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# NYS OPWDD's MEDICAID COMPLIANCE PROGRAM 2013



## Annual Refresher Training



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### Medicaid Compliance Program

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#### **Course Overview**

Welcome to your annual Medicaid Compliance Program Training!

- Medicaid providers such as OPWDD are required to develop compliance programs aimed at detecting fraud, waste and abuse in the Medicaid Program.
- This course serves as an annual refresher of what we can do to promote a public service culture at OPWDD based on established standards and rules of good ethical conduct. The course will review the responsibilities we all have under Federal and New York State Law.
- This course is required for all OPWDD employees.



## Medicaid Compliance Program

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### Course Instructions

- Please review the following information and then answer the scenario-based questions to successfully complete this course.
- You will be required to enter in your personal information on the electronic form after you have successfully answered all the questions.
- If you have any questions, or problems completing this online course, please contact OPWDD's Talent Development and Training Unit at (518) 473-1190.



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## Medicaid Compliance Program

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### Course Objectives

Upon successful completion of this training, you will have a better understanding of:

- The importance of Medicaid Compliance to the continued vitality of OPWDD's State Operated programs and the people we serve.
- The Eight (8) Elements of OPWDD's Medicaid Compliance Program.
- Your role in strengthening the system, including how to identify fraud, waste and abuse.
- What to do if you do discover a problem, and how you are protected under the law when reporting Medicaid misconduct.



## Medicaid Compliance Program

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Before we get started, some things to think about:

- OPWDD receives money from Medicaid for the programs and services that are provided to individuals with developmental disabilities in New York State.
- This money helps people live richer lives – through the set of services that are right for each of them.
- This money also funds the staff who provide these services.
- Proper compliance and accurate documentation are important requirements for accurate billings to the Medicaid system.



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## Medicaid Compliance Program Strategy

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OPWDD's Medicaid Compliance Program is a comprehensive strategy to ensure:

- Claims submitted to Medicaid are consistently accurate
- OPWDD employees comply with the applicable laws, policies and regulations, and payor requirements.
- OPWDD services are delivered in an appropriate manner to persons who are eligible for such services consistent with programmatic standards.



- The law requires all OPWDD employees to receive periodic training to make sure they stay updated on compliance laws that affect our operations and the people we serve.
- This course contains important information on how to identify fraud, waste and abuse, what to do if you do discover a problem and how you are protected under the law in reporting suspected instances of Medicaid misconduct.



## OMIG Model Compliance Program Chapter 442 of the Laws of 2006

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**OPWDD is considered a Medicaid provider for the services it delivers in State-operated programs.**

Since OPWDD provides services through the State Operations Offices, OPWDD must adopt, implement and maintain an effective compliance program that meets the requirements of the law.

Every December, the Commissioner must certify to the OMIG that OPWDD (State Operations) has adopted, implemented, and maintains an effective compliance program that meets the requirements of NYS Social Services Law §363-d and NYS Regulations 18 NYCRR Part 521.



## Fraud, Waste & Abuse

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As an employee of OPWDD, it is your responsibility to be aware of Medicaid fraud, abuse, and waste.

- **Fraud** – Intentional misrepresentation, omission or concealment calculated to deceive (for example, OPWDD employee fills out a form saying that he or she provided services to an individual on a particular day, when the employee did not provide any services to that individual on that day)
- **Abuse** – Long term unintentional misrepresentation (for example, OPWDD inadvertently bills at a higher fee or for a service provided by staff who lied about his or her credentials).
- **Waste** – Overuse of services or the misuse of resources (for example, OPWDD does not follow State bidding process and pays inflated price for goods).



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## Examples of Improper Billings

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It is crucial that documentation for services provided is done properly. Failure to complete documentation accurately may meet the definition of improper documentation and may result in unsupported billings.

### Improper Documentation:

- Billing for services not performed or not documented.
- Documentation missing or falsified.
- Duplicate billing for the same services and/or overlapping service times.

Example:

An individual is in the hospital, but the DDSOO continues to enter day program information in OPWDD's Tracking and Billing system (TABS) that triggers Central Office billing for day services the individual did not attend.



## Examples of Improper Billings

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### **Staffing**

OPWDD and provider agency employees may not provide services paid for by Medicaid if their names appear on Medicaid excluded provider lists, or if they do not have appropriate credentials to provide such services.



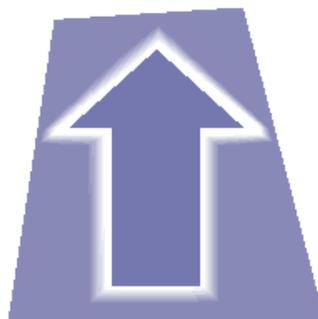
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## Examples of Improper Billings

**Upcoding** is the term used when billing for a higher payment level than the service merits.

- It can result from a system of always billing for IRA Residential Habilitation (Res Hab) for a full month for all individuals without verification and documentation.
- For supervised IRA Res Hab, for example, a full month must include 22 countable days, not 20 or 21.



