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Medicaid Provider Compliance Reviews Update **OMIG's Bureau of Compliance Clarifies Process & Timeline**

Last month, the New York State Office of the Medicaid Inspector General ([OMIG](#)) released more information to help providers navigate the Effectiveness Reviews that they are subject to under Social Services Law § 363-d and 18 NYCRR § 521. The exact nature of an Effectiveness Review, as well as the types of documents and information to be supplied to OMIG, may vary based on each provider's circumstances.

Providers chosen for a review will typically receive notification three to four weeks in advance, along with a Document Request Form, a Compliance Program Self-Assessment, and a Service Bureau/Third Party Billing Survey. OMIG will require providers to submit their responses to each prior to the planned on-site visit date. OMIG will then provide an Announced Visit Confirmation Letter and Documentation Review Checklist indicating the provisional schedule, plus additional documents and in-person interviews that will be necessary during the on-site visit. Providers will receive a final Effectiveness Review Report within about thirty to sixty days, discussing strengths and weaknesses of their Medicaid compliance programs, and whether or not OMIG deems them "effective" in meeting State standards.

As we have written in [previous articles](#), providers may want to begin gathering the documents or preparing answers to the questions seen in the above-linked sample forms even before they receive notice that OMIG has chosen their compliance programs for review.

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