



CHCANYS Summary of OMIG Compliance Regulation

The Office of the Medicaid Inspector General (OMIG) has adopted a final regulation regarding changes to provider compliance programs, Medicaid managed care fraud, waste and abuse prevention programs, and OMIG's self-disclosure program. The full text of the regulation, assessment of public comments, and additional information can be found on OMIG's website at: <https://omig.ny.gov/information-resources/laws-and-regulations>.

OMIG will post comprehensive guidance materials pertaining to the regulations in the near future. CHCANYS will distribute guidance materials once available. Provisions of the published regulation relevant to Community Health Centers are summarized as follows:

Compliance Program

This regulation requires providers receiving at least \$1 million in Medicaid revenue to implement a compliance program as a condition of Medicaid payment. Community Health Centers and other required providers will need to review and update their existing compliance programs to ensure new requirements are met. Notable provider compliance program requirements in the regulation include:

- Designate a compliance officer;
- Establish a compliance committee;
- Establish and annually review written compliance plan;
- Document process for annual review and update of written compliance plan policies and procedures;
- Report quarterly on compliance program to Board and compliance committee;
- Establish protocols for quality improvement and reduction of risk for fraud, waste, and abuse;
- Require contractors who engage in provider risk areas to adhere to provider compliance program;
- Certify annually that compliance plan meets requirements and provide a copy of certification to MCOs;
- Implement compliance training and education program;
- Document disciplinary actions for failure to comply with compliance plan;
- Post information on the compliance program on provider website;
- Document compliance investigations;
- and more.

Self-Disclosure

This regulation aligns State regulation with Federal guidance on returning overpayments and codifies existing OMIG guidance on self-disclosures including timeframe and process for returning overpayments and submitting self-disclosure statements, OMIG review of Self-Disclosure statements, and provider responses to OMIG requests for additional information. Further guidance regarding Self-Disclosure requirements will be issued by OMIG at a later date.