



Medicaid Provider Compliance Reviews On Site Visits to Increase in 2011

Under New York State Social Services Law (SSL) §363-d.3 and Title 18 §521.4(a) of the New York State Codes, Rules, and Regulations (NYCRR), the Office of Medicaid Inspector General (OMIG) may visit certain types of providers to evaluate the extent to which their compliance programs comply with State law. Hospitals, home care agencies, and any other providers who provide and/or submit \$500,000 or more in claims for care, services, or supplies under Medicaid in any twelve (12) month period must have valid compliance programs in place.

Providers scheduled for an audit will receive a letter specifying the on site visit date, as well as documents and/or other information which they must make available for OMIG's review. Some of the requested materials will need to be submitted to OMIG in advance, and thus providers may wish to proactively gather them even before being told of an impending visit. Examples of information likely to be reviewed by OMIG include:

- Documents spelling out the provider's compliance program, including specific details on how the provider enforces it and protects against retribution against anyone who reports potential issues or works in the compliance department;
- Names of provider officials, including the CEO and anyone working in the compliance department (for the Compliance Officer, OMIG may require a specific job description and resume);
- Logs of provider Board and Compliance Committee meetings, along with those for investigations into potential compliance issues, and any actions taken as a result;
- Roster of any employees or contractors involved in patient care or billing activity
- Documents explaining procedures for identifying and returning overpayments received from Medicaid;
- Documents explaining procedures to handle issues such as excluded providers and patient care delivered by unlicensed persons; and
- The last two years' compliance self-assessment tools and any plans developed to correct areas deemed to require improvement.

OMIG has indicated that it will evaluate providers based on several criteria. One is the annual self-assessment tool, which can be accessed via [this link](#). Others include how well providers design and enforce their compliance programs to prevent violations of state law. Continued eligibility to provide Medicaid services in New York will depend at least in part on meeting OMIG's expectations for acceptable compliance programs.

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