A close up of a logo

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**COMPLIANCE PROGRAM SELF-ASSESSMENT FORM**

**GENERAL INFORMATION:**

This Compliance Program Self-Assessment Form may be used by providers as a tool for assessing the strengths and weaknesses of their compliance programs. Nothing contained in this form alters any statutory or regulatory requirements. In the event of a conflict between statutes and regulations applicable to the Medicaid provider and this form, the requirements of the statutes and regulations govern.

All terms and acronyms contained within the form, unless otherwise noted, shall have the same meaning as defined in Title 18 NYCRR Parts 504, 515, and 521.

* “Appropriate Compliance Personnel” includes the compliance officer and compliance staff who report directly to the compliance officer.
* “MMCO” refers to any managed care provider or managed long term care plan.

The order of the questions follows the order of requirements in 18 NYCRR SubPart 521-1.

**INSTRUCTIONS FOR COMPLETION:**

1. Complete the form electronically using Microsoft Word. The provider should have related documentation in order to indicate “Yes,” they meet the requirement.

1. If the provider is not meeting the requirement, indicate “No”, and develop and implement appropriate plans of correction to meet such requirements.
2. Providers are encouraged to add questions to the form to address specific compliance program issues that they may face. It is not recommended that providers remove questions from this form.
3. Do not send the completed Self-Assessment form to OMIG unless specifically requested by OMIG.

**FOR FURTHER INFORMATION OR QUESTIONS, CONTACT:**

OMIG’s Bureau of Compliance at [compliancereview@omig.ny.gov](mailto:compliancereview@omig.ny.gov).

**COMPLIANCE PROGRAM SELF-ASSESSMENT FORM**

**Provider Name**: Click or tap here to enter text.

**FEIN:** Click or tap here to enter number.

**Provider ID(s):** Click or tap here to enter number(s) for those required to have a compliance program.

**Person Completing the Self-Assessment Form**: Click or tap here to enter text.

**Title**: Click or tap here to enter text.

**Compliance Officer** (if different from person completing the form): Click or tap here to enter text.

**Affected Individuals:**

18 NYCRR § 521-1.2 defines Affected Individuals as all persons who are affected by the provider’s risk areas, including the provider’s employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body, and corporate officers.

