

Frequently Asked Questions (“FAQs”)

New York State's Social Services Law ("SSL") § 363-d

(Revised: 12/1/2016)

The following FAQs address SSL § 363-d and 18 NYCRR Part 521. Section A of the FAQs address the mandatory compliance program requirements, and Section B of the FAQs address the Certification requirements in 18 NYCRR 521.3 (b) and the Certification form.

Unless an FAQ specifically refers to the Federal Deficit Reduction Act of 2005 ("DRA"), please consider the FAQ to address only New York State’s (“NYS’s”) law and regulation. The Office of the Medicaid Inspector General (“OMIG”) reserves the right to change an interpretation or direction provided in its FAQs at any time without notice.

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SECTION A—MANDATORY COMPLIANCE PROGRAM FAQs

A-1. WHAT IS NYS'S MANDATORY COMPLIANCE PROGRAM LAW FOR MEDICAID PROVIDERS?

Chapter 442 of the Laws of 2006 established OMIG and also created a new SSL § 363-d, which requires Medicaid providers to develop, adopt, and implement effective compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid program.

Regulations found in 18 NYCRR Part 521 were made effective as of July 1, 2009. Those regulations provide additional direction on how the mandatory compliance program law for Medicaid providers in NYS operates.

A-2. WHAT IS THE PURPOSE AND INTENT OF NYS'S MANDATORY COMPLIANCE LAW FOR MEDICAID PROVIDERS?

SSL § 363-d subd. 1. includes the legislative finding that:

... [Medicaid] providers may be able to detect and correct payment and billing mistakes and fraud if required to develop and implement compliance programs. It is the purpose of such programs to organize provider resources to resolve payment discrepancies and detect inaccurate billings, among other things, as quickly and efficiently as possible, and to impose systemic checks and balances to prevent future recurrences.

The purpose of directing Medicaid providers to develop and implement a compliance program is to require providers to implement and maintain appropriate systems and processes to detect and prevent fraud, waste, and abuse in the Medicaid program. This promotes program integrity in the Medicaid program and saves the Medicaid program dollars by reducing inappropriate payments and maximizing appropriate payments for covered services that are delivered to Medicaid recipients.

A-3. ARE NYS'S MANDATORY COMPLIANCE PROVISIONS RELATED TO THE DRA REQUIREMENTS?

While the mandatory compliance program requirements contained in SSL § 363-d and 18 NYCRR Part 521, and the DRA obligations found in 42 USC § 1396a (a) (68) both address program integrity, there are significant differences in the requirements and the scope of provider responsibilities.

Providers required to meet both provisions usually include the DRA requirements in their (typically more comprehensive) mandatory compliance programs that are implemented to meet the requirements of the SSL § 363-d and 18 NYCRR Part 521.

A-4. WHO MUST HAVE A COMPLIANCE PROGRAM?

NYS's mandatory compliance program law applies to Medicaid providers subject to Public Health Law ("PHL") articles 28 or 36, or Mental Hygiene Law ("MHL") articles 16 or 31.¹ In addition, a compliance program is required for other persons, providers, or affiliates who provide care, services, or supplies under the Medicaid program, or who submits claims for care, services, or supplies for or on behalf of another person for which Medicaid is, or should be reasonably expected by the provider to be, a substantial portion of their business operations.²

The first group of providers (those subject to the specified articles in the PHL or MHL) must have a compliance program under SSL § 363-d and 18 NYCRR Part 521 regardless of the amount that they bill, order, or receive from NYS's Medicaid program.

The second group of providers (those for which Medicaid is a "substantial portion of their business operations") is broken into three categories. 18 NYCRR 521.2 (b) requires a Medicaid provider to meet the mandatory compliance program obligation if the Medicaid provider:

1. is a person, provider, or affiliate that claims, orders; has claimed or ordered; or should be reasonably expected to claim or order at least \$500,000 in any consecutive 12-month period from Medicaid;
2. is a person, provider, or affiliate that receives, 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. is a person, provider, or affiliate that submits or has submitted claims for care, services, or supplies to the Medicaid program on behalf of another person or persons in the aggregate of at least \$500,000 in any consecutive 12-month period.

