

BLT	AUDIT AREA	DESCRIPTION OF REVIEW
Home and Community Care	Services provided are in accordance with Medicaid requirements	Review will include determining if services that require supervision were provided, patient care plans exist, hours billed were authorized, adequacy of spend down processes, support for billing is in place, and payment for home health services was not excessive.
Hospital & Outpatient Services	Payments for physical, speech and occupational therapy services were appropriate	Reviews include assessing if services provided were medically necessary, were provided at an approved location, support exists for services billed for emergency room or long-term care costs.
Managed Care Organizations (MCO)	Improper chargeback for family planning and duplicate billing	OMIG will identify services where consumers have opted to secure family planning and reproductive health services from out-of-network providers, and may request the MCO to repay Medicaid for the fee-for-service (FFS). OMIG will review FFS payments made for managed care consumers to determine if the services were already included in the managed care benefit package.
Medical Services in Educational Setting	Duplicate billing	OMIG will focus on School Supportive Health Services program claims billed by school district to see if the claims also were billed by OPWDD intermediate care facilities.
	Improper Medicaid reimbursements for services listed in IEP	OMIG will review the IEP and support to ensure preschool/school district was entitled to receive Medicaid payments.
Mental Health, Chemical Dependence, & Developmental Disabilities Services	Services provided are in accordance with Medicaid requirements	OMIG will review that services were provided in accordance with Medicaid requirements including: <ul style="list-style-type: none"> • Community Residence Rehabilitation • Day Habilitation • Day Treatment • Medicaid Service Coordination • Residential Habilitation • Supported Employment
	Reimbursements exceeded threshold amount	OMIG will work in conjunction with OMH to review COPS reimbursements (COPS reimbursements are limited to a yearly threshold amount).
Pharmacy and Durable Medical Equipment (DME)	Excessive drug use and costs	OMIG will assess complicit and non-complicit overprescribing of drugs; improper authorization for resale of drugs and writing prescriptions
	Claims submitted in accordance with Medicaid rules and regulations	OMIG will conduct prepayment reviews of selected DME providers.
Physicians, Dentists, and Laboratories	Duplicate billing	OMIG will review where clinical psychologists and social workers inappropriately billed both Medicare and Medicaid for similar services for the same consumer on the same date of service.
	Inappropriate or excessive billing	or orthodontic services, OMIG will review claims where the patient exceeded the maximum age limit or the maximum number of treatment quarters, as well as excessive preventive services in a certain time period.
Residential Health Care	Inadequate documentation to support services	OMIG will review documentation of services to assess timeliness of medical evaluations, interim assessments, plans of care, etc.
	Inappropriate billing/reimbursements	New base year rates will be reviewed with OMIG assessing whether inappropriate and unallowable costs were included. OMIG has developed an approach to capture the Part B service reimbursement rates to note the difference between non-eligible and eligible rates "Part B Offset" and will conduct risk assessments of facilities that are rated as high risk.
Transportation	Inadequate documentation of services; Services provided are in accordance with Medicaid requirements	OMIG will review claims for transportation services to assess that the service was actually provided, or if service provided was not deemed medically necessary. OMIG will review claims billed with incorrect driver's license numbers or plate vehicles.