



GCP 4.01

Reporting and Self-Disclosure of Compliance Issues

1.0 Purpose

A search warrant permits authorized government agents to immediately seize documents and other types of information. The execution of a search warrant can be seriously disruptive and frightening for many employees. Furthermore, if not handled properly, an organization subject to a search warrant may compound its problems. Therefore, YAI (sometimes referred to as “Agency” or “the Agency”) has established this policy to advise all employees, independent contractors, officers, and trustees of YAI (YAI Representatives) how to appropriately respond to an official search warrant.

YAI (referred to as “Agency” or “the Agency”) 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 prior payments made by government agencies, such as Medicaid or Medicare, and other events or compliance issues listed in Section 4.3.1 of this Policy (“Reportable Events”).

2.0 Policy

The Agency will report to appropriate governmental agencies any potential compliance issues and 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, abuse or mistake, that require the return of prior payments made to the Agency (“Overpayments”), and the Agency will make any refunds that are necessary. Furthermore, the Agency will report to appropriate governmental agencies any Reportable Events that have occurred.

If there is an indication that the Agency received an Overpayment or if the Agency learns of a Reportable Event,

the Chief Compliance Officer 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 or Reportable Events 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.

3.0 Scope

This Policy applies to all Agency employees or contractors who encounter billing or reimbursement issues that may require the return of Overpayments or who may encounter one or more Reportable Events (“Responsible Employees”).

4.0 Procedures

4.1

All Responsible Employees must immediately inform the Chief Compliance Officer of any potential Overpayments or Reportable Events (employees can report directly to the Chief Compliance Officer, their supervisor or other management staff or, alternatively, use the hotline) in accordance with the Code of Conduct and the Policy on Reimbursement Practices and Billing Errors. Failure to inform the Chief Compliance Officer of a potential Overpayment or Reportable Event will subject that employee to discipline up to, and including, termination in accordance with the Agency’s Policies on Reporting Compliance Concerns and Non-Retaliation.

4.2

The Chief Compliance Officer is responsible for ensuring that the Agency properly discloses all Overpayments, and makes any reports and refunds that are necessary within the timeframes listed in Section 4.2.3 of this Policy.

4.2.1 Once learning of a potential Overpayment, the Chief Compliance Officer will investigate the underlying facts and cause.

4.2.2 The Chief Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether an Overpayment has occurred.

4.2.3 Once identifying that an Overpayment has occurred, the Chief Compliance Officer has sixty (60) days to quantify the amount that must be refunded. If the Chief Compliance Officer, with help of outside 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.

4.2.4 Once quantified, the Agency will refund the Overpayment 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.

4.2.4.1 For any Overpayments that equal or exceed \$5,000, the Chief Compliance Officer must submit a report to the appropriate governmental agency that follows the requirements contained in the updated OMIG Self-Disclosure Guidance, issued in August 2012, or analogous self-disclosure protocols issued by other governmental agencies. Such reports must include:

4.2.4.1.1 The basis for the disclosure, including how the Overpayment was discovered, the approximate time period covered, whether the Overpayment reflects a pattern or trend within the Agency's system, and an assessment of the potential financial impact;

4.2.4.1.2 The federal and state laws, regulations, guidelines, and policies that were potentially violated, if any;

4.2.4.1.3 The proposed corrective action that will be taken to address the problem that has led to

disclosure of the Overpayment, or, if corrective action has been taken, what it was and the date it occurred, and the process for monitoring the issue to prevent recurrence; and

4.2.4.1.4 Other information that the Chief Compliance Officer may deem pertinent to include in the report.

4.2.4.2 For any Overpayments that are less than \$5,000, the Chief Compliance Officer, in conjunction with the program that provided the services forming the basis for the Overpayment, may authorize the Fiscal Department, in writing, to void or adjust the claims to be refunded. The Fiscal Department may not void or adjust a paid claim to refund an Overpayment without the prior written authorization of the Chief Compliance Officer.

4.2.4.3 Notwithstanding these thresholds, the Chief Compliance Officer may determine that potential Overpayments should be disclosed to the appropriate governmental agency, as opposed to being voided or adjusted.