Please note: If a person or entity meets the requirements set out in this FAQ, they must have a compliance program that conforms to the mandatory compliance program requirements as set out in SSL § 363-d and 18 NYCRR Part 521. It is possible that a person or entity meets these requirements and may not be required to be enrolled in NYS's Medicaid program. For example, persons, providers, or affiliates that **indirectly** receive at least \$500,000 from the NYS Medicaid program during any consecutive 12-month period must conform to the mandatory compliance program obligation.

Indirect Medicaid payment is any payment or portion of a payment made under Medicaid and received from a source other than directly from the NYS Department of Health, such as, but not limited to a Managed Care Organization payment, whether or not it is in return for care, services, or supplies furnished to recipients under Medicaid.

¹ SSL § 363-d subd. 4, and 18 NYCRR §521.1 (a) and (b).

² SSL § 363-d subd. 4 and 18 NYCRR §521.1 (c).

A-5. IN MULTIPLE-PROVIDER SYSTEMS, WHO IS RESPONSIBLE FOR DEVELOPING AND MAINTAINING A COMPLIANCE PROGRAM?

Each required provider must develop, adopt, and implement an effective compliance program that is appropriate to its characteristics. Affiliated providers may operate under the umbrella compliance program of its parent organization, as long as the compliance program addresses the core requirements as set out in the law and regulation, and is specific enough to address the structure, operations, and risk areas of each affiliate.

For example, there may be an enterprise-wide compliance program for a multiple-provider health system, but the compliance program may have specific terms that seek to address individual provider types within the system. This customization will enable the enterprise's compliance program to be flexible enough to address specific compliance issues that may be more likely to arise within a particular constituent provider type than in other provider types within the enterprise.

The *Compliance Guidance* published on OMIG's website provide further explanation of how holding company structures can meet certain compliance requirements.

A-6. IS THERE AN EQUIVALENT "MULTIPLE-PROVIDER SYSTEM" APPROACH FOR NON-PUBLIC EARLY INTERVENTION ("EI"), PRE-SCHOOL, AND SCHOOL-AGE SPECIAL EDUCATION PROGRAMS?

OMIG had several discussions with non-public providers of EI and special education services including § 4410 and "853" schools, and with county officials and school districts. Given the nature of the referral and billing relationship between/with counties, districts, and these types of providers, to avoid unnecessary duplication of effort and costs to contracted providers of services, OMIG supports an approach where the county/district incorporates (covers) EI, pre-school, and school-age special education providers under the county's or district's compliance program (including, for example, the sharing of resources, such as a toll-free hotline). In such cases, OMIG would expect an appropriate written agreement detailing the respective responsibilities of the parties. Such agreements may include, be incorporated in, or be ancillary to, the contract for the provision of such services executed by the county/district and provider which includes provision for Medicaid payments and reimbursement including statements of reassignment, record maintenance, quality assurance review and liability of providers for failure to support the county/district relative to special services and programs paid by or reimbursed through Medicaid.

Other compliance-related functions performed by the county and/or district notwithstanding, OMIG assumes that EI, pre-school, and school-age special education providers will ensure an internal compliance presence by designating an employee vested with responsibility for the day-to-day operation of the compliance program and who has an understanding of the culture and operations of the provider. This employee will address issues raised by provider staff and coordinate those compliance initiatives handled by the provider in satisfaction of SSL § 363-d and 18 NYCRR § 521.3 (c)(2).

A-7. DO ALL PROVIDERS COVERED BY THE LAW, REGARDLESS OF SIZE, HAVE TO MEET THE SAME REQUIREMENTS?

The law and regulations contain a set of minimum core requirements (i.e., the Eight Elements and the requirements under each Element) that are applicable to all providers, regardless of size. However, the law also recognizes that compliance programs should reflect the provider's size, complexity, resources, and culture, as long as the compliance program meets the requirements.

A-8. WHAT MUST A COMPLIANCE PROGRAM APPLY TO?