18 NYCRR § 521-1.3(d) identifies risk areas to which the compliance program shall apply.

Indicate the provider’s type(s) of Affected Individuals in the following table. Click on the box next to each type to insert an X in the box to indicate Yes or No.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Types of Affected Individuals** | **Notes** |
|  |  | Employee(s) | Click or tap here to enter text. |
|  |  | Chief Executive | Click or tap here to enter text. |
|  |  | Senior Administrator(s) | Click or tap here to enter text. |
|  |  | Manager(s) | Click or tap here to enter text. |
|  |  | Contractor(s) | Click or tap here to enter text. |
|  |  | Agent(s) | Click or tap here to enter text. |
|  |  | Subcontractor(s) | Click or tap here to enter text. |
|  |  | Independent Contractor(s) | Click or tap here to enter text. |
|  |  | Governing Body Member(s) | Click or tap here to enter text. |
|  |  | Corporate Officer(s) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **REQUIRED PROVIDER DUTIES: Contractors, agents, subcontractors, and independent contractors (collectively Contractors)** | |
| **18 NYCRR § 521-1.3(c)**  (c) Contractors, agents, subcontractors, and independent contractors.  (1) Contractors, agents, subcontractors, and independent contractors are hereinafter referred to collectively, unless otherwise noted, as “contractor” or “contractors”.  (2) The required provider shall ensure that contracts with contractors specify that the contractors are subject to the required provider’s compliance program, to the extent that such contractors are affected by the required provider’s risk areas and only within the scope of the contracted authority and affected risk areas.  (3) The required provider shall ensure that such contracts include termination provisions for failure to adhere to the required provider’s compliance program requirements.  (4) The required provider is ultimately responsible for the adoption, implementation, maintenance, enforcement, and effectiveness of its compliance program. | |
| **0-1** | **18 NYCRR § 521-1.3(c)**  Do contracts with contractors, if applicable, meet the following requirements:  Yes  No 18 NYCRR § 521-1.3(c)(2), and  Yes  No 18 NYCRR § 521-1.3(c)(3)?  N/A (The provider does not have any contractors)  If you did not check “Yes” or “N/A” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **ELEMENT 1: Written policies, procedures, and standards of conduct (collectively, Policies)** | |
| **18 NYCRR § 521-1.4(a)**  (a) Written policies and procedures.  (1) General. Required providers shall have written policies, procedures, and standards of conduct. The required provider shall establish a process for drafting, revising, and approving the written policies and procedures required by this subdivision. The written policies and procedures described in this subdivision must be available, accessible, and applicable to all affected individuals.  (2) The written policies and procedures shall:  (i) articulate the required provider’s commitment and obligation to comply with all applicable federal and state standards. The required provider shall identify governing laws, and regulations that are applicable to the provider’s risk areas, including any MA program policies and procedures, as specified in subdivision (d) of section 521-1.3 of this SubPart or category of service.  (ii) describe compliance expectations as embodied in standards of conduct. The standards of conduct shall serve as a foundational document which describes the required provider’s fundamental principles and values, and commitment to conduct its business in an ethical manner.  (iii) document the implementation of each of the subdivisions under this section and outline the ongoing operation of the compliance program. Policies and procedures shall describe, at a minimum, the structure of the compliance program, including the responsibilities of all affected individuals in carrying out the functions of the compliance program.  (iv) provide guidance to affected individuals on dealing with potential compliance issues. Such guidance shall, at a minimum:  (*a*) assist affected individuals in identifying potential compliance issues, questions and concerns, set forth expectations for reporting compliance issues, and explain how to report such issues, questions, and concerns to the compliance officer; and  (*b*) establish the expectation that all affected individuals will act in accordance with the standards of conduct, that they must refuse to participate in unethical or illegal conduct, and that they must report any unethical or illegal conduct to the compliance officer.  (v) identify the methods and procedures for communicating compliance issues to the appropriate compliance personnel.  (vi) describe how potential compliance issues are investigated and resolved by the required provider and the procedures for documenting the investigation and the resolution or outcome.  (vii) include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including, but not limited to:  (*a)* reporting potential compliance issues to appropriate personnel;  (*b*) participating in investigation of potential compliance issues;  (*c*) self-evaluations;  (*d*) audits  (*e*) remedial actions  (*f*) reporting instances of intimidation or retaliation; and    (*g*) reporting potential fraud, waste or abuse to the appropriate State or Federal entities.  (viii) Disciplinary standards. Include a written statement setting forth the required provider’s policy regarding affected individuals who fail to comply with the written policies and procedures, standards of conduct, or State and Federal laws, rules and regulations.  (*a*) Such statement shall establish standards for escalating disciplinary actions that must be taken in response to non-compliance, with intentional or reckless behavior being subject to more significant sanctions. Sanctions may include oral or written warnings, suspension, and/or termination.  (*b*) The written policies and procedures shall also outline the procedures for taking disciplinary action and sanctioning individuals. Disciplinary procedures shall conform with collective bargaining agreements when applicable.  (ix) Additionally, notwithstanding the requirement under 42 U.S.C. 1396a(a)(68), which applies to entities that receive or make annual payments of at least $5,000,000 annually, all required providers shall comply with the provisions of 42 U.S.C. 1396a(a)(68) (United States Code, 2006 edition, Title 42, Chapter 7, SubChapter XIX, Government Printing Office, <https://www.govinfo.gov/content/pkg/USCODE-2006-title42/pdf/USCODE-2006-title42-chap7-subchapXIX-sec1396a.pdf>. A copy of which is available for copying and inspection at the Office of the Medicaid Inspector General, 800 North Pearl Street, 2nd Floor, Albany, NY 12204).  (x) for MMCOs, describe the MMCO’s implementation, where applicable, of the requirements of SubPart 521-2 of this Part.  (3) The required provider shall review the written policies and procedures, and standards of conduct required by this subdivision at least annually to determine:  (i) if such written policies, procedures, and standards of conduct have been implemented;  (ii) whether affected individuals are following the policies, procedures, and standards of conduct;  (iii) whether such policies, procedures, and standards of conduct are effective; and  (iv) whether any updates are required. | |
| **1-1** | **18 NYCRR § 521-1.4(a)(1) and (2)**  Does the provider have:   1. written Policies that comply with the following requirements and are applicable to all Affected Individuals:   Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(i);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(ii);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(iii);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(iv);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(v);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(vi);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(vii);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(viii);  Yes  No 18 NYCRR § 521-1.4(a)(1) and (2)(ix); and   1. an employee handbook, if applicable, that meets the following requirements:   Yes  No 18 NYCRR § 521-1.4 (2)(ix)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **1-2** | **18 NYCRR § 521-1.4(a)(3)**  Did the provider complete an annual review of its written Policies required by 18 NYCRR § 521-1.4(a)?  Yes  No  If you did not check “Yes” for the question, you should implement corrective action(s) to meet the requirement. |