## Medicaid Compliance Program Minimum Requirements (8 Elements)

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The following eight elements are the minimum requirements for an effective Medicaid Compliance Program:

1. A designated employee with the responsibility for the day-to-day operation of the Compliance Program.
2. Written policies and procedures.
3. Training and education for all employees.
4. Open communication lines to the employee responsible for operating the Compliance Program



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## Medicaid Compliance Program Minimum Requirements (8 Elements)

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5. Disciplinary policies to encourage good faith participation in the Compliance Program.
6. System for routine identification of compliance risk areas.
7. System for responding to compliance issues as they are raised.
8. Policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program.



# The Eight (8) Elements of OPWDD's Compliance Program

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## 1. Compliance Officer

- Helene DeSanto, Deputy Commissioner for the Division of Service Delivery, was appointed to serve as our Medicaid Compliance Officer effective October 1, 2011.
- Ms. DeSanto is responsible for the day-to-day operation of OPWDD's Medicaid Compliance Program.



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# The Eight (8) Elements of OPWDD's Compliance Program

## 2. Written Policies and Procedures

OPWDD has written policies and procedures that assist with understanding the specific requirements of OPWDD's Compliance Program. The policy describes compliance expectations and provides guidance to employees on dealing with compliance issues including how to report.

The policies and procedures also identify what constitutes a "false claim," as well as what our individual roles are in helping to catch and respond to potential compliance problems.



## “False Claims”

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There are federal and State False Claims Acts. These laws make it illegal to submit a false claim to the government. OPWDD and OPWDD employees are subject to these laws. A false claim exists if a person says something that is not true (by putting it on paper or into a computer), and this results in a Medicaid payment, and the person knew, or should have known, that the information was not true. Examples of false claims are:

- A person submits a bill to Medicaid for services that he or she knows were not provided.
- A person uses false statements or records to get more money from the Medicaid Program.
- An IRA submits a claim for a full month of residential habilitation services although only enough countable service days were provided to substantiate a half month claim.



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## Eight (8) Elements of OPWDD’s Compliance Program

### **3. Training & Education for all OPWDD Employees and associated persons**

OPWDD requires that all employees are subject to receive:

- Initial orientation training within 90 days of hire (new employees).
- Periodic training and education on our Medicaid Compliance program operation (provided annually).



## Eight (8) Elements of OPWDD's Compliance Program

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### 4. Lines of Communication

OPWDD's Medicaid Compliance Program:

- Encourages questions and reporting.
- Allows compliance issues to be reported various ways, including supervisors, to the OMIG, the Info-Line and to Medicaid Compliance Officer.
- Publicizes the “when” and “how” to report compliance matters and ensures this information is accessible to all.
- Includes a method of anonymous and confidential reporting of compliance issues (Info-Line).



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## Ways to Report Misconduct

**As an OPWDD employee, if you suspect Medicaid misconduct, you should report it to one of the following:**

- Your immediate supervisor or manager
- OPWDD Information Line
- OPWDD Medicaid Compliance Officer - (Helene DeSanto)
- [Medicaid.Compliance@opwdd.ny.gov](mailto:Medicaid.Compliance@opwdd.ny.gov)
- NYS Office of Medicaid Inspector General [www.omig.ny.gov](http://www.omig.ny.gov)



## Eight (8) Elements of OPWDD's Compliance Program

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### 5. Disciplinary Policies and Procedures

- OPWDD encourages good faith participation in the Medicaid Compliance program.
- OPWDD describes steps to be taken if errors and/or fraud are discovered. (Found on the Intranet in the Medicaid Compliance Section).
- OPWDD ensures just and proper cause for discipline, and that any discipline must be fairly and consistently applied



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## Eight (8) Elements of OPWDD's Compliance Program

### 6. System for Routine Identification of Compliance Risk Areas

OPWDD has developed internal monitoring and review systems to:

- Check employee credentials.
- Screen against Medicaid excluded provider lists.
- Conduct periodic self-assessments including service documentation reviews to ensure compliance with billing requirements.
- Evaluate internal controls.



## Eight (8) Elements of OPWDD's Compliance Program

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### 7. Responding to Medicaid Compliance Issues as They are Raised

OPWDD requirements:

- All credible allegations need to be investigated and acted upon in accordance with the OPWDD Compliance Plan.
- Immediate and appropriate measures should be taken to protect health and safety.
- New procedures and systems should be implemented as necessary to reduce the potential for reoccurrence.
- A system for voiding claims or refunding overpayments is in place.



