

Standard:

AccessCNY is committed to ensuring that the agency's documentation, coding and billing practices comply with all federal and state laws and regulations. AccessCNY prohibits the intentional submission for reimbursement of any claim that is false, fraudulent or fictitious.

At times, AccessCNY may receive an overpayment for services. *When the overpayment is considered a minor error, AccessCNY will return the overpayment through the process of an abbreviated disclosure after adjusting or voiding the claim. For all other overpayments and for every overpayment involving potential fraud or abuse, AccessCNY will complete a full self-disclosure to the Office of the Medicaid Inspector General. Issues appropriate for full disclosure may include, but are not limited to:

- Substantial routine errors
- Systemic errors
- Patterns of errors
- Potential violation of fraud and abuse laws

Procedure:

1. Each department will develop a billing procedure which will include a process to ensure that all required documentation is present prior to billing for services. The supervisor should ensure that the Finance department does not submit billing claims without verification that the required documentation is present.
2. The Finance department will keep a record of billing claims that they have discovered or have been directed to adjust or void after the claim has been billed. These will be reported to the compliance officer via approved form.
3. Abbreviated self-disclosures will be reported on a monthly basis to OMIG by a member of the Quality Enhancement Department.
4. Full disclosures will be reported to OMIG by the Compliance Officer or designee within 60 days of identifying the estimated payback amount.
5. The Compliance Officer will review all identified overpayments with the Compliance Committee.
6. The Quality Enhancement department will conduct a random sample of billing claims for each Medicaid program as part of the monthly pre-billing audits. If any billing concerns or discrepancies are discovered, this information will be documented in the audit report

and the department will need to correct the discrepancies prior to billing submission.

Please refer to Medicaid pre-billing audit standard.

7. Whenever an error becomes significant or fraud is substantiated through the investigation process, the Compliance Officer will notify the Executive Director and general counsel to determine whether AccessCNY's attorney should be consulted.
8. The Compliance Officer will submit a quarterly report to the Compliance Committee of the Board regarding billing issues and self-disclosures. This will be a written report unless otherwise requested. The Compliance Officer will meet with the Board of Directions annually in-person.