



Certification for 2013: What Every Provider Needs to Know About Changes to the OMIG Compliance Certification Process

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Webinar # 18

Thank you

For participating in today's Webinar

OMIG's MISSION STATEMENT

Our mission is to enhance the integrity of the New York State 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.

The Fine Print

- ❑ OMIG acknowledges that this presentation contains ideas and some materials from many sources.
- ❑ OMIG assumes that you are here to learn what the right thing is, so we should try to help.
- ❑ These slides are not intended to provide legal advice; do not represent the opinion of OMIG; do not represent the opinion of CMS, OIG or any other State or federal agency; and shall not bind OMIG in any way.

Goals of Webinar #18

- ❑ Deficit Reduction Act (DRA) of 2005 Certification: Provide a high-level overview of the federal requirement on Medicaid providers to certify and how providers can meet that requirement in New York State (NYS);
- ❑ NYS's Mandatory Compliance Program Certification: Provide a high-level overview of NYS's requirement that Medicaid providers certify annually that they are meeting the mandatory compliance program obligations;
- ❑ Introduce the forms that providers must use to meet their certification requirement for 2013 (NYS) and 2013 (DRA); and
- ❑ Address any questions on New York's new certification form.

Questions on Webinar #18

- ❑ Questions can be submitted during the live presentation.
- ❑ Deadline for questions for Webinar #18 is Noon on November 25, 2013.
- ❑ Questions not submitted by the end of this session, should be sent to Elana.Andrew@omig.ny.gov before Noon on November 25th.
- ❑ OMIG will combine questions from this Webinar with FAQs from Webinar #16 and post the questions and answers on OMIG's Web site by November 27, 2013.

Federal Deficit Reduction Act of 2005

Deficit Reduction Act of 2005

Obligations

The DRA requires health care entities which receive or make \$5 million* or more in Medicaid payments during a federal fiscal year (October 1 to September 30) to do the following:

- ❑ establish written policies and procedures informing and educating their employees, contractors and agents about federal and state false claims acts and whistleblower protections.

*DRA's FAQs identify \$5 million in direct Medicaid payments received from the State for providers or for MCOs \$5 million in Medicaid payments made.

Deficit Reduction Act of 2005

Obligations (Continued)

- on or before January 1 of each year, required health care entities are required to certify:
 - that it maintains the written policies;
 - that any employee handbook includes materials, required under the DRA mandate;
 - that the materials have been properly adopted and published by the health care entity; and
 - that the materials have been disseminated to employees, contractors, and agents.

Deficit Reduction Act of 2005

Obligations (Continued)

Oversight of the DRA certification process has been a requirement of OMIG since it first went into existence in 2007.

OMIG has guidance on its Web site www.omig.ny.gov . See the Compliance tab and look for Certification.

New York State Medicaid Mandatory Compliance Program Obligations

NYS Compliance Obligations

Providers required to have compliance programs in NYS:

- ❑ subject to Public Health Law Article 28 or 36;
 - Social Services Law §363-d subd. 4 and 18 NYCRR §521.1(a)
- ❑ subject to Mental Hygiene Law Article 16 or 31; or
 - Social Services Law §363-d subd. 4 and 18 NYCRR §521.1(b)
- ❑ for which Medicaid is a *substantial portion of their business operations*.
 - Social Services Law §363-d subd. 4 and 18 NYCRR §521.1(c)

NYS Compliance Obligations (Continued)

“Substantial portion of business operations” means any of the following:

18 NYCRR §521.2(b)

- (1) Claims or orders, or has claimed or has ordered or should be reasonably expected to claim or order at least \$500,000 in any consecutive 12-month period from Medicaid; or
- (2) Receives or has received, or should be reasonably expected to receive at least \$500,000 in any consecutive 12-month period, directly or indirectly from Medicaid; or
- (3) Submits or has submitted claims for care, services or supplies to Medicaid on behalf of another person or persons in the aggregate of at least \$500,000 in any consecutive 12-month period.

Medicaid Provider Compliance Obligations

Certification Requirement

18 NYCRR §521.3:

(b) Upon applying for enrollment in the medical assistance program, and during the month of December each year thereafter, a required provider shall certify to the department, using a form provided by the Office of the Medicaid Inspector General on its Web site, that a compliance program meeting the requirements of this Part is in place.

What is New to the Annual Certification Forms for 2013?

What's New for December 2013

- ❑ Much of the data being collected is not new.
- ❑ The DRA form now has an option for Providers to identify what Federal Fiscal Year they are certifying for.
- ❑ There is a link to instructions.

How Can I Successfully Complete the Annual Certification Process?

Suggestions for a Successful and Effective Certification Process

1. Identify all Federal Employer Identification Numbers (FEIN) that you bill or receive Medicaid payments through. Some providers have multiple FEINs.
2. The certification must be made on every FEIN that bills or receives a Medicaid payment. Much of the data being obtained is not new.
3. Review your compliance program to ensure that it meets all eight elements of the NYS Social Services Law and the regulations.

Suggestions for a Successful and Effective Certification Process (Continued)

4. Assess whether your compliance program is implemented and operating.
5. Identify the appropriate person to be the certifying official:
 - NYS – someone who the compliance function reports to is ideal
 - DRA – person with oversight responsibility for the DRA requirements
6. Complete the certification early in December – do not wait until December 31.

