

Print

New York State Office of the Medicaid Inspector General - Compliance Certification Accepted.

Thank you for certifying that you are in compliance with OMIG statutes. Please this confirmation for your records. An email will also be sent to the Compliance Officer.

Date Submitted: 2011-08-23_17:39:06

Confirmation Number: NYSOMIG-110000005608

Form: NYS OMIG CCSSL2010-1 (Revised: 12/01/2010)**Certification of Compliance with the Social Services Law Â§ 363-d and 18 NYCRR Part 521**This form permits Medicaid providers to certify that their compliance program is effective as required by NYS Social Services Law Section 363-d and 18 NYCRR Part 521.

This form **CANNOT** be used to certify that Medicaid providers meet the requirements of the Federal Deficit Reduction Act of 2005 (DRA) which establishes requirements about the False Claims Act. To determine if you must certify under the DRA, please see the material on the Federal Deficit Reduction Act by going to www.omig.ny.gov, clicking on the Compliance tab on the home page and clicking on the Certification sub tab and looking for the Federal Deficit Reduction Act material.

Corporation/Provider InformationFederal Employer Identification Number (FEIN) (SSN IF 1099): **123456789**

Corporation/Provider Name: **vbd**, hereinafter 'Provider'

Address1: **fvfv** Address2: **gvfv**

City: **fgdgdf** State: **NY** Zip Code: **12121**

Compliance Officer InformationFirst Name: **dfasd** Middle Initial: **d** Last Name: **fsdf** Suffix: **d** Title: **dsf**

Phone Number: Email Address: **steven.chartier@omig.ny.gov**

Person CertifyingFirst Name: Middle Initial: Last Name: Suffix: Title:

Phone Number: Email Address:

Certification Provider certifies that the provider and its affiliates have adopted, implemented and maintain an effective compliance program that meets the requirements of NYS Social Services Law Â§363-d and 18 NYCRR Part 521.

A provider who does not have an effective compliance program should not complete this form.

If you determine that your compliance program is not effective, you should not certify, but you must communicate to OMIG the following:

1. Identify the provider:

- the name of the provider
- the provider's Federal Identification Number ('FEIN') that the provider uses to bill Medicaid
- all Provider Numbers that provide services to Medicaid beneficiaries under the FEIN
- the name, telephone number and e-mail address of the person providing the communication to OMIG

2. The subject line on your e-mail should indicate your name and 'Unable to Certify'

3. The body of your e-mail should indicate:

- the reasons why your compliance program is not effective
- the steps you are taking to make your compliance program effective
- when you expect that you will be able to certify that your compliance program is effective.

Your communication that you are unable to certify that your compliance program is not effective should be sent via e-mail to: compliance@omig.ny.gov.
