



## **Corporate Compliance: Billing Errors, Overpayments, and Self-Disclosures**

### **Purpose:**

Advocates (sometimes referred to as “Organization” or “the Organization”) is committed to adopting and implementing an effective Compliance Program that includes ensuring the ability to detect, correct, and resolve payment and billing errors as quickly and as efficiently as possible.

### **Regulatory/Additional Authority:**

Social Service Law 363-D  
18 NYCRR Part 521  
Affordable Care Act of 2010 §6402  
42 USC §1302a-7k(d)

### **Scope:**

All Affected Individuals

### **Responsible Employee (Title) and/or Department:**

The Compliance Officer (Director of Compliance, Quality & Incident Management) or their designee.

### **Definitions:**

Affected Individuals – All Advocates’ employees including the Executive Director and senior leadership, contractors, subcontractors, independent contractors, agents, corporate officers, and the Board of Directors.

---

### **Policy**

It is the policy of Advocates that any overpayments or inaccurate billing of claims be detected, reported, and returned in a timely manner following all rules, regulations, and laws.

Advocates is committed to ensuring that in the event that the Organization has received an overpayment under the Medicaid Assistance Program (Medicaid) or another third-party payer, the Organization shall report and return the overpayment, notify the appropriate payer, and comply with all Federal and State laws, regulations, guidelines, and policies.

### **Procedures**

Identification of Billing Errors and Overpayments:

1. The Compliance Officer must be promptly notified of all potential or actual billing errors and suspected overpayments. Examples of billing errors or reasons for overpayment may include,

but are not limited to, the following:

- Coding errors;
  - Errors in rate or unit;
  - Keying or inputting errors;
  - Provision of unauthorized services;
  - Services provided by an ineligible provider;
  - Services are not medically necessary, or necessity is not documented in the record;
  - Absence of one or more required elements of documentation;
  - Service was not rendered;
  - Falsification of service or billing documents;
  - Duplicate payments;
  - Fraudulent behavior by employees or others;
  - Discovery of an employee or contractor on the Federal or State exclusion lists; and
  - Damaged, lost, or destroyed records.
2. The Compliance Officer will notify the Leadership Team of potential billing issues and overpayments. Initial discovery will be conducted to determine if billing has already been submitted or if billing should be suspended.
  3. The Compliance Officer or designee will investigate the issue; review any underlying facts; quantify and identify the amount of overpayment; ensure that any errors are corrected; and ensure that any refunds are made to the appropriate governmental agency or third-party payer. The investigation will be conducted in accordance with the Reporting and Investigation of Compliance Concerns Policy and Procedure. The Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether an overpayment has occurred and/or to quantify the overpayment.
  4. An overpayment is deemed “identified” when it is determined or should have been determined through the exercise of reasonable diligence, that an overpayment was received, and the amount of the overpayment has been quantified.
  5. The Compliance Officer is responsible for ensuring that the Organization properly discloses all overpayments to the appropriate payer and makes any reports and refunds that are necessary within the required timeframe for the payer.
  6. Medicaid overpayments must be reported and returned:
    - no later than 60 days after the date the overpayment was identified; or
    - by the date that any corresponding cost report is due, if applicable.
  7. Medicaid overpayments must be reported and returned in accordance with the Office of Medicaid Inspector General’s (OMIG) Self-Disclosure Protocol. The Protocol is available on OMIG’s website at <https://omig.ny.gov/>. (For further information, refer to the Medicaid Self-Disclosure section below.)
  8. Overpayments to other third-party payers will be made in accordance with the contract.

9. Any overpayments retained by the Organization after the deadline for reporting and returning the overpayment may be subject to a monetary penalty.
10. The Compliance Officer must approve the overpayment and self-disclosure procedures and/or any revisions to procedures or forms before implementation.
11. Failure to report a potential billing issue or suspected overpayment will result in disciplinary action, up to and including termination of employment or contract.
12. The Compliance Officer will maintain records of overpayments and self-disclosures. The following information will be maintained in a secure location.
  - Interview notes;
  - Evidence;
  - Claims data;
  - Written communication to/from the government agency or third-party payer;
  - The date that the overpayment was identified/quantified;
  - The amount of the overpayment;
  - The date that the self-disclosure was submitted;
  - The date that the overpayment was repaid;
  - The cause of the overpayment;
  - The department, program, or service;
  - The corrective action(s) to prevent the overpayment from recurring.
13. A report of overpayments, the results of investigations, and remedial actions will be reported to the Compliance Committee on a quarterly basis, and to the Board of Directors at least annually.