| **ELEMENT 2: Compliance Officer and Compliance Committee** | |
| **18 NYCRR § 521-1.4(b)**  (b) Compliance officer. The required provider shall designate an individual to serve as its compliance officer. The compliance officer is the focal point for the required provider’s compliance program and is responsible for the day-to-day operation of the compliance program. The required provider’s designation of a compliance officer shall meet the following requirements:  (1) The compliance officer’s primary responsibilities shall include:  (i) overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness;  (ii) drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule, regulations, policies and standards, a compliance work plan which shall outline the required provider’s proposed strategy for meeting the requirements of this section for the coming year, with a specific emphasis on subdivisions (a), (d), (g), (h) of this section and, if applicable, SubPart 521-2 of this Part;  (iii) reviewing and revising the compliance program, and, in accordance with paragraph 3 of subdivision (a) of this section, the written policies and procedures and standards of conduct, to incorporate changes based on the required provider’s organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;  (iv) reporting directly, on a regular basis, but no less frequently than quarterly, to the required provider’s governing body, chief executive, and compliance committee on the progress of adopting, implementing, and maintaining the compliance program;  (v) assisting the required provider in establishing methods to improve the required provider’s efficiency, quality of services, and reducing the required provider’s vulnerability to fraud, waste and abuse;  (vi) investigating and independently acting on matters related to the compliance program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and the State; and  (vii) the compliance officer shall be responsible for coordinating the implementation of the fraud, waste, and abuse prevention program with the director and lead investigator of the MMCO’s special investigation unit pursuant to SubPart 521-2 of this Part, if applicable.  (2) The compliance officer shall report directly and be accountable to the required provider’s chief executive or another senior manager whom the chief executive may designate for reporting purposes provided, however, such designation does not hinder the compliance officer in carrying out their duties and having access to the chief executive and governing body.  (3) The responsibilities in paragraph (1) of this subdivision may be the compliance officer’s sole duties or, depending on the size, complexity, resources, and culture of the required provider and the complexity of the tasks, the compliance officer may be assigned other duties, provided that such other duties do not hinder the compliance officer in carrying out their primary responsibilities under this SubPart.  (4) The required provider shall ensure that the compliance officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program based on the required provider’s risk areas and organizational experience.  (5) The required provider shall ensure that the compliance officer and appropriate compliance personnel have access to all records, documents, information, facilities and affected individuals that are relevant to carrying out their compliance program responsibilities. | |
| **2-1** | **18 NYCRR § 521-1.4(b) and (b)(1)**  Does the provider have a designated compliance officer who is responsible for carrying out the day-to-day activities of the compliance program and whose primary responsibilities meet the following requirements:  Yes  No 18 NYCRR § 521-1.4(b)(1),  Yes  No 18 NYCRR § 521-1.4(b)(1)(i),  Yes  No 18 NYCRR § 521-1.4(b)(1)(ii),  Yes  No 18 NYCRR § 521-1.4(b)(1)(iii),  Yes  No 18 NYCRR § 521-1.4(b)(1)(iv),  Yes  No 18 NYCRR § 521-1.4(b)(1)(v),  Yes  No 18 NYCRR § 521-1.4(b)(1)(vi) and  Yes  No 18 NYCRR § 521-1.4(b)(1)(vii), if applicable?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **2-2** | **18 NYCRR § 521-1.4(b)(2)**  Does the compliance officer report directly and are they accountable to the provider’s chief executive or another senior manager as designated by the provider’s chief executive?  Yes  No  If you did not check “Yes” for the question, you should implement corrective action(s) to meet the requirement. |
| **2-3** | **18 NYCRR § 521-1.4(b)(3)**  If the compliance officer has other duties, did the provider complete an assessment to determine whether the other duties hinder the compliance officer in carrying out their primary responsibilities?  Yes  No  N/A (Compliance officer did not have other duties.)  If you did not check Yes or N/A for the requirement above, you should implement corrective action(s) to meet the requirement. |
| **2-4** | **18 NYCRR § 521-1.4 (b)(4)**  Has the provider completed an assessment to determine that the compliance officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program based on the provider’s risk areas and organizational experience?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **2-5** | **18 NYCRR § 521-1.4 (b)(5)**  Do the compliance officer and Appropriate Compliance Personnel have access to all:   1. records and documents, 2. information, 3. facilities, and 4. Affected Individuals   that are relevant to carrying out their compliance program responsibilities?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **18 NYCRR § 521-1.4(c)**  (c) Compliance committee. The required provider shall designate a compliance committee which shall be responsible for coordinating with the compliance officer to ensure that the required provider is conducting its business in an ethical and responsible manner, consistent with its compliance program. The required provider shall outline the duties and responsibilities, membership, designation of a chair and frequency of meetings in a compliance committee charter. The required provider’s designation of a compliance committee shall meet the following requirements:  (1) The compliance committee’s responsibilities shall include:  (i) coordinating with the compliance officer to ensure that the written policies and procedures, and standards of conduct required by subdivision (a) of this section are current, accurate and complete, and that the training topics required by subdivision (d) of this section are timely completed;  (ii) coordinating with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity required by this SubPart;  (iii) advocating for the allocation of sufficient funding, resources and staff for the compliance officer to fully perform their responsibilities;  (iv) ensuring that the required provider has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and  (v) advocating for adoption and implementation of required modifications to the compliance program.  (2) Membership in the committee shall, at a minimum, be comprised of senior managers. The compliance committee shall meet no less frequently than quarterly and shall, no less frequently than annually, review and update the compliance committee charter.  (3) The compliance committee shall report directly and be accountable to the required provider’s chief executive and governing body. | |