18 NYCRR §521.3 (a) provides that compliance programs shall be applicable to:

1. billings;
2. payments;
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 by the Medicaid provider.

The application of compliance programs to Medicaid providers' operations other than just billing and payments should not be underestimated. For example, when medically unnecessary care is provided or the quality of patient care does not meet established standards, waste and abuse in the Medicaid program may be impacted.

A-9. AT A MINIMUM, WHAT MUST A COMPLIANCE PROGRAM CONTAIN?

SSL § 363-d subd. 2 and 18 NYCRR §521.3 (c) set out the following eight core elements that shall be included in all compliance programs:

1. written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved;
2. designate an employee vested with responsibility for the day-to-day operation of the compliance program; such employee's duties may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out; such employee shall report directly to the entity's chief executive or other senior administrator and shall periodically report directly to the governing body on the activities of the compliance program;

Please note: Due to the high potential for a conflict of interest to exist related to the billing and payment function for Medicaid providers, OMIG discourages a reporting structure in which the employee vested with responsibility for the day-to-day operation of the compliance program ("Compliance Officer") reports to the chief financial officer. Furthermore, although no specific NYS law or regulation addresses

this, some concerns exist with a structure in which the Compliance Officer reports to the Medicaid provider's general counsel.

3. training and education of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations, and the compliance program operation; such training shall occur periodically and shall be made a part of the orientation for a new employee, appointee or associate, executive, and governing body member;
4. communication lines to the responsible compliance position (as described in "2," above) that are accessible to all employees, persons associated with the provider, executives, and governing body members, to allow compliance issues to be reported; such communication lines shall include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified;
5. disciplinary policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assisting in their resolution and outline sanctions for: (1) failing to report suspected problems; (2) participating in non-compliant behavior; or (3) encouraging, directing, facilitating, or permitting non-compliant behavior; such disciplinary policies shall be fairly and firmly enforced;
6. a system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including internal audits and, as appropriate, external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits;
7. a system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the office of Medicaid inspector general; and refunding overpayments; and
8. a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in §§ 740 and 741 of the NYS Labor Law.

A-10. WILL OMIG PROVIDE GUIDELINES OR MODEL COMPLIANCE PLANS ON ITS WEBSITE TO ASSIST PROVIDERS?

On May 11, 2012, OMIG published the Compliance Program Guidance for General Hospitals. It can be accessed by clicking this [link](#). On May 4, 2014, OMIG published its first guidance in a series of provider-specific risk areas that can be accessed on OMIG's website at this [link](#). On October 26, 2016 OMIG published Compliance Program Review Guidance which can be accessed by clicking this [link](#).

OMIG does not anticipate issuing model compliance plans or templates. OMIG suggests that Medicaid providers review OMIG's published Compliance Guidance, Medicaid Updates, and Compliance Alerts, among other OMIG publications and outreach methods for information on how to meet NYS's mandatory compliance program requirements. There is a Compliance Library on OMIG's website

which guides providers in developing and implementing an effective compliance program. Medicaid providers are encouraged to subscribe to OMIG's listserv. The listserv provides an email notification of any changes to OMIG's website, including changes to published compliance program-related materials. The no-cost listserv subscription can be accessed by clicking this [link](#).

A-11. WILL OMIG PROVIDE ASSISTANCE TO PROVIDERS UPON REQUEST?

Yes. However, OMIG's assistance to Medicaid providers is limited to educating providers on mandatory compliance program requirements and issuing general guidance. OMIG neither assists providers in developing compliance programs nor assesses providers' compliance programs upon request. OMIG's Bureau of Compliance has a dedicated email box that providers can access using the [Contact Bureau of Compliance form](#) for specific compliance-related questions. The Bureau of Compliance's dedicated telephone number (518-408-0401) is also available for specific compliance-related questions.

A-12. HOW WILL THE MANDATORY COMPLIANCE PROGRAM LAW IMPACT PROVIDERS?