Medicaid Self-Disclosure:

1. The Organization will participate in the OMIG's self-disclosure program under the following eligible conditions as required:
  - The Organization is not currently under audit, investigation, or review by the Medicaid Inspector General, unless the overpayment and the related conduct being disclosed does not relate to the OMIG audit, investigation, or review;
  - The Organization is disclosing an overpayment and related conduct that at the time is not being determined, calculated, researched, or identified by OMIG;
  - The overpayment and related conduct will be reported by the deadline previously specified, i.e., within 60 days of identification and the overpayment is quantified, or the date any corresponding cost report is due; and
  - The Organization is not a party to any criminal investigation being conducted by the deputy attorney general for the Medicaid Fraud Control Unit or any agency of the US government or any political subdivision thereof.

2. The Organization will pay the overpayment amount determined by OMIG within 15 days of OMIG notifying the Organization of the amount due, unless the OMIG permits the Organization to repay the overpayment and interest due in installments.
3. The Organization will enter into a self-disclosure compliance agreement with the Medicaid Inspector General that will be executed within 15 days of receiving said agreement from the Medicaid Inspector General or other time frame permitted by OMIG, but not less than 15 days.
4. Any false material information or omitted material information when submitting a self-disclosure, any attempts to evade an overpayment due, or any failure to comply with the terms of a self-disclosure and compliance agreement will not be tolerated and will be subject to disciplinary action up to and including termination.

#### Sanction Statement

Non-compliance with this policy may result in disciplinary action, up to and including termination.

#### Compliance Statement

As part of its ongoing Compliance Program review and improvement process, Advocates will review this policy at least annually and as needed to respond to changes in laws or regulations and to determine if this policy:

- Has been implemented.
- Is being followed.
- Is effective.
- Needs to be updated.

#### Record Retention Statement

Advocates will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

#### Approval(s)

Approved by: Carol Gentry, Compliance Officer  
(Director of Compliance, Quality & Incident Management)

Signature: Carol L. Gentry DATE: 09-08-2023

Approved by: Amy Dugliss, Executive Director

Signature: Amy Dugliss DATE: 09-11-2023

Approved by: Beth Henderson, Chairperson, Compliance Committee

Signature: Beth Henderson DATE: 09-11-2023

# Signature Certificate

Reference number: GNWKU-K5RMI-NMHZM-GVQP9

## Signer

## Timestamp

## Signature

### Carol Gentry

Email: carol@advocatesincorporated.org

Sent: 08 Sep 2023 22:41:56 UTC  
Viewed: 08 Sep 2023 22:42:01 UTC  
Signed: 08 Sep 2023 22:42:23 UTC

*Carol L. Gentry*

IP address: 184.153.235.98  
Location: Syracuse, United States

### Beth Henderson

Email: beth@advocatesincorporated.org

Sent: 08 Sep 2023 22:41:56 UTC  
Viewed: 11 Sep 2023 16:34:28 UTC  
Signed: 11 Sep 2023 16:34:51 UTC

*Beth Henderson*

### Recipient Verification:

✓Email verified 11 Sep 2023 16:34:28 UTC

IP address: 71.115.192.50  
Location: Syracuse, United States

### Amy Dugliss

Email: amy@advocatesincorporated.org

Sent: 08 Sep 2023 22:41:56 UTC  
Viewed: 11 Sep 2023 18:50:35 UTC  
Signed: 11 Sep 2023 18:50:50 UTC

*Amy Dugliss*

### Recipient Verification:

✓Email verified 11 Sep 2023 18:50:35 UTC

IP address: 71.127.176.124  
Location: Auburn, United States

Document completed by all parties on:

11 Sep 2023 18:50:50 UTC

Page 1 of 1



**Signed with PandaDoc**

PandaDoc is a document workflow and certified eSignature solution trusted by 40,000+ companies worldwide.