| **2-6** | **18 NYCRR § 521-1.4(c)**  Does the provider have a designated compliance committee that meets the following requirements:  Yes  No 18 NYCRR § 521-1.4(c),  Yes  No 18 NYCRR § 521-1.4(c)(1)(i),  Yes  No 18 NYCRR § 521-1.4(c)(1)(ii),  Yes  No 18 NYCRR § 521-1.4(c)(1)(iii),  Yes  No 18 NYCRR § 521-1.4(c)(1)(iv),  Yes  No 18 NYCRR § 521-1.4(c)(1)(v),  Yes  No 18 NYCRR § 521-1.4(c)(2), and  Yes  No 18 NYCRR § 521-1.4(c)(3)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **ELEMENT 3: Compliance Program Training and Education** | |
| **18 NYCRR § 521-1.4(d)**  (d) Training and education. The required provider shall establish and implement an effective compliance training and education program for its compliance officer and all affected individuals. The required provider’s compliance training and education program shall meet the following requirements:  (1) The training and education shall include, at a minimum, the following topics:  (i) the required provider’s risk areas and organizational experience;  (ii) the required provider’s written policies and procedures identified in subdivision (a) of this section;  (iii) the role of the compliance officer and the compliance committee;  (iv) how affected individuals can ask questions and report potential compliance-related issues to the compliance officer and senior management, including the obligation of affected individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program;  (v) disciplinary standards, with an emphasis on those standards related to the required provider’s compliance program and prevention of fraud, waste and abuse;  (vi) how the required provider responds to compliance issues and implements corrective action plans;  (vii) requirements specific to the MA program and the required provider’s category or categories of service;  (viii) coding and billing requirements and best practices, if applicable;  (ix) claim development and the submission process, if applicable; and  (x) for MMCOs only, the fraud, waste and abuse prevention program, as specified in SubPart 521-2 of this Part, and any applicable terms of the MMCO’s contract with the department to participate as an MMCO.  (2) The compliance officer and all affected individuals shall complete the compliance training program required by this subdivision no less frequently than annually. The training and education required by this subdivision shall be made a part of the orientation of new compliance officers and affected individuals and shall occur promptly upon hiring.  (3) Training and education shall be provided in a form and format accessible and understandable to all affected individuals, consistent with Federal and State language and other access laws, rules or policies.  (4) The required provider shall develop and maintain a training plan. The training plan shall, at a minimum, outline the subjects or topics for training and education, the timing and frequency of the training, which affected individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. | |
| **3-1** | **18 NYCRR § 521-1.4(d)(1), (3) and (4)**  Does the provider have an effective compliance training and education program for all Affected Individuals that meets the following requirements:  Yes  No 18 NYCRR § 521-1.4(d)(1)(i),  Yes  No 18 NYCRR § 521-1.4(d)(1)(ii),  Yes  No 18 NYCRR § 521-1.4(d)(1)(iii),  Yes  No 18 NYCRR § 521-1.4(d)(1)(iv),  Yes  No 18 NYCRR § 521-1.4(d)(1)(v),  Yes  No 18 NYCRR § 521-1.4(d)(1)(vi),  Yes  No 18 NYCRR § 521-1.4(d)(1)(vii),  Yes  No 18 NYCRR § 521-1.4(d)(1)(viii),  Yes  No 18 NYCRR § 521-1.4(d)(1)(ix),  Yes  No 18 NYCRR § 521-1.4(d)(1)(x) (Applicable to MMCOs only),  Yes  No 18 NYCRR § 521-1.4(d)(3), and  Yes  No 18 NYCRR § 521-1.4(d)(4)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **3-2** | **18 NYCRR § 521-1.4(d)(2)**  Do all Affected Individuals complete compliance program training, either annually or as part of orientation?  Yes  No  If you did not check “Yes” for the question, you should implement corrective action(s) to meet the requirement. |
| **ELEMENT 4: Lines of Communication** | |
| **18 NYCRR § 521-1.4(e)**  (e) Lines of communication. The required provider shall establish and implement effective lines of communication which ensure confidentiality for the required provider’s affected individuals. In designing its lines of communication, the required provider shall meet the following requirements:  (1) The lines of communication shall be accessible to all affected individuals and allow for questions regarding compliance issues to be asked and for compliance issues to be reported.  (2) The required provider shall publicize the lines of communication to the compliance officer and such lines of communication must be made available to all affected individuals and all MA recipients of service from the required provider.  (3) The required provider shall have a method for anonymous reporting of potential fraud, waste and abuse, and compliance issues directly to the compliance officer.  (4) The required provider must ensure that the confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by, MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider’s policy for non-intimidation and non-retaliation.  (5) If applicable, the required provider shall make available on its website, information concerning its compliance program, including its standards of conduct. | |
| **4-1** | **18 NYCRR § 521-1.4(e)(1), (2), (4), and (5)**  Does the provider have lines of communication in effect that meet the following requirements:  Yes  No 18 NYCRR § 521-1.4(e)(1),  Yes  No 18 NYCRR § 521-1.4(e)(2),  Yes  No 18 NYCRR § 521-1.4(e)(4), and  Yes  No 18 NYCRR § 521-1.4(e)(5)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **4-2** | **18 NYCRR § 521-1.4(e)(3)**  Does the provider have a method(s) for anonymous reporting of potential fraud, waste, abuse, and compliance issues directly to the compliance officer?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **4-3** | **18 NYCRR § 521-1.4(e)(4) and (5)**  Does the provider have lines of communication in effect that meet the following requirements:  Yes  No 521-1.4(e)(4), and  Yes  No 521-1.4(e)(5)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **ELEMENT 5: Disciplinary Standards** | |
| **18 NYCRR § 521-1.4(f)**  (f) Disciplinary standards. The required provider shall establish disciplinary standards and shall implement procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the compliance program by all affected individuals. In developing and enforcing its disciplinary standards, the required provider shall meet the following requirements:  (1) The written policies and procedures establishing, pursuant to subdivision (a) of this section, the required provider’s disciplinary standards and the procedures for taking such actions shall be published and disseminated to all affected individuals and shall be incorporated into the required provider’s training plan as set forth in subdivision (d) of this section.  (2) The required provider shall enforce its disciplinary standards fairly and consistently, and the same disciplinary action should apply to all levels of personnel. | |
| **5-1** | **18 NYCRR § 521-1.4(f)(1)**  Does the provider publish and disseminate the written Policies that establish the provider’s disciplinary standards and the procedures for taking such actions to all Affected Individuals?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **5-2** | **18 NYCRR § 521-1.4(f)(2)**  Does the provider enforce its disciplinary standards fairly and consistently with the same disciplinary action applied to all levels of personnel?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **ELEMENT 6: Auditing and Monitoring** | |