4.2.5 The Chief Compliance Officer shall maintain a log of all Overpayments that have been disclosed to governmental authorities pursuant to this Policy. The log shall include the following information:

4.2.5.1 The date that the Overpayment was disclosed and/or refunded;

4.2.5.2 The cause of the Overpayment;

4.2.5.3 The amount of the Overpayment; and

4.2.5.4 An explanation of the corrective action taken to prevent the Overpayment from recurring.

4.2.6 The Chief Compliance Officer is responsible for taking all necessary actions to ensure that corrective action is taken by the Agency to prevent the same or similar Overpayments from occurring in the future.

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

4.3

The Chief Compliance Officer is responsible for ensuring that the Agency properly discloses all Reportable Events to the OMIG and/or other applicable governmental agencies, even if such Reportable Events do not also constitute Overpayments.

4.3.1 The following are Reportable Events:

4.3.1.1 Any errors, omissions, or deviations in the way that the Agency has prepared or submitted CFRs or rate appeals to OPWDD for Medicaid reimbursement;

4.3.1.2 Any conduct by employees, contractors, or agents of the Agency that constitutes an “unacceptable practice” as defined in New York Medicaid regulations (18 N.Y.C.R.R. § 515.2), which are posted on the Agency’s intranet page, https://connect.yai.org/QuickPlace/corpcomp/Main.nsf/h_Toc/66f2d5295a1460c1852574ef004e8059/?OpenDocument

4.3.1.3 Any conduct by the Agency that would constitute a probable violation of criminal, civil, or administrative laws that are applicable to the Agency;

4.3.1.4 Preparation of, or actual filing of a bankruptcy petition by the Agency; or

4.3.1.5 Any circumstance in which the Agency closes, opens, relocates, purchases, or proposes to sell a program type or program site.

4.3.2 Once learning of a potential Reportable Event, the Chief Compliance Officer will investigate the underlying facts and cause, if necessary.

4.3.3 The Chief Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether a Reportable Event has occurred.

4.3.4 Once identifying that a Reportable Event has occurred, the Chief Compliance Officer will notify the OMIG, the Independent Review Organization and any applicable governmental agencies, in writing, within five (5) business days of making such a determination, except for Reportable Events listed under Section 4.3.1.5 of this Policy, which may be disclosed on a quarterly basis.

4.3.5 The written notification provided by the Chief Compliance Officer to the OMIG and/or other applicable governmental agency must follow the requirements contained in the updated OMIG Self-Disclosure Guidance, issued in August 2012, or analogous self-disclosure protocols issued by other governmental agencies, including:

4.3.5.1 The basis for the disclosure, including how the Reportable Event was discovered, the approximate time period covered, whether the Reportable Event reflects a pattern or trend within the Agency’s system, and an assessment of the potential financial impact, if any;

4.3.5.2 The federal and state laws, regulations, guidelines, and policies that were potentially violated, if any;

4.3.5.3 Proposed corrective action that will be taken to address the problem that has led to disclosure of the Reportable Event, or, if corrective action has been taken, what it was and the date it occurred, and the process for monitoring the issue to prevent recurrence, if any; and

4.3.5.4 Other information that the Chief Compliance Officer may deem pertinent to include in the report.

4.3.5.5 If the Reportable Event is a bankruptcy petition, the report shall include documentation of the filing and a description of any Medicaid program issues implicated.

4.3.6 The Chief Compliance Officer is responsible for taking all necessary actions to ensure that corrective action is taken by the Agency to prevent the same or similar Reportable Events from occurring in the future, when applicable.

5.0 References

The policy refers to the current version of the following:

Code of Conduct

Policy on Reimbursement Practices and Billing Errors

Policy on Reporting Compliance Concerns and Non-Retaliation

OMIG Self-Disclosure Guidance (August 2012)

18 N.Y.C.R.R. § 515.2

https://connect.yai.org/QuickPlace/corpcomp/Main.nsf/h_Toc/66f2d5295a1460c1852574ef004e8059/?OpenDocument

Version number	Summary of changes	Effective date
1.0	Initial Version	March 15, 2011
2.0	Added notification to IRO of Reportable Events	June 29, 2011
3.0	Updates of Senior Management titles resulting from organizational restructuring and change in corporate logo.	August 21, 2013