

Managed Care Model Contract Revisions – Program Integrity

NYS Office of the Medicaid Inspector General
NYS Attorney General Medicaid Fraud Control Unit

Managed Care Policy and Planning Meeting

June 12, 2014

Appendix R

20. Compliance Program

Contractor shall require Participating Providers who claim, order, or are paid \$500,000.00 per year from the Medical Assistance Program, including, in the aggregate, claims submitted to or paid directly by the Medical Assistance Program and/or claims submitted to or paid by any Contractor under the MMC Program, shall adopt and implement a compliance program which meets the requirements of New York State Social Services Law § 363-d(2) and 18 NYCRR § 521.3.

Appendix R

21. Compliance Program Certification

Participating Providers subject to the requirements of Section 20 of Appendix R of this Agreement shall certify to the SDOH within 30 days of its entering into a Provider Agreement with the Contractor, if they have not so certified within the past year, that a compliance program meeting the requirements of 18 NYCRR § 521.3 and Social Services Law § 363-d(2) is in place, and shall recertify during the month of December each year thereafter using a form provided by OMIG on its website.

Section 18

18.1 General requirements

a) The contractor must maintain a health information system that collects, analyzes, integrates and reports data. The system must provide information on areas, including but not limited to, utilization, amounts paid to providers, Pharmacy Benefit Managers, and subcontractors relating to patient care services, and medical supplies, Complaints and Appeals and Disenrollments for other than loss of Medicaid or FHPlus eligibility. The system must be sufficient to provide the data necessary to comply with the requirements of this Agreement.

Section 18

18.1 General Requirements

b) The Contractor must take the following steps to ensure that data received from Participating Providers is accurate and complete; verify the accuracy and timeliness of reported data; screen the data for completeness, logic and consistency; and collect utilization data in standardized formats as requested by SDOH. The Contractor must also take the following steps to reasonably ensure that data received from Non-Participating Providers is accurate and complete; verify the accuracy and timeliness of reported data; screen the data for completeness, logic and consistency; and collect utilization data in standardized formats as requested by SDOH.

Section 18

18.5 Reporting Requirements

(a)(iv) Encounter Data:

A) The Contractor shall prepare and submit encounter data ~~on a monthly~~ biweekly (twice a month) basis to SDOH through SDOH's designated Fiscal Agent. Each Contractor is required to have a unique identifier including a valid MMIS Provider Identification Number. Submissions shall be comprised of encounter records or adjustments to previously submitted records, which the contractor has received and processed from provider encounter or claim records of all contracted services rendered to the Enrollee in the current or any preceding months.

Biweekly (twice a month) ~~Monthly~~ submissions must be received by the Fiscal Agent in accordance with the time frames specified in the Medicaid Encounter Data (MEDS III) Data Element Dictionary as posted on the Health Commerce System (HCS) to assure the submission is included in the Fiscal Agent's ~~monthly~~ biweekly (twice a month) production processing. The Contractor shall submit an annual notarized attestation that the encounter data submitted through the designated Fiscal Agent is, to the best of the Contractor's information, knowledge and belief, accurate and complete. The encounter data submission must comply with the Medicaid Encounter Data (MEDS III) Data Element Dictionary and shall include the name and provider number of any ordering, referring, prescribing or attending physician/other professional. Generic Provider IDs set forth in MEDS III Data Element Dictionary shall be used only when specific Provider IDs remain unknown after reasonable inquiry. NPI numbers of providers not enrolled in Medicaid must be reported.

Section 18

18.5 Reporting Requirements

(a)(iv) Encounter Data:

B) The Contractor shall submit pharmacy data in Medicaid Encounter Data (MEDS) format through SDOH's designated Fiscal Agent on a ~~weekly~~ daily basis and the Fiscal Agent will include this in its daily production processing. Effective September 20, 2012, pharmacy data must include a prescription serial number or a code consistent with the requirements in the MEDS III Data Element Dictionary.

Section 18

18.5 Reporting Requirements

(a)(iv) Encounter Data:

C) The Contractor shall report the amount paid by a PBM for pharmaceutical services, where such services are paid on a fee-for-service basis. Where the PBM pays a derived amount for pharmaceutical services the Contractor shall enter the required code and derived amount in the encounter.

Section 18

18.5 Reporting Requirements

(a)(iv) Encounter Data:

D) Contractor shall ensure to the best of the Contractor's knowledge, information and belief that all required encounter data fields are submitted to the Fiscal Agent and are populated with accurate and complete data.

Section 18

18.5 Reporting Requirements

(a)(iv) Encounter Data:

E) The Contractor shall maintain information as to the ordering/referring, prescribing or attending professional relating to an encounter and the Contractor shall report such ordering/referring, prescribing or attending professional information via data provided to the Fiscal Agent in accordance with Sections 18.5(a)(iv)(A) and 18.5(a)(iv)(B) of this Agreement.