| **18 NYCRR § 521-1.4(g)**  (g) Auditing and monitoring. The required provider shall establish and implement an effective system for the routine monitoring and identification of compliance risks. The system should include internal monitoring and audits and, as appropriate, external audits, to evaluate the organization’s compliance with the requirements of the MA program and the overall effectiveness of the required provider’s compliance program. In developing its auditing and monitoring program the required provider shall meet the following requirements:  (1) Auditing. Required providers shall perform routine audits by internal or external auditors who have expertise in state and federal MA program requirements and applicable laws, rules and regulations, or have expertise in the subject area of the audit. Audits or investigations conducted by state or federal governmental entities are not considered external audits for purposes of this paragraph. The audits required by this paragraph shall meet the following requirements:  (i) Internal and external compliance audits shall focus on the risk areas [specifically, risk areas 1-10] identified in section 521-1.3 of this SubPart.  (ii) The results of all internal or external audits, or audits conducted by the State or Federal government of the required provider, shall be reviewed for risk areas that can be included in updates to the required provider’s compliance program and compliance work plan.  (iii) The design, implementation, and results of any internal or external audits shall be documented, and the results shared with the compliance committee and the governing body.  (iv) Any MA program overpayments identified shall be reported, returned and explained in accordance with the provisions of SubPart 521-3 of this Part and the required provider shall promptly take corrective action to prevent recurrence.  (2) Annual compliance program review. The required provider shall develop and undertake a process for reviewing, at least annually, whether the requirements of this SubPart have been met. The purpose of such reviews shall be to determine the effectiveness of its compliance program, and whether any revision or corrective action is required.  (i) The reviews may be carried out by the compliance officer, compliance committee, external auditors, or other staff designated by the required provider, provided however, that such other staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the compliance program they are reviewing and are independent from the functions being reviewed.  (ii) The reviews should include on-site visits, interviews with affected individuals, review of records, surveys, or any other comparable method the required provider deems appropriate, provided that such method does not compromise the independence or integrity of the review.  (iii) The required provider shall document the design, implementation and results of its effectiveness review, and any corrective action implemented.  (iv) The results of annual compliance program reviews shall be shared with the chief executive, senior management, compliance committee and the governing body.  (3) Excluded providers. In accordance with the requirements of section 515.5 of this Title, required providers shall confirm the identity and determine the exclusion status of affected individuals. In addition, MMCOs shall confirm the identity and determine the exclusion status of any other persons identified in its contract with the department to participate as an MMCO, including its participating providers and its subcontractors.  (i) In determining the exclusion status of a person required providers shall review the following State and Federal databases at least every thirty (30) days:  (*a*) New York State Office of the Medicaid Inspector General Exclusion List;  (*b*) Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entities; and  (*c*) for MMCOs only, any other list or database required by the contract between the MMCO and the department to participate as an MMCO.  (ii) Required providers shall require contractors to comply with the provisions of this paragraph. In addition, MMCOs shall require their participating providers and subcontractors to comply, where applicable, with the provisions of this paragraph.  (4) The required provider shall promptly share the results of the activities required by this subdivision with the compliance officer and appropriate compliance personnel. | |
| **6-1** | **18 NYCRR § 521-1.4(g)(1)**  Does the provider perform internal and external compliance audits which meet the requirements of 18 NYCRR § 521-1.4(g)(1)(i) and focus on the following risk areas identified in 18 NYCRR § 521-1.3(d):  Yes  No (1) billings;  Yes  No (2) payments;  Yes  No (3) ordered services;  Yes  No (4) medical necessity;  Yes  No (5) quality of care;  Yes  No (6) governance;  Yes  No (7) mandatory reporting;  Yes  No (8) credentialing;  Yes  No (9) contractor, subcontractor, agent, or independent contract oversight; and  Yes  No (10) other risk areas that are or should reasonably be identified by the provider through its organizational experience?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **6-2** | **18 NYCRR § 521-1.4(g)(1)(ii) and (iii)**  Do the provider’s audits meet the following requirements:  Yes  No 18 NYCRR § 521-1.4(g)(1)(ii), and  Yes  No 18 NYCRR § 521-1.4(g)(1)(iii)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **6-3** | **18 NYCRR § 521-1.4(g)(1)(iv)**  Are all identified Medicaid program overpayments reported, returned, and explained in accordance with 18 NYCRR SubPart 521-3; and, if applicable, does the provider promptly take corrective action to prevent recurrence?  Yes  No  **Note:** Repayment of an overpayment identified via an OMIG audit or investigation does not evidence that this requirement is met.  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **6-4** | **18 NYCRR § 521-1.4(g)(2)**  Does the provider’s annual compliance program review conducted pursuant to 18 NYCRR § 521-2.4(g)(2) meet the following requirements:  Yes  No 18 NYCRR §521-2.4(g)(2)(i),  Yes  No 18 NYCRR §521-2.4(g)(2)(ii),  Yes  No 18 NYCRR §521-2.4(g)(2)(iii), and  Yes  No 18 NYCRR §521-2.4(g)(2)(iv)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **6-5** | **18 NYCRR § 521-1.4(g)(3)**  Do the provider’s auditing and monitoring activities, that include checking the exclusion status of its Affected Individuals every 30 days, meet the following requirements:  Yes  No 18 NYCRR § 521-1.4(g)(3)(i)(a),  Yes  No 18 NYCRR § 521-1.4(g)(3)(i)(b),  Yes  No 18 NYCRR § 521-1.4(g)(3)(i)(c), and  Yes  No 18 NYCRR § 521-1.4(g)(3)(ii)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **6-6** | **18 NYCRR § 521-1.4(g)(4)**  Does the provider share the results of its auditing and monitoring activities required by 18 NYCRR § 521-1.4(g) with the:   1. compliance officer, and 2. Appropriate Compliance Personnel?   Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **ELEMENT 7: Auditing and Monitoring** | |
| **18 NYCRR § 521-1.4(h)**  (h) Responding to compliance issues. The required provider shall establish and implement procedures and systems for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of the internal auditing and monitoring conducted pursuant to subdivision (g) of this section, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with State and Federal laws, rules and regulations, and requirements of the MA program. In developing its system for responding to compliance program issues, the required provider shall meet the following requirements:  (1) Upon the detection of potential compliance risks and compliance issues, whether through reports received, or as a result of the auditing and monitoring conducted pursuant to subdivision (g) of this section, the required provider shall take prompt action to investigate the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action.  (2) The required provider shall document its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating that the required provider completed a thorough investigation of the issue. Where appropriate, the required provider may retain outside experts, auditors, or counsel to assist with the investigation.  (3) The required provider shall document any disciplinary action taken and the corrective action implemented.  (4) If the required provider identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, the required provider shall promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The compliance officer shall receive copies of any reports submitted to governmental entities. | |