Suggestions for a Successful and Effective Certification Process (Continued)

7. The DRA Certification is different from the SSL Certification. If you are required to complete both, there are two separate certifications required.
8. Completing certifications is an annual event.
9. If you certify and you cannot locate your confirmation page, do not recertify, request a copy by e-mail to compliance@omig.ny.gov.

New York State Office of the Medicaid Inspector General



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Report Fraud



You can help stop Medicaid fraud: Call OMIG's Fraud Hotline at 1-877-87 FRAUD (1-877-873-7283), or click [here](#) to file a complaint electronically.

Latest News

\$496 Million Identified In Home Health Medicaid Error Payments

30 October 2013

New York State identified \$496 million in Medicaid erroneous payments and recovered \$211 million fro [...]



How to Fill Out the Certification Forms Successfully

Opportunity that Annual Certification Creates

- ❑ Comply with a basic requirement

- ❑ Seek interaction with areas that compliance program applies:
 1. Billing
 2. Payment
 3. Medical necessity and quality of care
 4. Governance
 5. Mandatory reporting
 6. Credentialing and
 7. Other risk areas that are or should with due diligence be identified

18 NYCRR §521.3(a)

Opportunity that Annual Certification Creates (Continued)

- ❑ Annual assessment of a provider's compliance program
- ❑ Creation of an annual work plan and assessment of prior work plans
- ❑ Opportunity for the compliance function to interact with the Certifying Official, senior management and governing board and
- ❑ Avoid consequences of failure to certify

Consequences for Not Certifying

- ❑ Violation of statutory and regulatory requirements
- ❑ Certification history is reviewed by DMA and DMI
- ❑ Certification history is the first metric used by the Bureau of Compliance to identify providers who will become the subject of a compliance program review
- ❑ Newly enrolling Medicaid providers will not be able to complete their enrollment process with DOH
- ❑ May impact the transfer of Medicaid contracts to purchasers

Cautionary Points on Certification

- ❑ Do not make false statements on the certification forms
 - ❑ Failure to conduct a reasonable level of due diligence will likely result in false or incorrect statements being made on the certification forms
- ❑ Volumes are high. Do not wait until the very end of the certification period to certify
- ❑ Make sure that your firewalls and security settings will allow for the certification process to be completed

Reminders

- 👉 Use the correct form (SSL vs. DRA)
- 👉 Use the correct FEIN
- 👉 Certify for each FEIN in the enterprise involved in Medicaid
- 👉 For SSL, do not certify early ... wait until December
- 👉 Remember—this is an official document

Questions

- ❑ To the extent that time permits, we will take questions that have been raised during the presentation.

Other Ways to Participate with OMIG

- ❑ Compliance Program Assessment Form – Webinar #15
- ❑ *Compliance Alerts*
- ❑ Compliance Library – Best practices, enhancement opportunities and insufficiencies; forms; tools
- ❑ Bureau of Compliance dedicated e-mail address – compliance@omig.ny.gov
- ❑ Bureau of Compliance dedicated telephone number – **518-408-0401**

Other Ways to Participate with OMIG (Continued)

- ❑ More than 4,000 provider audit reports, detailing findings in specific industries
- ❑ OMIG Webinars, annual work plans, and annual reports
- ❑ New York excluded provider list
- ❑ Self-Disclosure protocol
- ❑ Corporate Integrity Agreements
- ❑ Listserv and Twitter (@NYSOMIG)
- ❑ “Like” us on Facebook

We Want to Hear from YOU

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- More than 4,000 final audit reports
- Audit protocols
- And much, much more!

How You Can Work With Us

Fraud Hotline



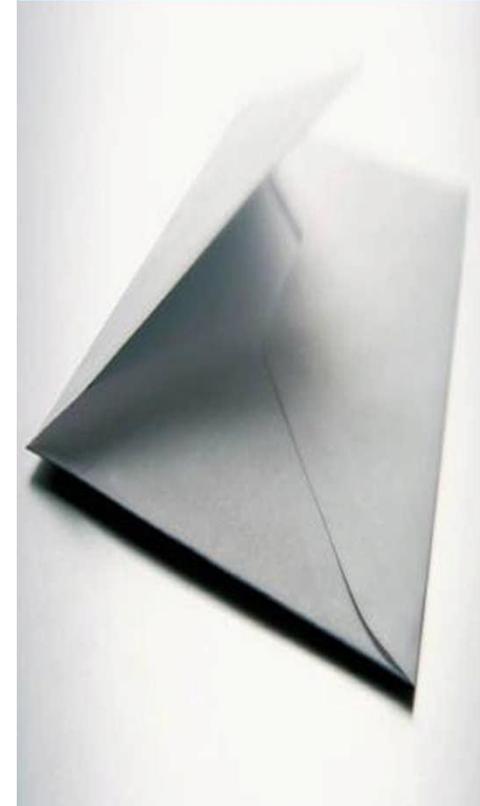
Fraud Hotline
1-877-87-FRAUD

E-mail



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U.S. Mail



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