



Office of the  
Medicaid Inspector  
General

# Overview of Amendments to 18 NYCRR Part 521 Compliance Program Requirements

Managed Care Policy and Planning Meeting  
February 9, 2023

# Part 521

- ❑ Adopted on December 28, 2022
- ❑ Self-disclosure requirements became effective with adoption (12/28/22)
- ❑ Compliance/MMCO: within ninety (90) days of the effective date of the regulation (3/28/2023), providers/MMCOs are required to have a satisfactory compliance program in place that meets new requirements. Failure to do so may be subject to any sanction or penalty authorized by law.
- ❑ A copy of SubPart 521-1 is available on OMIG's website at:  
[Laws and Regulations | Office of the Medicaid Inspector General \(ny.gov\)](#)

# Guidance Materials

# 18 NYCRR Part 521 Guidance Materials

- ❑ Assist providers who must adopt and implement programs designed to detect, prevent, report, and correct incidents of fraud, waste, and abuse in the Medicaid program
- ❑ Guidance materials are intended to assist the providers in understanding and implementing the statutory and regulatory requirements. In the event of a conflict between statements in the guidance and either statutory or regulatory requirements, the requirements of the statutes and regulations govern.

# MMCO

# Outcomes

- ❑ Recognizes key role MMCOs play in the Program integrity (PI) effort
- ❑ Promotes collaboration and partnership with OMIG in program integrity efforts as currently exists with fraud, waste and abuse reporting
- ❑ Builds on existing, long-standing MMCO compliance and reporting requirements
- ❑ Aligns requirements and creates consistency across both mainstream and long term care plans

# MMCO Risk Areas

- ❑ Compliance programs for MMCOs must apply to the following risk areas:
  - Compliance with contract
  - Cost reporting
  - Encounter data submission
  - Network adequacy & contracting
  - Provider & subcontractor oversight
  - Under-utilization
  - Marketing
  - Provision of medically necessary services
  - Payments & claims processing
  - Statistically-valid service verification

# Key Components

- ❑ Incorporate fraud, waste, and abuse prevention programs into compliance programs
  - ❑ Interconnections between 521-1 and 521-2
- ❑ SIU Requirements
  - ❑ Staffing
- ❑ Contractual requirements
- ❑ FWA reporting
- ❑ FWA public awareness program



# MMCO Resources and Contact information

- ❑ Guidance: Medicaid Managed Care Fraud, Waste, and Abuse Prevention Programs:

<https://omig.ny.gov/information-resources/medicaid-managed-care-fraud-waste-and-abuse-prevention-programs-guidance-and>

- ❑ [Compliance Program Guidance](#)

- ❑ Medicaid Managed Care Fraud, Waste and Abuse Prevention Program email: [bmfa.mco@omig.ny.gov](mailto:bmfa.mco@omig.ny.gov)

# Compliance Programs



# Compliance Programs

- ☐ Definitions established
- ☐ Contractual requirements
- ☐ Written policies and procedures
- ☐ Defined responsibilities (compliance officer, etc.)
- ☐ Management-level compliance committee
- ☐ Communications and transparency requirements
- ☐ Training requirements
- ☐ Auditing and monitoring requirements
  - Provider/MMCO-generated annual compliance program review
  - Responding to Compliance Issues
- ☐ Report, return and explain requirements

# Risk Areas

A compliance program must apply to the provider's risk areas that include:

- Billings
- Payments
- Ordered services
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contractor oversight
- Other risk areas identified by provider through its organizational experience

# Compliance Program Review Process

- ☐ Provider notification
- ☐ Review period look back
- ☐ OMIG review of the Module completed by the provider and all records, reports, other documentation, and information submitted
- ☐ Notification of results issued to provider

# Module and Scoring Mechanism

- ❑ A score is calculated for each month of the review period
- ❑ The score determines whether the provider's compliance program satisfactorily met the requirements for all months of the review period
- ❑ Average score percentages:
  - ≥ 60% is satisfactory
  - < 60% is unsatisfactory and may result in enforcement (i.e., monetary penalties)

# Sanctions and Penalties

- ❑ Per SOS § 363-d(3)(c-d), if the provider does not have a satisfactory program, the provider may be subject to any sanctions or penalties permitted by federal or state laws and regulations, including revocation of the provider's agreement to participate in the Medicaid program
- ❑ 363-d(3)(d) specifies the amounts of the penalty

# Plans of Correction:

- ❑ Providers should identify and implement corrective actions in all areas identified by OMIG as needing improvement.
- ❑ Implementation of corrective actions may not be immediately reviewed by OMIG, but failure to implement requested corrective action could subject a provider to further sanctions associated with a future review.



# Compliance Resources

- ❑ The Compliance Library [Compliance Library | Office of the Medicaid Inspector General \(ny.gov\)](#) on OMIG's website contains:
  - [Compliance Program Guidance](#)
  - *General Compliance Guidance and Resources*
  - *Compliance-Related Laws and Regulations*

# Compliance Resources

- ❑ Bureau of Compliance dedicated email address:

[compliance@omig.ny.gov](mailto:compliance@omig.ny.gov)

- ❑ Bureau of Compliance dedicated telephone number:

**(518) 408-0401**

# Self-Disclosure Programs



# Self-Disclosure Programs

- ☐ Signature requirements
- ☐ Requests for additional information and/or data
- ☐ Self-Disclosure and Compliance Agreement

# Self-Disclosure Resources and Contact information

☐ Guidance: Self-Disclosure

<https://omig.ny.gov/provider-resources/self-disclosure>

☐ Self-Disclosure email: [selfdisclosures@omig.ny.gov](mailto:selfdisclosures@omig.ny.gov)



# Outreach and Next Steps

- ❑ Statewide presentations – conferences, smaller groups
- ❑ Webinars and ongoing updates on OMIG website
- ❑ Open communication with provider community and MMCOs
- ❑ Compliance Program Reviews

# OMIG Contact Information

- ❑ OMIG: 518-473-3782
- ❑ Website: [www.omig.ny.gov](http://www.omig.ny.gov)
- ❑ Medicaid Fraud Hotline: 877-873-7283
- ❑ Join our [listserv](#)
- ❑ Follow us on Twitter: @NYSOMIG
- ❑ Dedicated e-mail: [information@omig.ny.gov](mailto:information@omig.ny.gov)
- ❑ Bureau of Medicaid Fraud Allegations:  
[bmfa@omig.ny.gov](mailto:bmfa@omig.ny.gov)



# Questions