| **7-1** | **18 NYCRR § 521-1.4(h)**  If potential compliance issues are detected, does the provider comply with the following requirements in 18 NYCRR 521-1.4(h):  Yes  No 18 NYCRR §521-1.4(h)(1),  Yes  No 18 NYCRR §521-1.4(h)(2),  Yes  No 18 NYCRR §521-1.4(h)(3), and  Yes  No 18 NYCRR §521-1.4(h)(4)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **7-2** | **18 NYCRR** **§ 521-1.4(h)(1)**  If the provider had a finalized OMIG audit or investigation, that resulted in overpayments, did the provider comply with the requirements of 18 NYCRR § 521-1.4(h)(1)?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **7-3** | **18 NYCRR § 521-1.4(h)(1)**  If the provider has a Self-Disclosure and Compliance Agreement with OMIG that includes plans of correction to resolve the reasons for the overpayments and prevent recurrence, did the provider implement such plans of correction?  Yes  No  N/A (the provider has no Self-Disclosure and Compliance Agreement with OMIG that includes plans of correction)  If you did not check Yes or N/A for the question above, you should implement corrective action(s) to meet the requirement. |
| **MEDICAID MANAGED CARE FRAUD, WASTE AND ABUSE PREVENTION PROGRAM REQUIREMENTS**  This section includes questions specific to MMCOs. If you are not an MMCO, you do not need to answer the following questions. | |
| **18 NYCRR § 521-2.4(a)**  (a) Compliance program. The MMCO shall adopt, implement and maintain a compliance program that satisfies the requirements of SubPart 521-1 of this Part. The MMCO shall be responsible for ensuring that the requirements of its fraud, waste and abuse prevention program are incorporated into its compliance program. Specifically, the MMCO shall:  (1) incorporate into the written policies and procedures required by subdivision (a) of section 521-1.4 of this Part, the MMCO’s policies and procedures for preventing, detecting and investigating fraudulent, wasteful or abusive activities by its participating providers, non-participating providers, contractors, agents, subcontractors, independent contractors, and any other person the MMCO or its subcontractors pay for ordering, providing, furnishing or arranging for a service to a MA program recipient. The MMCO shall also incorporate any other policies and procedures related to its obligations under this SubPart;  (2) require its designated compliance officer, as required by subdivision (b) of section 521-1.4 of this Part, to be responsible, except where noted, for implementing the requirements of this SubPart, and shall be responsible for coordinating with the MMCO’s SIU director, where applicable;  (3) include, as part of the training required by subdivision (d) of section 521-1.4 of this Part, training of all personnel involved in identifying and evaluating instances of potential fraud, waste and abuse; and  (4) include, as part of its auditing and monitoring activities as required by subdivision (g) of section 521-1.4 of this Part, the requirements of subdivision (c) of this section. | |
| **8-1** | **18 NYCRR § 521-2.4(a)**  Does the MMCO ensure that the requirements of its fraud, waste, and abuse prevention program are incorporated into its compliance program and specifically meet the following requirements:  Yes  No 18 NYCRR § 521-2.4(a)(1),  Yes  No 18 NYCRR § 521-2.4(a)(2),  Yes  No 18 NYCRR § 521-2.4(a)(3), and  Yes  No 18 NYCRR § 521-2.4(a)(4)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **18 NYCRR § 521-2.4(b)**  (b) Special investigation unit (SIU). If the MMCO has an enrolled population of one thousand (1,000) or more persons in the aggregate in any given year, the MMCO shall establish a full-time SIU to identify risk and to detect and investigate cases of potential fraud, waste and abuse, report such cases to OMIG, and electively report potential fraud to MFCU, in accordance with the provisions of this SubPart and the terms of the MMCO’s contract with the department to participate as an MMCO. The SIU must be separate and distinct from any other unit or function of the MMCO. In establishing its SIU, the MMCO shall meet the following requirements:  (1) Staffing requirements. The MMCO shall dedicate sufficient staff and resources to the SIU to effectively detect and prevent fraud, waste and abuse in the New York State MA program.  (i) The MMCO shall employ at least one full-time lead investigator and one SIU director who shall be based in the State of New York and be responsible for communicating and coordinating with OMIG or MFCU with respect to:  (a) conducting fraud, waste and abuse investigations;  (b) making fraud, waste and abuse referrals;  (c) preparing investigatory reports;  (d) investigating and remediating conflicts of interest;  (e) identifying and recovering overpayments;  (f) conducting provider terminations, education or re-education, and other related actions;  (g) implementing the fraud, waste and abuse prevention program required by this SubPart;  (h) participating in any meetings required by OMIG; and  (i) participating in any meetings required by MFCU  (ii) The MMCO shall employ at least one (1) full-time investigator per sixty thousand (60,000) enrollees, except in the case of an MLTCP, which shall employ at least one (1) full-time investigator per six thousand (6,000) enrollees. The MMCO shall employ investigators dedicated to servicing a particular county when that county on its own meets the designated investigator-to-enrollee ratio required by this paragraph. An MMCO may propose for OMIG’s consideration alternative minimum staffing levels, provided the MMCO demonstrates to OMIG’s satisfaction that its proposal would be no less effective than those required by this subparagraph and that the requirements of this SubPart can be fully met. The MMCO must apply for and receive written approval from OMIG of any alternative staffing levels prior to the implementation of any alternative minimum staffing levels. The approval or denial of any alternative staffing level proposal is at the discretion of the Medicaid Inspector General or their designee, and such approval may be rescinded by the Medicaid Inspector General or their designee with ninety 90 days’ notice.  (iii) In addition to investigators, the MMCO shall also employ or utilize existing employees who are certified coders, clinicians, data analysts, or pharmacists to support the work of the SIU.  (2) SIU investigator qualifications. Persons employed by the SIU as investigators shall be qualified by education or experience, which shall include:  (i) a minimum of five years in the healthcare field working in fraud, waste, and abuse investigations and audits, or five years of insurance claims investigation experience or professional investigation experience with law enforcement agencies, or seven years of professional investigation experience involving economic or insurance related matters;  (ii) an associate’s or bachelor’s degree in criminal justice or a related field; or  (iii) employment as an investigator in the MMCO’s SIU on or before the effective date of this SubPart.  (3) SIU work plan. No less frequently than annually, the SIU shall prepare a work plan outlining the activities that it plans to complete in the coming year. The SIU shall consider the MMCO’s risk areas, as specified in SubPart 521-1 of this Part, and organizational experience in developing the work plan. The SIU work plan may be a standalone document, or a component of its larger compliance work plan required by SubPart 521-1 of this Part.  (4) Delegation. The MMCO may delegate all or part of the functions of the SIU under this subdivision, provided, however, that it shall be no defense to enforcement of this SubPart that a subcontractor failed to provide effective service enabling the MMCO to comply with its obligations. The MMCO is ultimately responsible for meeting the requirements of this SubPart.  (i) The MMCO shall require that the subcontractor to whom it delegates the SIU function comply with all the requirements of this subdivision, and any other relevant requirements under this SubPart. The MMCO shall also require that the subcontractor cooperate fully with OMIG in any examination of the implementation of the fraud, waste and abuse prevention program required by this SubPart and provide any and all assistance requested by OMIG, the department, MFCU and any other law enforcement agency or any prosecutorial agency in the investigation of fraud, waste and abuse, and the prosecution of fraud and abuse and related crimes.  (ii) The MMCO shall review any contract for SIU functions to determine if it delegates any management authority. An MMCO shall not enter into any agreement delegating management authority except pursuant to a management contract which complies with the requirements of subdivisions (h) through (s) of section 98-1.11 of Title 10 and section 98-1.18 of Title 10.  (iii) If the MMCO enters into a management contract for all or part of its SIU function, the management contract shall be submitted to the department and OMIG, and included as part of the fraud, waste and abuse prevention plan required by subdivision (i) of this section. | |
| **8-2** | **18 NYCRR § 521-2.4(b)**  Does the MMCO’s SIU, if required, meet the following requirements in 18 NYCRR § 521-2.4(b):  Yes  No 18 NYCRR § 521-2.4(b)(1)(i),  Yes  No 18 NYCRR § 521-2.4(b)(1)(ii),  Yes  No 18 NYCRR § 521-2.4(b)(1)(iii),  Yes  No 18 NYCRR § 521-2.4(b)(2)(i),  Yes  No 18 NYCRR § 521-2.4(b)(2)(ii),  Yes  No 18 NYCRR § 521-2.4(b)(2)(iii),  Yes  No 18 NYCRR § 521-2.4(b)(3),  Yes  No 18 NYCRR § 521-2.4(b)(4)(i),  Yes  No 18 NYCRR § 521-2.4(b)(4)(ii), and  Yes  No 18 NYCRR § 521-2.4(b)(4)(iii)?  N/A (the provider was not required to have an SIU)  If you did not check “Yes” or “N/A” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **18 NYCRR § 521-2.4(c)**  (c) MMCO audits and investigations. In addition to the auditing and monitoring requirements of subdivision (g) of section 521-1.4 of this Part, the MMCO shall audit, investigate, or review cases of fraud, waste or abuse specific to its participation in the MA program, and the MMCO’s risk areas as specified in SubPart 521-1 of this Part. The MMCO shall conduct such audits, investigations or reviews in accordance with the following requirements and as specified in the contract between the MMCO and the department to participate as an MMCO:  (1) The MMCO’s SIU, if applicable, shall be primarily responsible for performing, or collaborating with and monitoring those individuals performing, such audits, investigations and reviews, and shall coordinate with the MMCO’s designated compliance officer.  (2) Such audits, investigations and reviews must involve at least one percent (1%) or more of the aggregate of MA program claims it pays to providers and subcontractors, based on the total prior year’s claims paid by the MMCO. Such audits, investigations and reviews may review claims consistent with any lookback period established in the MMCO’s contract with the Department to participate as an MMCO.  (3) Such audits, investigations and reviews must be of clinical and billing records to verify that no duplicate payments were made, appropriate services were rendered and billed, appropriate procedure codes were utilized, and accurate encounter data was reported to the department. | |
| **8-3** | **18 NYCRR § 521-2.4(c)**  Does the MMCO conduct audits, investigations, or reviews that meet the following requirements in 18 NYCRR § 521-2.4(c):  Yes  No 18 NYCRR §521-2.4(c)(1),  Yes  No 18 NYCRR §521-2.4(c)(2), and  Yes  No 18 NYCRR §521-2.4(c)(3)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **18 NYCRR § 521-2.4(d)**  (d) Reporting cases of fraud, waste and abuse. The MMCO and its subcontractors shall report all cases of potential fraud, waste and abuse to OMIG. The MMCO may also report cases of potential fraud to the MFCU. In reporting such cases, the MMCO shall comply with the terms of its contract with the department to participate as an MMCO. The reports shall be reviewed and signed by an executive officer of the MMCO responsible for the operations of the SIU. In addition, the MMCO shall include the following information when reporting potential fraud, waste and abuse to OMIG:  (1) Information about the subject of the report, including:  (i) the name of the person or provider;  (ii) the provider’s Medicaid provider ID, if applicable;  (iii) the person’s or provider’s national provider ID, if applicable;  (iv) the person’s or provider’s address;  (v) the type of provider; and  (vi) any other information requested by OMIG.  (2) The source and origin of the allegation;  (3) The date the allegation was first reported to the MMCO, or the MMCO first became aware of the allegation;  (4) A summary of the investigation, which shall be in a form and format approved by OMIG;  (5) A description of the suspected misconduct, with specific details including:  (i) the category of service;  (ii) a factual explanation of the allegation;  (iii) the specific MA program statutes, rules, regulations, and/or policies violated; and  (iv) the date(s) of the conduct.  (6) The amount the MMCO paid to the person or provider during the past three (3) years or during the period of the alleged misconduct, whichever is greater;  (7) All communications between the MMCO and the provider or person concerning the conduct at issue;  (8) The contact information for the MMCO SIU director, lead investigator, investigator(s) and staff with knowledge of the case;  (9) An estimate of the overpayment, when available; and  (10) Copies of the investigation file and related material. | |
| **8-4** | **18 NYCRR § 521-2.4(d)**  Do the MMCO’s reports of all cases of potential fraud, waste, and abuse to OMIG meet the following requirements in 18 NYCRR § 521-2.4(d):  Yes  No 18 NYCRR §521-2.4(d)(1),  Yes  No 18 NYCRR §521-2.4(d)(2),  Yes  No 18 NYCRR §521-2.4(d)(3),  Yes  No 18 NYCRR §521-2.4(d)(4),  Yes  No 18 NYCRR §521-2.4(d)(5),  Yes  No 18 NYCRR §521-2.4(d)(6),  Yes  No 18 NYCRR §521-2.4(d)(7),  Yes  No 18 NYCRR §521-2.4(d)(8),  Yes  No 18 NYCRR §521-2.4(d)(9), and  Yes  No 18 NYCRR §521-2.4(d)(10)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **18 NYCRR § 521-2.4(e)**  (e) The MMCO and its subcontractors shall immediately refer reasonably suspected criminal activity to OMIG and MFCU in accordance with the requirements specified in the MMCO’s contract with the department to participate as an MMCO. | |
| **8-5** | **18 NYCRR § 521-2.4(e)**  Do the MMCO and its subcontractors immediately refer reasonably suspected criminal activity to OMIG and MFCU?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **18 NYCRR § 521-2.4(f)**  (f) Report, return and explain. The MMCO shall establish policies and procedures in accordance with the requirements of section 363-d of the Social Services Law for its participating providers and other subcontractors to report, return and explain overpayments to the MMCO within sixty (60) days of identification. The MMCO shall promptly report all recoveries, including recoveries which result from a provider or subcontractor reporting, returning and explaining an overpayment under this subdivision:  (1) in its cost reports to the department, and in accordance with the instructions and directives of the department; and  (2) in a monthly report to OMIG in a form and format to be determined by OMIG, or as otherwise specified in its contract with the department to participate as an MMCO. | |
| **8-6** | **18 NYCRR § 521-2.4(f)**  Does the MMCO promptly report all recoveries in its:   1. cost reports to the department, and 2. monthly reports to OMIG?   Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **18 NYCRR § 521-2.4(g)**  (g) The MMCO shall develop a fraud, waste and abuse detection procedures manual for use by officers, directors, managers, personnel, and subcontractors performing claims underwriting, member services, utilization management, complaint, investigative and/or SIU services. | |