Section 18

18.5 Reporting Requirements

(a)(iv) Encounter Data:

F) The Contractor shall report the NYS provider license number and NPI of any subcontractor performing services. Where the subcontractor performing services does not have a NYS provider license number or NPI, the Contractor shall report the Tax Payer ID of the subcontractor.

Section 18

18.5 Reporting Requirements

(a)(vii) Fraud and Abuse Reporting Requirements

A) The Contractor must submit to the SDOH the following information on an ongoing basis for each ~~confirmed~~ reasonably suspected case of fraud and abuse it identifies through Complaints, organizational monitoring, contractors, subcontractors, providers, beneficiaries, Enrollees, or any other source:

I) The name of the individual or entity that committed, or is reasonably suspected of committing the fraud or abuse;

III) The type of provider, entity or organization that committed, or is reasonably suspected of committing the fraud or abuse;

IV) A description of the reasonably suspected fraud or abuse;

V) The approximate dollar amount of the reasonably suspected fraud or abuse;

VI) No disposition of any case by the Contractor shall limit the authority of the New York State Office of the Attorney General, SDOH, OMIG or the Office of the State Comptroller (OSC) to investigate, audit or obtain recoveries from any Participating Provider, Non-Participating Provider, Contractor, subcontractor or third party; and

Section 18

18.5 Reporting Requirements

(a)(vii) Fraud and Abuse Reporting Requirements

B) Such report shall be submitted when cases of fraud and abuse are ~~confirmed~~ reasonably suspected, and shall be reviewed and signed by an executive officer of the Contractor.

Section 18

18.5 Reporting Requirements

(a)(vii) Fraud and Abuse Reporting Requirements

C) The Contractor will report to SDOH and OMIG ~~for referral to OMIG~~, any reasonably suspected criminal activity or fraud or abuse committed by an Enrollee, provider, subcontractor or Contractors' employee or third party where there is suspicion of such activity, within (7) days.

Section 18

18.5 Reporting Requirements

(a)(vii) Fraud and Abuse Reporting Requirements

D) The Contractor shall report the identity of the Pharmacy Benefit Manager (PBM) for its pharmacy encounters.

Section 18

18.5 Reporting Requirements

(a)(xvii) Comprehensive Provider Report

The Contractor shall submit to the SDOH or OMIG quarterly, in a form and format to be determined by SDOH or OMIG, a report which shall include the total dollar amount of claims submitted by Participating and Non-Participating Providers under the MMC Program to the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager, the total dollar amount paid to Participating and Non-Participating Providers under the MMC Program by the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager, and the total dollar amount of services ordered, referred or prescribed by Participating and Non-Participating Providers under the MMC Program during the reporting period.

Section 18

18.5 Reporting Requirements

(a)(xviii)

The Contractor shall conduct an annual assessment and submit to OMIG an annual report, in a form and format to be determined by SDOH and OMIG, of the status of their conformity with all Contractor regulatory and contractual obligations (list to be developed by SDOH and OMIG) by December 31 of each calendar year.

Section 18

18.5 Reporting Requirements

(a)(xix)

The Contractor shall report the amount paid to a PBM for pharmaceutical services by categories, including amounts for each prescription drug by NDC code, and also paid to a PBM for administrative services. The Contractor shall also report the amount paid by a PBM for administrative services.

Section 18

18.9 Certification Regarding Individuals who have been Excluded, Debarred or Suspended By Federal or State Government

b) Pursuant to ~~42 CFR 455.436~~, Ithe Contractor must:

i) confirm the identity and determine the exclusion status of any employee in the capacity of general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations at initial hiring and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal and State databases. These include the Social Security Administration's Death Master file, and the National Plan and Provider Enumeration System (NPPES), and the Excluded Parties List System (EPLS), and either the List of Excluded Individuals and Entities (LEIE) or the Medicare Excluded Database (MED), the NYS OMIG Exclusion List, and any such other databases as the Secretary may prescribe; and

ii) check the LEIE (or MED), the and EPLS and NYS OMIG Exclusion List no less frequently than monthly.

Section 18

18.9 Certification Regarding Individuals who have been Excluded, Debarred or Suspended By Federal or State Government

c) ~~Pursuant to 42 CFR 455.436, the Contractor must:~~

i) confirm the identity and determine the exclusion status of new Participating pProviders, re-enrolled Participating Pproviders and all current Participating Pproviders including, any Non-Participating Provider or subcontractor and any person with an ownership or control interest or who is an agent or managing employee of the Participating pProvider, Non-Participating Provider or subcontractor through routine checks of Federal and State databases. These include the Social Security Administration's Death Master file, the National Plan and Provider Enumeration System (NPPES), the Excluded Parties List System (EPLS), either the List of Excluded Individuals and Entities (LEIE) or the Medicare Excluded Database (MED), the NYS OMIG Exclusion List, and any such other databases as the Secretary may prescribe; and

ii) check the LEIE (or the MED), the and-EPLS and the NYS OMIG Exclusion List no less frequently than monthly.