If a Medicaid provider is required to have a compliance program meeting the requirements of SSL § 363-d and 18 NYCRR Part 521, OMIG has the authority to determine, at any time, whether a provider has implemented and is operating a compliance program that satisfactorily meets the requirements of SSL § 363-d and 18 NYCRR Part 521. During December each year, at the time of enrollment in the Medicaid program, and as part of the NYS Department of Health's revalidation of a Medicaid provider's enrollment, required providers must certify that they have a compliance program that meets the requirements of the mandatory compliance program law.

A-13. WHAT ARE THE POSSIBLE CONSEQUENCES FOR FAILING TO ADOPT AND IMPLEMENT AN EFFECTIVE COMPLIANCE PROGRAM?

As of October 1, 2009, OMIG is authorized to impose sanctions or penalties against required providers who fail to develop, adopt, and implement an effective compliance program. Required providers may also face revocation of the provider's agreement to participate in the Medicaid program by the NYS Department of Health.³

A-14. IS THERE AN EXCEPTION TO THE MANDATORY COMPLIANCE LAW?

Yes, but it is not an unconditional exception. SSL § 363-d subd. 3(a) provides:

A compliance program that is accepted by the federal department of health and human services office of inspector general and remains in compliance with the standards promulgated by such office shall be deemed in compliance with the provisions of this section, so long as such plans adequately address [Medicaid] risk areas and compliance issues.

To the extent that the Department of Health and Human Services Office of Inspector General ("OIG") accepts an NYS Medicaid provider's compliance program as meeting the OIG standards and the

³ SSL § 363-d subd. 3(b).

provider's compliance program continues meeting OIG's standards, then the provider's compliance program shall be considered as meeting the requirements of SSL § 363-d so long as the compliance program adequately addresses Medicaid risk areas and compliance issues associated with NYS's compliance obligation. In order to establish OIG acceptance of an NYS Medicaid provider's compliance program, OMIG will, upon request to the provider, review evidence of the compliance program applicable to the provider's NYS Medicaid operations.

A-15. WHERE CAN I GET INFORMATION ON THE CERTIFICATION OBLIGATION UNDER THE MANDATORY COMPLIANCE LAW?

The "Compliance" tab on OMIG's website includes a section on Certification. Information is set out there and in the FAQs in Section B below.

SECTION B–COMPLIANCE PROGRAM CERTIFICATION FAQs

B-1. WHEN AND HOW DO I CERTIFY THAT I HAVE A COMPLIANCE PROGRAM MEETING NYS’S MANDATORY COMPLIANCE PROGRAM REGULATION?

Upon applying for enrollment in the medical assistance program, required providers, as defined in 18 NYCRR § 521.2, must certify that a compliance program meeting the requirements of 18 NYCRR Part 521 is in place. This can only be done electronically by completing the certification form available on OMIG’s website and by choosing the “Enrolling Providers” option at the top of the form.

In addition, during the month of December each year, required providers must certify. The certification is done by completing the certification form available on OMIG’s website and by choosing the “December Annual Certification” option on the top of the form.

Please note: OMIG accepts the annual certification if it is submitted in December. Any use of the “December Annual Certification” at any other time than December is not considered to meet the December certification requirement found in 18 NYCRR § 521.3 (b).

Each year, OMIG provides an updated online form on its website. Medicaid providers should complete the form and submit it electronically. It is recommended that, prior to completion of the certification, a Medicaid provider conducts a self-assessment of its compliance program in order to determine whether it meets the requirements of 18 NYCRR Part 521.

B-2. CAN PROVIDERS SUBMIT PAPER CERTIFICATIONS?

No. Only online certifications will be accepted.

B-3. WILL PROVIDERS RECEIVE A CONFIRMATION OF RECEIPT?

An electronic confirmation will be generated upon submission of the certification and sent via email to the email addresses of the Compliance Officer and Certifying Official. This electronic confirmation will be in the form of a printable page with a confirmation number on it. **The provider should print this confirmation page for their records and retain it as proof of certification along with the email from the Bureau of Compliance.**

B-4. WHO SHOULD SUBMIT THE CERTIFICATION (OR WHO SHOULD BE THE CERTIFYING OFFICIAL)?