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## Eight (8) Elements of OPWDD's Compliance Program

### 8. Non-intimidation and Non-retaliation Policies for Reporting Violations of the Medicaid Compliance Program

- OPWDD has a policy of non-intimidation and non-retaliation for good faith participation in the compliance program
- OPWDD publicizes when and how to report suspected violations of the Medicaid Compliance Program. (Found on the Intranet in the Medicaid Compliance Section and Employee Handbook).
- OPWDD applies disciplinary action uniformly to all staff who intimidate or retaliate against employees who in good faith report suspected violations of the Medicaid Compliance program





## Reporting Medicaid Misconduct

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OPWDD employees who have knowledge of...

1. Violations of law or OPWDD policy
2. Operating procedures or conduct which could be characterized as:
  - Fraud
  - Waste
  - Abuse

**...have a duty to report what they know as soon as possible!**



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## Reporting Medicaid Misconduct

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OPWDD investigates all reported complaints of misconduct, fraud, waste and abuse on the part of any OPWDD employee.

A “whistleblower” who reports an incident of suspected Medicaid misconduct has protection from possible retaliation by his or her employer or fellow employees.

For more information on these protections, please visit the link from the Employee Handbook, or the Medicaid Compliance Program section of the OPWDD Intranet.



## Understanding Misconduct

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Employees should understand that they may be subject to disciplinary or other corrective administrative action if they commit misconduct in the following areas:

- Failing to treat individuals OPWDD serves with respect and dignity and provide care that is necessary and appropriate, in a manner that preserves the individual's rights and involvement in their own plan of care as much as possible, in compliance with the provisions of 14 NYCRR 633.
- Engaging in acts of verbal, physical, psychological or sexual abuse, mistreatment or neglect as set forth in 14 NYCRR 624.
- Failing to timely report allegations of suspected abuse or neglect.
- Failing to comply with all current OPWDD policies, procedures, administrative memoranda, accounting rules and internal controls.
- Filing any false, fictitious, or fraudulent statements or documents in connection with the delivery of, or payment for, health care benefits, items, or services.
- Failing to accurately, timely and honestly document the provision of all services and transactions.



## Ways to Report Misconduct

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**As an OPWDD employee, if you suspect Medicaid misconduct, you should report it to one of the following:**

- Your immediate supervisor or manager
- OPWDD Information Line
- OPWDD Medicaid Compliance Officer - (Helene DeSanto)
- [Medicaid.Compliance@opwdd.ny.gov](mailto:Medicaid.Compliance@opwdd.ny.gov)
- NYS Office of Medicaid Inspector General [www.omig.ny.gov](http://www.omig.ny.gov)



## OPWDD Information Line

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The OPWDD Information Line registers and manages all agency complaints and concerns.

This reporting tool is designed to accept telephone calls or online reporting. Employees may include their name, or may report anonymously.

**1-866-946-9733 or 1-866-933-4889 (TTY)**

The link can be found on the homepage of the OPWDD Intranet.



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## OPWDD Compliance Officer

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To contact the OPWDD Medicaid Compliance Officer:

Helene DeSanto  
Deputy Commissioner, Division of Service Delivery

NYS OPWDD  
44 Holland Ave  
Albany, NY 12229

Email: [Medicaid.Compliance@opwdd.ny.gov](mailto:Medicaid.Compliance@opwdd.ny.gov)



## Applying Your Knowledge

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Welcome to the quiz section of this course. You will need to select the correct answer for each of the following questions. When you select the correct answer you will automatically advance to the next question. Please click the “next” button below to continue.



### Question #1

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Our required Compliance program, must at a minimum, meet how many elements of the regulation, to be considered effective?

- 5
- 3
- 8
- 7



## Question #2

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Since OPWDD is considered a Medicaid provider for State-operated programs, the agency is exempt from the Medicaid Compliance Program.

- True
- False



## Question #3

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Who is responsible for reporting suspected instances of Medicaid fraud, waste and abuse?

- Medicaid Compliance Officer
- Supervisors
- Employees
- All of the above



## Question #4

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Who should I report suspected Medicaid fraud, waste, or abuse to?

- To my supervisor or manager
- To the Medicaid Compliance Officer
- To the OPWDD Information Line
- Any of the above



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## Question #5

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All new employees must receive initial training on Medicaid Compliance within what period of time?

- 15 days
- 60 days
- 90 days
- one year



## Question #6

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What is an example of a false claim?

- a. A claim is submitted for a service that someone knows was not provided.
  - b. A claim is submitted to obtain more money from the Medicaid program than someone is entitled to, and then uses false statements or records in order to retain that money.
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- only choice (a.)
  - only choice (b.)
  - Both (a.) and (b.)



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## Question #7

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A “whistleblower” has protection from possible retaliation by his or her employer or fellow employees.

- True
- False



## Question #8

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OPWDD must certify to the OMIG annually, as to the "effectiveness" of our compliance program.

- True
- False

