation Information
 - Audit Scope - Allegation
 - Scope Period Dates
 - Scope Period Type (DOS vs. DOP)
 - Reason for Initiation of Audit
 - Comments

Notification to Audit – OMIG Requests

- OMIG will submit notification to the Plans at the start of an audit of a provider's managed care claims activity. The Plan will receive a Notification to Audit the provider that will include the time period and scope of the review.
- Plans have ten (10) business days to respond to the request from OMIG with either an approval or denial. Should the Plan not respond within ten (10) business days, OMIG may proceed with their review of the provider.

MLTC Audit Notification

- Next Steps:
 - After this presentation, the Mainstream and MLTC Plans will receive a guidance document and copy of the OMIG 19.9 Audit Notification Form.
 - MLTCs are required to begin submitting Audit Notification Requests effective March 1, 2025 (Mainstream Plans are already complying with this requirement.)
 - OMIG staff will review requests and provide feedback should additional information be needed. The MLTCs have five (5) business days to respond with any requests for additional information.
 - Questions may be submitted to OMIG via the mmcreporting@omig.ny.gov mailbox.

Provider Investigative Report

- Medicaid Advantage Plus, Section 18.5(c)(xiii)
- PACE, Article VI(E)(3)(o)
- Partial Capitation, Section VIII(F)(3)(s)

MLTC Model Contract Language

- Medicaid Advantage Plus, Section 18.5(c)(xiii)
 - “The Contractor shall submit to SDOH and OMIG a quarterly report, in a form and format to be determined by OMIG in consultation with SDOH, of all Participating Provider and Non-Participating Provider investigative and educational or re-educational activities. This report will include, but is not limited to, copies of any agreements executed between the Contractor and Participating Providers and Non-Participating Providers as a result of the action and a summary of the investigative results.”
- PACE, Article VI(E)(3)(o)
 - “The Contractor shall submit to the Department and OMIG a quarterly report, in a form and format to be determined by OMIG in consultation with the Department, of all Participating Provider and Non-Participating Provider investigative and educational or re-educational activities. This report will include, but is not limited to, copies of any agreements executed between the Contractor and Participating Providers and Non-Participating Providers as a result of the action and a summary of the investigative results.”

MLTC Model Contracts Language Cont.

- Partial Capitation Article, Section VIII(F)(3)(s)
 - “The Contractor shall submit to the Department and OMIG a quarterly report, in a form and format to be determined by OMIG in consultation with the Department, of all Participating Provider and Non-Participating Provider investigative and educational or re-educational activities. This report will include, but is not limited to, copies of any agreement executed between the Contractor and Participating Providers or Non-Participating Providers as a result of the action and a summary of the investigative results.”

Provider Investigative Report (PIR)

- The report is designed to receive information regarding all closed reviews of provider billing. This includes completed:
 - Audits;
 - Investigations;
 - Educational Activities;
 - Re-educational Activities;
 - Credible Allegations of Fraud Withholdings; and
 - Provider Self-disclosures.

Accessing the Report

- The MLTC PIRs are currently quarterly reports that utilize the same structure as the Medicaid Managed Care Operating Reports (MMCOR) through the Universal Data Collection System (UDCS).
 - Each line of business will have a different submission type.
 - Medicaid Advantage Plus – MMCPIRMAP
 - PACE – MMCPIRPACE
 - Partial Capitation - MMCPIRPC
- The MLTC will need to have representatives with access to the Health Commerce System (HCS).
- The report template and submissions are accessed through the Healthcare Financial Data Gateway (Gateway).
- The MLTC will designate individuals who will be submitters of the report and an individual with the responsibility of certifying the contents of the report. The certifier can be either the CEO, CFO or a designee who reports to either the CEO or CFO.

Accessing the Report



Healthcare Financial Data Gateway

New York State Department of Health

Welcome Kelly Sciara

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[Home](#)

[Software](#)

[Submissions](#)

[Reports](#)

[Administration](#)

Welcome to the Healthcare Financial Data Gateway

The navigation bar above contains selectable tabs for each functional area of the application and is used to navigate throughout the application.

Please read the descriptions of these areas below:

Software: The "Software" tab is used to download the Cost Report Software, Matrix Reports and supporting documentation. Items selected for download will be saved as a zip file.

Submissions: The "Submissions" tab can be used to do any of the following.