Starting on December 1, 2016, OMIG requires the certification to be submitted by the Certifying Official. The certification can be completed by someone other than the Certifying Official, but the certification form must be submitted to OMIG by the Certifying Official.

The Certifying Official should be the chief executive or other senior administrator. If the Certifying Official is someone other than the chief executive, please see Compliance Guidance 2016-01, which is available at this [link](#). The Certifying Official must not be the Compliance Officer. OMIG expects that there will be two different individuals identified on the certification: one as the Compliance Officer and another as the Certifying Official.

B-5. DOES A PROVIDER HAVE TO SUBMIT A SEPARATE CERTIFICATION FOR EACH LOCATION OR PROVIDER NUMBER?

No. Since December 2010, providers have been asked to certify based on the Federal Employer Identification Number (“FEIN”) or Social Security Number (“SSN”) they use to receive Medicaid payments. OMIG’s computer systems relate provider identification numbers to the FEIN/SSN to which the payment is made based on what is reported on Medicaid claims.

If multiple provider identification numbers are associated with a single FEIN/SSN, OMIG considers the certification under that FEIN/SSN to apply to all provider identification numbers associated with the FEIN/SSN. This has the effect of committing to OMIG that all provider identification numbers under the FEIN/SSN have a compliance program that meets the statutory and regulatory requirements of the SSL § 363-d and 18 NYCRR Part 521. In most cases, there is one enterprise-level compliance program that applies to the FEIN/SSN and all related provider identification numbers, but it is possible that each provider identification number has a separate compliance program. OMIG considers the statements made in the FEIN/SSN certification to be applicable to all provider identification numbers associated with the FEIN/SSN.

B-6. IS THERE A WAY FOR A PROVIDER WITH ONE COMPLIANCE PROGRAM THAT APPLIES TO MORE THAN ONE FEIN/SSN TO CERTIFY USING A SINGLE CERTIFICATION FORM?

Yes. Starting on December 1, 2016, required providers whose compliance program applies to more than one FEIN/SSN will be able to include a listing of all the FEINS to which the compliance program applies in a single certification form. In order to use this option, all the following information on the form must be the same with no variation:

- a. Certification Category,
- b. Compliance Officer Information,
- c. Certifying Official Information,
- d. Questions on the Eight Elements, and
- e. Certification.

Please note: The compliance program must cover each FEIN/SSN to which the certification is applicable in order to use one certification form to certify for multiple FEINs/SSNs.

If any of the information needed to complete the certification in items “a.” through “e.” above varies between FEINs/SSNs, the required provider must complete a separate certification for any varying FEIN(s)/SSN(s). For example, if a compliance program covers two required providers but they use two different Compliance Officers (separate ones for each location), the required providers must complete separate certifications because the Compliance Officers are different.

B-7. IF I HAVE ONE COMPLIANCE PROGRAM THAT APPLIES TO MULTIPLE FEIN/SSNS, AM I REQUIRED TO USE ONE CERTIFICATION FORM TO CERTIFY FOR ALL THE FEIN/SSNS COVERED BY THAT COMPLIANCE PROGRAM?

No. Required providers can choose to submit a separate certification form for each FEIN/SSN even if they may otherwise qualify to submit one certification that includes multiple FEINs/SSNs.

B-8. SHOULD PROVIDERS SUBMIT A COPY OF THEIR COMPLIANCE PLAN OR SELF-ASSESSMENTS ALONG WITH THE CERTIFICATION?

No. If OMIG wishes to review a Medicaid provider's compliance program, it will specifically request a copy.

B-9. HOW DO I KNOW WHETHER MY COMPLIANCE PROGRAM IS MEETING THE REQUIREMENTS OF THE SSL § 363-D AND 18 NYCRR PART 521?

OMIG recommends that Medicaid providers conduct an annual self-assessment of their compliance programs to determine whether the required certification can be made.

Providers may use any self-assessment tool they wish to conduct the annual self-assessment, but it is recommended, though not required, that OMIG's [Compliance Program Assessment Form](#) be used.