| **8-7** | **18 NYCRR § 521-2.4(g)**  Does the MMCO have a fraud, waste, and abuse detection procedures manual?  Yes  No  If you did not check Yes for the question above, you should implement corrective action(s) to meet the requirement. |
| **18 NYCRR § 521-2.4(h)**  (h) Other program integrity requirements.  (1) The MMCO shall develop a fraud, waste and abuse public awareness program focused on the cost and frequency of MA program fraud, and the methods by which the MMCO’s enrollees, providers, and other contractors, agents, subcontractors, or independent contractors can prevent it. The MMCO shall make information regarding the public awareness program available on its website.  (2) The MMCO shall make available on its website information on how and where to report, return and explain overpayments to the MMCO, in accordance with the requirements of subdivision (f) of this section. | |
| **8-8** | **18 NYCRR § 521-2.4(h)**  Does the MMCO have information available on its website that meets the following requirements:  Yes  No 18 NYCRR §521-2.4(h)(1), and  Yes  No 18 NYCRR §521-2.4(h)(2)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **18 NYCRR § 521-2.4(i)**  (i) Fraud, waste and abuse prevention plan.  (1) Within ninety (90) calendar days of the effective date of this SubPart or of signing a new contract with the department to begin participation as an MMCO, the MMCO shall develop a fraud, waste and abuse prevention plan and shall submit such plan to OMIG.  (2) The MMCO shall review and update such plan no less frequently than annually.  (3) The plan shall include:  (i) a description of the MMCO’s program for preventing and detecting fraud, waste and abuse;  (ii) a description, if applicable, of the organization of the SIU, including:  (a) titles and job descriptions of the investigators, investigative supervisors and other staff;  (b) the minimum qualifications for employment in these positions in addition to those qualifications required by this section;  (c) the geographical location and assigned territory of each investigator and investigative supervisor;  (d) the support staff and other physical resources, including database access available to the SIU; and  (e) the supervisory and reporting structure within the SIU and between the SIU and senior management of the MMCO.  (iii) If investigators employed by the unit will be responsible for investigating cases in more than one state, the plan must apportion that percentage of the investigators’ efforts that will be devoted to New York cases;  (iv) the rationale, if applicable and different from the minimum staffing levels required by subdivision (b) of this section, for the level of staffing and resources of the SIU which may include, but is not limited to, objective criteria such as the number of claims received with respect to the MMCO’s participation in the New York State MA program on an annual basis, volume of potential fraud, waste and abuse for the MMCO’s New York MA claims currently being detected, other factors relating to the vulnerability of the MMCO to fraud, waste and abuse, and an assessment of optimal caseload which can be handled by an investigator on an annual basis;  (v) a description of the roles, responsibilities and interaction between the MMCO’s:  (a) designated compliance officer responsible for carrying out the provisions of the fraud, waste and abuse prevention program and the SIU;  (b) SIU and the claims, quality, member services, utilization review, complaint procedures and underwriting functions of the MMCO for the purpose of enhancing the ability of the MMCO to detect fraud, waste and abuse and to increase the likelihood of its successful prosecution, and for the initiation of civil action when appropriate;  (c) SIU and the MMCO’s legal department; and  (d) SIU and OMIG, the department, MFCU, or other law enforcement agencies and prosecutors;  (vi) the MMCO’s policies and procedures required by paragraph (1) of subdivision (a) of this section;  (vii) the criteria the MMCO uses for the internal referral of a case to the SIU for evaluation, and the criteria the SIU utilizes for reporting cases of potential fraud, waste and abuse to the department and OMIG in accordance with subdivision (d) of this section;  (viii) a description of the specific controls in place for the prevention and detection of potential fraud, waste and abuse, including a list of any automated pre-payment claims edits and a list of any automated post-payment review of claims;  (ix) a description of the training required by paragraph (3) of subdivision (a) of this section;  (x) the timetable for the implementation of the fraud, waste and abuse prevention plan, provided however, that the period preceding implementation shall not exceed one hundred and eighty (180) calendar days from the date the MMCO executes its contract with the department to participate as an MMCO and develops its fraud, waste and abuse prevention plan pursuant to paragraph (1) of this subdivision.  (4) A fraud and abuse prevention plan developed in accordance with the provisions of section 98-1.21 of Title 10 or section 86.6 of Title 11 will satisfy the requirements of this subdivision, provided that the MMCO includes any additional information required by this subdivision. | |
| **8-9** | **18 NYCRR § 521-2.4(i)**  Does the MMCO have a fraud, waste, and abuse prevention plan that meets all the requirements of 18 NYCRR § 521-2.4(i):  Yes  No 18 NYCRR § 521-2.4(i)(1),  Yes  No 18 NYCRR § 521-2.4(i)(2),  Yes  No 18 NYCRR § 521-2.4(i)(3)(i),  Yes  No 18 NYCRR § 521-2.4(i)(3)(ii),  Yes  No 18 NYCRR § 521-2.4(i)(3)(iii),  Yes  No 18 NYCRR § 521-2.4(i)(3)(iv),  Yes  No 18 NYCRR § 521-2.4(i)(3)(v),  Yes  No 18 NYCRR § 521-2.4(i)(3)(vi),  Yes  No 18 NYCRR § 521-2.4(i)(3)(vii),  Yes  No 18 NYCRR § 521-2.4(i)(3)(viii),  Yes  No 18 NYCRR § 521-2.4(i)(3)(ix), and  Yes  No 18 NYCRR § 521-2.4(i)(3)(x)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |
| **18 NYCRR § 521-2.4(j)**  (j) Annual report. The MMCO shall on or before a date specified by OMIG, which shall be no sooner than January 31 of each calendar year, file with OMIG, in a form and format approved by OMIG, an  annual report for the preceding calendar year, demonstrating that it has satisfied the requirements of this SubPart. Such report shall, at a minimum, include:  (1) a description of the MMCO’s experience, performance and cost effectiveness in implementing the fraud, waste and abuse prevention program;  (2) the MMCO’s proposals for modifications to its fraud, waste and abuse prevention program and plan, to amend its operations, to improve performance or to remedy observed deficiencies;  (3) a summary of the MMCO’s SIU staffing;  (4) a summary of the activities of the MMCO’s subcontractors or vendors who perform audit, investigation or review functions for the MMCO;  (5) the total number of reported cases of potential fraud, waste or abuse identified by the MMCO, its subcontractor(s) or vendor(s);  (6) the MMCO’s SIU work plan for the next calendar year;  (7) results of service verification reviews as specified in the MMCO’s contract with the department to participate as an MMCO; and  (8) any other information or data that OMIG may require relevant to the requirements of this SubPart or related requirements under the MMCO’s contract with the department to participate as an MMCO. | |
| **8-10** | **18 NYCRR § 521-2.4(j)**  Does the MMCO’s annual report to OMIG, demonstrating that it satisfied the requirements of 18 NYCRR SubPart 521-2, meet the following requirements:  Yes  No 18 NYCRR §521-2.4(j)(1),  Yes  No 18 NYCRR §521-2.4(j)(2),  Yes  No 18 NYCRR §521-2.4(j)(3),  Yes  No 18 NYCRR §521-2.4(j)(4),  Yes  No 18 NYCRR §521-2.4(j)(5),  Yes  No 18 NYCRR §521-2.4(j)(6),  Yes  No 18 NYCRR §521-2.4(j)(7), and  Yes  No 18 NYCRR §521-2.4(j)(8)?  If you did not check “Yes” for each of the applicable requirements above, you should implement corrective action(s) to meet the requirements. |