

OMH Medicaid Compliance Program

The OMH Medicaid Compliance Program is a systematic process aimed at ensuring that our work is conducted in compliance with applicable laws, standards and contractual obligations, and is applicable to billing and payments; medical necessity and quality of care; governance; mandatory reporting; credentialing, and other risk areas the OMH may identify.

OMH strives to ensure that:

- Employees know how to identify and report suspected Medicaid misconduct, waste, abuse and fraud as soon as possible.
- Employees comply with all applicable laws, regulations and OMH policies.
- OMH services are delivered in an appropriate manner to individuals who are eligible for such services consistent with programmatic standards.
- Claims submitted to Medicaid are accurate and consistent with billing standards.
- A culture of compliance is encouraged to support the integrity of the Medicaid program and OMH as a provider of Medicaid services.

The Compliance Officer implements, coordinates and oversees the OMH Medicaid Compliance Program and ensures OMH meets its statutory and regulatory requirements. The Compliance Officer investigates reports of suspected fraud, waste, and abuse.

Employees may report compliance issues and concerns anonymously and confidentially by mail or phone.

What should you include in your report?

Employees and supervisors should report as much information as possible on the issue, including:

- what wrongdoing occurred;
- who is involved;
- when it occurred;
- whether there are witnesses to the misconduct;
- how the issue was discovered; and any other relevant information or
- details to support how Medicaid fraud is being committed.

The OMH Compliance Policy is located at:

<https://www.omh.ny.gov/omhweb/policymanual/a-500.pdf>

Medicaid Compliance Reporting Form

is located on OMH Hub/Forms/Compliance.

Contact Us

OMH Medicaid Compliance Officer

(518) 549-5370

Compliance@omh.ny.gov

OMH Compliance Office

44 Holland Avenue
Albany, NY 12229

NYS Medicaid Fraud Control Unit

<https://ag.ny.gov/bureau/medicaidfraud-control-unit>

Office of the Medicaid Inspector General

<https://www.omig.ny.gov/>

Medicaid Compliance Program

Preserving the Integrity
of Medicaid and Medicare
for all New Yorkers



Office of
Mental Health

Overview

In order to prevent fraud, waste, and abuse (FWA) in federal health care programs (like Medicaid and Medicare) and comply with New York State Social Services Law §363-d and 18 NYCRR Part 521, OMH is required to operate a comprehensive Medicaid Compliance Program and provide training and education to all employees on our Compliance Plan, compliance issues, and compliance expectations.

What is Medicaid Fraud, Waste, and Abuse?



As illustrated above, Medicaid FWA occurs on a continuum.

Errors happen when a provider makes a mistake in service delivery, documentation or billing. Some examples of errors may include selecting the incorrect service type for the service rendered or selecting the incorrect time for the service. Errors are usually random and do not have a pattern to them. If patterns persist over time, errors can lead to waste. Wasteful practices may also rise to this level.

Waste is spending that can be eliminated without reducing the quality of care. Waste may include the overuse, underuse or ineffective use of treatments or medications.

Why is Compliance Important?

Establishes a culture that promotes integrity and ethical behavior consistent with OMH's mission

Identifies issues of concern and detects and prevents patterns of improper conduct from developing and occurring

Provides assistance in complying with numerous governmental regulations

Safeguards public and private funds; helps control fraud, waste, and abuse.

Waste may also be an inefficiency caused by redundant testing, delays in treatment, and making processes unnecessarily complex. Waste is the poor use or misuse of resources and does not require intent to misuse resources or deliver inefficient care.

Abuse describes provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in:

- an unnecessary cost to Medicaid and Medicare.
- reimbursement for services not medically necessary.
- services that fail to meet recognized standards.

Fraud is defined as intentionally making false statements or misrepresentations of facts in order to obtain some benefit or payment which the party was not entitled to receive.

Detecting Fraud, Waste, and Abuse

OMH employees have a responsibility to report any concerns regarding actual, potential, or perceived wrongdoing which may amount to waste, fraud or abuse of the Medicaid Program to the OMH Medicaid Compliance Officer.

You may also report directly to the NYS Attorney General's Medicaid Fraud Control Unit or the Office of the Medicaid Inspector General. Contact Information can be found on the back of this brochure.

OMH employees must review and, consistent with their job functions, participate in the operations of the OMH Medicaid Compliance Program.

If you have any questions please talk to your supervisor, the Medicaid Compliance Officer, or the Office of Counsel.

Protections for Whistleblowers

OMH will never intimidate or retaliate against an employee for reporting suspected cases of fraud, waste, or abuse to the federal government, state government (including OMH), or any other regulatory agency with oversight authority.

It is against the law and OMH policies for OMH to discriminate against an employee in the terms or conditions of his or her employment because the employee initiated good faith reporting or otherwise assisted in a False Claims Act action.