Please note: If a provider decides to use OMIG's Compliance Program Assessment Form as a form of self-assessment, it should not be submitted to OMIG for review.

B-10. WHO IS RESPONSIBLE FOR DETERMINING WHETHER A REQUIRED PROVIDER'S COMPLIANCE PROGRAM MEETS THE REQUIREMENTS OF THE SSL § 363-D AND 18 NYCRR PART 521?

For certification purposes, the Medicaid provider is responsible for determining whether it has a compliance program that meets the requirements of the SSL §363-d and 18 NYCRR Part 521. This decision is an important one that should be made after due deliberation on the facts and circumstances surrounding the implementation and operation of the compliance program.

B-11. WHAT IF I AM A REQUIRED PROVIDER ENROLLING AS A MEDICAID PROVIDER AND CANNOT CERTIFY TO HAVING A COMPLIANCE PROGRAM THAT MEETS THE MANDATORY COMPLIANCE PROGRAM REQUIREMENTS?

If you are a required provider enrolling in the Medicaid program and cannot certify that you have in place a compliance program required by the SSL § 363-d and 18 NYCRR Part 521, you should develop, document, and implement a compliance program that meets the requirements of the SSL § 363-d and 18 NYCRR Part 521, and then recommence the certification process.

B-12. AM I REQUIRED TO CERTIFY THAT I HAVE A COMPLIANCE PROGRAM IN CONNECTION TO THE DEPARTMENT OF HEALTH ("DOH") REVALIDATION PROCESS?

For those required providers (as defined in 18 NYCRR § 521.2) who must have a compliance program, DOH requires submission of evidence that required providers have met the mandatory compliance program certification obligation. DOH is asking revalidating providers to submit evidence of the certification that was received during the prior December certification period. If a required provider going through DOH's revalidation process did not certify in the prior December or in December was not considered a required provider but is required to have a compliance program at the time of revalidation, the revalidating Medicaid provider should complete the online certification form and choose the "Revalidating Provider" option at the top of the form.

B-13. IF, DURING THE YEAR FOLLOWING MY CERTIFICATION, THE NAME OF MY COMPLIANCE OFFICER OR OTHER INFORMATION SUPPLIED ON THE CERTIFICATION FORM CHANGES, CAN I UPDATE THE INFORMATION ON MY CERTIFICATION?

No. The information on the SSL Certification form cannot be updated until the next certification cycle the following December.

B-14. IF I COMPLETE THE SSL CERTIFICATION FORM AND DISCOVER THAT I MADE A MISTAKE, HOW CAN I CORRECT THE INFORMATION SUBMITTED?

Currently, OMIG does not have a method to correct the information supplied on the certification once it is submitted. The information on the SSL Certification form cannot be corrected until the next certification cycle the following December.

B-15. WHAT IS THE CONSEQUENCE OF A PROVIDER'S FAILURE TO CERTIFY?

Failure to certify may result in a denial of Medicaid enrollment. If required providers do not certify upon enrollment or annually each December, they will be deemed to be failing to meet their statutory and regulatory obligations as providers under the Medicaid program, and may be subject to administrative sanctions which range from a censure to termination of the provider's enrollment as a Medicaid provider. The Bureau of Compliance uses certification history as a metric to identify providers that may be subject to compliance program reviews.

B-16. ARE THERE ANY OTHER CERTIFICATIONS THAT I MUST SUBMIT TO OMIG ANNUALLY?

There are separate forms for the SSL and DRA certifications. The DRA applies to providers who receive or make payments of over \$5 million annually from the Medicaid program. Please refer to the [Federal Deficit Reduction Act FAQs](#) for additional information on DRA requirements.

B-17. WHO DO I CALL IF I HAVE QUESTIONS ABOUT THE SSL § 363-D AND 18 NYCRR PART 521 REQUIREMENTS OF A COMPLIANCE PROGRAM?

Address questions to compliance@omig.ny.gov and please state in the subject line that you have a compliance program question. You can also call the Bureau of Compliance's dedicated telephone number (518-408-0401).