



Office of the
Medicaid Inspector
General

Compliance Program Training and Lines of Communication

January 31, 2024

Agenda

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- 18 NYCRR Part 521
- Definitions
- Compliance Program Training Standards
- Effective Lines of Communication
- OMIG's Compliance Program Resources
- OMIG Contacts
- OMIG Self-Disclosure process and Recent Updates
- Questions & Answers

OMIG Background

OMIG Mission

To enhance the integrity of the NYS 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.

18 NYCRR Part 521

Part 521

- Adopted on December 28, 2022

- Self-disclosure requirements became effective with adoption on December 28, 2022

- Compliance program reviews began on July 3, 2023. To date, there are two three-month lookback periods currently under review:
 - April 1–June 30, 2023
 - July 1-September 30, 2023.

Definitions

Definitions

- ❑ **All affected individuals** is defined as all persons who are affected by the required provider's risk areas including the provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Definitions, cont.

- ❑ **Contractors** include contractors, agents, subcontractors, and independent contractors.

Compliance Program Training Standards

Annual Compliance Training Plan

Providers shall develop and maintain a training plan which:

- outlines the subjects or topics for training
- the timing and frequency of training
- which affected individuals are required to attend
- how attendance will be tracked
- how the effectiveness of the training will be evaluated

Compliance Program Training Topics

Compliance program training shall include, at a minimum, nine required topics.

MMCOs must also include information about their fraud, waste, and abuse prevention program, and any applicable terms of the MMCO's contract with the department to participate as an MMCO.

Required Topics

- Provider's risk areas and organizational experience
- Compliance program written policies and procedures
- Role of the compliance officer and compliance committee
- How to ask questions, report issues, and obligation to report
- Disciplinary standards

Required Topics, cont.

- Responding to compliance issues and corrective actions
- Medicaid program requirements and category(ies) of service
- Coding and billing requirements and best practices
- Claim development and submissions

Required Topics, cont.

- ❑ MMCO's fraud, waste and abuse prevention program and applicable terms of the MMCO's contract

Timing and Frequency of Training

- During Orientation for new affected individuals
- No less frequently than annually

Who must receive compliance training?

Providers shall establish and implement compliance program training for:

- the compliance officer, and
- all affected individuals

Training Methods

- ❑ Compliance program training shall be provided in a form and format accessible and understandable to all affected individuals.

Tracking Attendance

- Compliance training plan
- Dated governing body meeting minutes and agendas
- Dated attendance logs and sign-in sheets
- Dated attestations
- Dated distribution letters to Contractors

Evaluating Training Effectiveness

- Pre- and Post-Tests
- Surveys

Effective Lines of Communication

Lines of Communication

Required providers shall establish and implement effective lines of communication which ensure confidentiality for affected individuals.

Lines of Communication Requirements

- ❑ Lines of communication shall be accessible to all affected individuals
- ❑ Lines of communication to the compliance officer shall be publicized and made available to all affected individuals and all Medicaid recipients of service

Lines of Communication Requirements

- Providers shall have a method for anonymous reporting
- Providers must ensure confidentiality of persons reporting is maintained
- Providers shall make information about its compliance program available on its website, if applicable

Compliance Program Resources

OMIG's Compliance Program Resources

- ❑ The Compliance Library on OMIG's website (omig.ny.gov) contains:
 - [Compliance Program Guidance](#)
 - [Compliance Program Requirements FAQs](#)
 - *General Compliance Guidance and Resources*
 - *Compliance-Related Laws and Regulations*
 - [Compliance Program Self-Assessment Form](#)
- ❑ Bureau of Compliance email: compliance@omig.ny.gov

Overview of OMIG's Self-Disclosure Process

Self-Disclosure is Required

- Medicaid Entities, including Medicaid enrolled Providers, Medicaid Managed Care Organizations (MMCOs), and other Entities involved in the billing or receipt of Medicaid funds (Medicaid Entities/Providers), are required to report, return, and explain any overpayments they have received to the New York State Office of the Medicaid Inspector General (OMIG) Self-Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later.
- Additional information about the Regulatory Authority behind this requirement can be found on OMIG's website

Self-Disclosure Processes

- ❑ Abbreviated Self-Disclosure Process
 - Medicaid Fee For Service (FFS) claims overpaid due to routine or transactional errors & voided or adjusted

- ❑ Full Self-Disclosure Process
 - All other Medicaid FFS and non-claim based Medicaid overpayments

- ❑ Damaged, Lost or Destroyed Records Self-Disclosure Process

Self-Disclosure Website Updates

- ❑ Restructured the pages to make it more user friendly
- ❑ Added additional information specific to Managed Care
 - Network Providers should report, return & explain Managed Care overpayments to the applicable MMCO
 - MMCOs are required to have policies and procedures for the acceptance and processing of Network Provider overpayment disclosures
 - MMCOs are required to self-disclose self-identified capitation payment overpayments

Self-Disclosure Website Updates

- ❑ Included clarification about the Abbreviate Process
 - All Provider types may use this process
 - It is up to the Provider to determine if this process is appropriate for their overpayment

- ❑ Information regarding Voids & Adjustments
 - Voiding and Adjusting overpaid Medicaid claims does repay Medicaid, but does not satisfy a Provider's requirement to report and explain the overpayment to OMIG
 - Voiding and adjusting is required for claims disclosed under the Abbreviated Process, and recommended whenever possible for claims disclosed under the Full Process

Self-Disclosure Website Updates

- Additional information about potential penalties for not self-disclosing identified overpayments, or not being responsive in an existing self-disclosure
- Minor formatting updates were added to the Statement Forms and Data Forms



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**Self-Disclosure: It's the
right thing to do**



Self-Disclosure Unit Contact Information

Self-Disclosure Unit Resources and Contact Information

- ❑ Self-Disclosure web page: <https://omig.ny.gov/provider-resources/self-disclosure>
- ❑ Self-Disclosure dedicated email: selfdisclosures@omig.ny.gov
- ❑ Self-Disclosure dedicated phone line:
518-402-7030

Agency Contact Information

Agency Contact & Resource Information

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