

Reporting and Self-Disclosure of Compliance Issues

Policy

Scope:

This policy applies to all affected individuals of the corporations comprising the YAI Network (herein referred to as "YAI"). Affected individuals are all persons who are affected by the provider's risk areas, including employees, the chief executive officer and other senior administrators, managers, trainees, volunteers, consultants, contractors, agents, subcontractors, independent contractors, and the governing bodies of YAI.

Purpose:

YAI has established a process to identify and address potential violations of law and compliance issues and to self-disclose to appropriate governmental agencies any events or issues that require the return of payments made by funders, such as Medicaid and Medicare.

Policy:

YAI will report any overpayments or violations of law or regulation, such as the improper or inaccurate filing of a consolidated fiscal report ("CFR") or cost report, improper submission of claims for reimbursement, unacceptable practices, fraud, waste, or abuse to the appropriate governmental agencies and make any refunds that are necessary.

If there is an indication that YAI received an overpayment for payments received directly or indirectly the Chief Compliance Officer or designee will investigate the allegations or underlying facts, quantify the amount of funds the Agency was otherwise not due, and ensure that any errors are corrected, and refunds are made to governmental agencies in the appropriate timeframes. The Chief Compliance Officer may determine that it is necessary to communicate overpayments directly to the New York State Office of the Medicaid Inspector General ("OMIG"), the New York State Office for People with Developmental Disabilities ("OPWDD"), the Department of Justice, the Department of Health and Human Services Office of Inspector General, and/or other appropriate state or federal governmental agencies.

Procedures:

All affected individuals must immediately inform the Chief Compliance Officer or designee of any potential overpayments. Affected individuals can report directly to the Chief Compliance Officer, other compliance department staff, their supervisor or other management staff or, alternatively, use the hotline. Failure to inform the Chief Compliance Officer or designee of a potential overpayment will subject that affected individual to disciplinary action up to, and including, termination in accordance with the Reporting Compliance Concerns and Non-Intimidation and Non-Retaliation Policy. The Chief Compliance Officer is responsible for ensuring that the Agency properly discloses all overpayments and returns the necessary funds within the regulatory timeframes.

Once learning of a potential overpayment, the Chief Compliance Officer or designee will investigate the underlying facts and cause. The Chief Compliance Officer may engage legal counsel, auditors, or other consultants to help determine whether an overpayment has occurred.

If it is determined that an overpayment has occurred, the Chief Compliance Officer has sixty (60) days from the date the overpayment is quantified to ensure the funds are returned to the appropriate governmental agency in accordance with any guidance, protocols or procedures issued by the governmental agency to which the refund will be made.

. If the Chief Compliance Officer, with help of legal counsel, auditors, or other consultants, as needed, is unable to quantify the amount to be refunded within sixty (60) from the date on which the overpayment was identified, then the Chief Compliance Officer will notify the appropriate governmental agency that the Agency has learned of a potential overpayment and that the Agency is currently undertaking efforts to quantify the amount of the overpayment to be refunded. In the communication with the governmental agency, the Chief Compliance Officer will provide the governmental agency with an estimate of when such work will be completed.

When the billing issue is substantiated, the Chief Compliance Officer or designee will request a billing void or adjustment amount from the Director of Revenue Management. The Director of Revenue Management will provide a report of claims for the period identified by the Compliance Staff that will need to be voided or adjusted within 10 business days of the request. The report will identify the dates of all claims in question, names of people supported, location of service, service, the amount of each claim, the amount to be voided/adjusted and any other relevant information requested. The Compliance Staff will use this report to complete the Void/Adjustment Claim Form.

If the amount of a potential void/adjustment is \$5,000.00 or more, the Chief Financial Officer (CFO) will be notified by the Director of Revenue Management of the void/adjustment. CFO will sign the Void/Adjustment Claim Form, noting that they are aware of the void of over 5,000.00. The Director of Revenue Management or the Director of Compliance and Ethics can also reach out to the CFO to notify them of any other voids/adjustment of less than \$5,000.00 to seek guidance or to keep CFO up to date.

The completed Void/Adjustment Claim Form will be signed by the Compliance staff who is conducting the investigation and forwarded to the Chief Compliance Officer for review/approval.

Once the form is signed by the Chief Compliance Officer and returned to the Director of Revenue Management, they will complete the section of the Void/Adjustment Claim Form designated for Financial Services by indicating the date the form was received and the date the void/adjustment was complete. The Director of Revenue Management will sign the form where required and will email the fully completed Void/Adjustment Claim Form back to the Director of Compliance and Ethics. The Compliance staff will save a copy of the fully completed Void/Adjustment Claim Form with the Compliance Incident.

For overpayments reportable through a self-disclosure, the Chief Compliance Officer or designee must submit a report to the appropriate governmental agency that follows the latest OMIG Disclosure requirements or analogous self-disclosure protocols issued by other governmental agencies. Such reports must include, at minimum:

- I. the amount of the overpayment, and

- II. a detailed explanation of the reason the agency received the overpayment, including:
 - a. a description and explanation of the circumstances that gave rise to the overpayment;
 - b. how the circumstances were discovered;
 - c. the date the overpayment was identified;
 - d. how the amount of the overpayment was calculated;
 - e. the date(s) the overpayment(s) were received; and
 - f. the action taken to correct the error which caused the overpayment.
- III. the person’s contact information;
- IV. data file, in the form and format specified by OMIG;
- V. whether the person is requesting to repay through installment payments;
- VI. whether the person is requesting the waiver of any applicable interest;
- VII. the person’s agreement to return the full amount of the overpayment and interest if applicable, as determined by OMIG; and
- VIII. any other data, documentation, or information OMIG shall require through the issuance of guidance or in response to its review of the submission.

The Chief Compliance Officer or designee shall maintain a log of all overpayments disclosed to governmental authorities pursuant to this Policy. The log shall include the following information:

- The date that the overpayment was disclosed and/or refunded;
- The cause of the overpayment;
- The amount of the overpayment; and
- An explanation of the corrective action taken to prevent the overpayment from recurring.

The Chief Compliance Officer or designee will verify that the region or department responsible for taking corrective action does so in a timely manner to prevent the same or similar overpayments from occurring in the future.

A report of overpayments will be recorded on the compliance log and reported to the Staff Compliance Committee quarterly, and at least annually to the Board of Directors.

References:

Code of Conduct
Reporting Compliance Concerns and Non-Intimidation and Non-Retaliation Policy

For Policy Committee Use ONLY

Document History:

<u>Summary of Changes</u>	<u>Effective Date</u>
Initial Version	March 15, 2011
Added notification to IRO of Reportable Events	June 29, 2011
Updates of Senior Management titles resulting from organizational restructuring and change in corporate logo.	August 21, 2013

<p>Updates of Senior Management titles resulting from organizational restructuring.</p>	<p>July 1, 2015</p>
<p>Format change. Revised scope. Revised self-disclosure protocol. Removed reference to the IRO, 18 NYCRR 515.2, Reportable Events and all items related to the CIA. Other minor changes.</p>	<p>05/22/2023</p>
<p>Refined definition of affected individuals, added information about the void process that was previously in a different policy</p>	<p>6/24/2024</p>