Section 19

19.1 Maintenance of Contractor Performance Records, Records Evidencing Enrollment Fraud and Documentation Concerning Duplicate CINs

a) The Contractor shall maintain and shall require its subcontractors, including its Participating Providers to maintain appropriate records relating to Contractor performance under this Agreement, including:

(vi) The Contractor shall maintain appropriate records identifying every subcontract to a subcontractor, including any and all agreements arising out of said subcontract.

Section 19

19.1 Maintenance of Contractor Performance Records, Records Evidencing Enrollment Fraud and Documentation Concerning Duplicate CINs

c) The Contractor shall take reasonable steps to ensure that it notify new Non-Participating Providers, and existing Non-Participating Providers who were not previously notified, upon payment of its claim that the Non-Participating Provider must comply with the requirements of Section 19.1(a) of this Agreement.

Section 19

19.1 Maintenance of Contractor Performance Records, Records Evidencing Enrollment Fraud and Documentation Concerning Duplicate CINs

d) For every claim submitted to or paid by the Contractor, the Contractor shall maintain appropriate records identifying every subcontractor, person or entity performing the services under said claim, including amounts paid.

Section 19

19.1 Maintenance of Contractor Performance Records, Records Evidencing Enrollment Fraud and Documentation Concerning Duplicate CINs

e) The Contractor shall maintain appropriate records of the amounts paid by the Contractor to the PBM for pharmaceutical services.

f) The record maintenance...

Section 19

19.3 Access to Contractor Records

The Contractor shall provide SDOH, the Comptroller of the State of New York, the Office of the Medicaid Inspector General (OMIG), the New York State Office of the Attorney General, DHHS, the Comptroller General of the United States, and their authorized representatives with access to all records relating to Contractor performance under this Agreement for the purposes of examination, audit, and copying ~~(at reasonable cost to the requesting party)~~. The contractor shall give access to such records on two (2) business days prior written notice, during normal business hours, unless otherwise provided or permitted by applicable laws, rules, or regulations. ~~Notwithstanding the foregoing, w~~When records are sought in connection with an "fraud" or "abuse" investigation, as defined respectively in 10 NYCRR § 98.1.21 (a) (1) and (a) (2), all costs associated with production and reproduction shall be the responsibility of the Contractor.

Section 22

22.5 Required Components

(a)(iv) that the statutes, rules, and regulations, and Medicaid Updates of the Medicaid program and of SDOH related to the furnishing of medical care, services or supplies provided directly by, or under the supervision of, or ordered, referred or prescribed by Participating Providers enrolled in an MCO apply to such Participating Providers and any the subcontractors, regardless of whether the Participating Provider or subcontractor is an enrolled Medicaid provider, including 18 NYCRR 515.2, ~~except to the extent that such regulations conflict with the requirements of the Medicaid Managed Care Program and this Agreement,~~ except to the extent provided that any reference in the regulations establishing rates, fees, and claiming instructions will refer to the rates, fees and claiming instructions set by the MCO.

Section 22

22.5 Required Components

(a)(v) The Contractor shall ensure that its contracts with all Participating Providers require that an officer, director or partner of the Participating Provider if it is not a natural person, or the Participating Provider itself if it is a natural person, execute a certification before the Participating Provider requests payment under the contract, acknowledging that the Participating Provider is subject to the requirements of this Section, and certifying that all claims for care, services or medical supplies for which the Participating Provider submits for payment have been provided, and that payment requests are submitted in accordance with applicable law. In addition, the Contractor shall request and maintain copies of said certifications.

Section 22

22.5 Required Components

(a)(vi) The Contractor shall ensure that its contracts with all Participating Providers require that an officer, director or partner of all subcontractors if they are not natural persons, or the subcontractor itself if it is a natural person, executes a certification before the subcontractor requests payment under the subcontract, acknowledging that the subcontractor is subject to the requirements of this Section, and certifying that all claims for care, services or medical supplies for which the subcontractor submits for payment have been provided, and that payment requests are submitted in accordance with applicable law. In addition, the Contractor shall request and maintain copies of said certifications.

Section 22

22.5 Required Components

d) Nothing contained in this Agreement shall create any contractual relationship between any subcontractor of the Contractor, including its Participating Providers or with any Non-Participating Provider or third party and SDOH. Nothing in this paragraph shall be construed to limit the authority of the New York State Office of the Attorney General to commence any action pursuant to 31 U.S.C. § 3729 et seq., State Finance Law § 187 et seq., Social Services Law § 145-b or other New York or Federal statutes, regulations or rules.