- Submit your Completed and Finalized Cost Report
- View the Details of Submissions
- Certify and Print Submitted Cost Report

Reports: The "Reports" tab is used to view and export (to Excel) a history of Submission and Certification details for the Cost Reports.

Administration: The "Administration" tab can be used to do any of the following.

- Grant permissions to the applications, with or without email notifications
- Manage Certifications
- Manage Roles
- Set Submission Cut Off Dates
- Upload Software, Reports and Supporting Documentation

Accessing the Report

- Each quarter, the MTLCs will receive notification from OMIG that the report is ready for completion, including a copy of the guidance document.
- MLTC submitters will download the template from the Gateway and complete their report in the UDCS.
- Once the report has been completed, the submitter will upload a copy of the report to the Gateway along with any settlement agreements executed during the reporting period. Following the submission of the report, the certifier will certify the report in the Gateway.

Completing the Report

Report General Information Form

General Information Form

Configuration Information

	Class Code	Line Number	
Submission Type :	0	1005	MPIR
Submission Year :	0	1010	2025
Submission Period :	0	1011	P01
DCN :	0	1004	
Submitter ID :	0	1000	2010186
Region ID :	0	1003	1
Region Name :	0	1002	STATEWIDE
Name of Organization :	0	10	AFFINITY HEALTH PLAN (2010186)
Begin Date :	0	34	1/ 1/2025
End Date :	0	35	1/31/2025

Contacts

Validate Save Cancel

Calculations | Text Transfers | Validation Results | Submission Output

Completing the Report

Universal Data Collection System - Version 5.5.4 - Build 20210311:123042 - [TBL1]

File Edit View Configure Action Notes Windows Search Help

Report Type: **SHOW ALL WORKSHEETS**
VALIDATE CURRENT WORKSHEET

MONTHLY PROVIDER INVESTIGATIVE REPORT (MPIR) : AFFINITY HEALTH PLAN (2010186) : STATEWIDE : 2025 : P01

Type	Worksheets (1)	Name
MPIR	TBLA1-Medicaid Managed Care ...	TBL1

TBLA1-Medicaid Managed Care Provider Investigative Report
 Report Type : MPIR

TBLA1-Medicaid Managed Care Provider Investigative Report		MCO Case ID	Line of Business	Provider Name	Provider Type
00010	00020	00030	00035	00040	00045
Line 1	00001				
Line 2	00002				
Line 3	00003				
Line 4	00004				
Line 5	00005				
Line 6	00006				
Line 7	00007				
Line 8	00008				
Line 9	00009				

Completing the Report

- The information contained in the report falls into three primary categories.
 - Identifiers
 - Allegation Information
 - Recovery Information

Completing the Report

- Identifiers
 - MLTC Identifiers
 - MCO Case ID
 - Line of Business
 - Provider Identifiers
 - Provider Name
 - Provider Type
 - FEIN
 - NPI
 - MMIS
 - NY License #

Completing the Report

- Allegation Information
 - Action Type
 - Review Type (Individual vs. Multiple Providers)
 - Allegation Category
 - Allegation
 - Scope Period Dates
 - Scope Period Type (DOS vs. DOP)
 - Dates – Identified, Completed and Finalized
 - Fraud, Waste or Abuse
 - Comments

Completing the Report

- Recovery Information (In Period & Total)
 - Reviewed Amount
 - Identified Amount
 - Settlement Amount
 - Void Amount
 - Offset Amount
 - Cash Amount
 - Recovered Amount
 - Refund Amount

Completing the Report

- The reviews included on the PIR are broken into two review types:
 - Individual Provider Reviews
 - Multiple Provider Reviews

This distinction is to accommodate those reviews where the MLTC is performing data analysis of their provider network for such issues as duplicate payments or payments on claims for services to a deceased member, among others.

- There are required fields depending on the review type, individual or multiple provider review.

MLTC PIR Training

- Next Steps:
 - The MLTCs will receive a notice requesting contact information for their submitters and certifiers after this presentation.
 - The submitters and certifiers will receive access to the PIR section of the Gateway.
 - OMIG will provide a virtual training and guidance document for MLTC staff.
 - OMIG staff will be available for any questions from the MLTCs as they complete their report.
 - MLTCs will submit their first reports by June 30, 2025.
 - OMIG staff will review and provide feedback. The MLTCs will be allowed to resubmit their report if needed.

Questions

- Questions from the MLTC can be directed to the mmcreporting@omig.ny.gov shared mailbox.