



**STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL**

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MEDICAID INSPECTOR GENERAL

Bureau of Compliance

DOCUMENT #2

Announced Visit Materials Request

Name of Provider:

Date of Site Visit:

Time of Entrance:

Date of Delivery:

The following materials request will allow the NYS Office of the Medicaid Inspector General's Bureau of Compliance to review certain basic information prior to the scheduled date of the Effectiveness Review of your compliance program. The materials requested should be provided by the "**Date of Delivery**" indicated above. If you have any questions about the scheduled site visit or the materials request, please contact Matthew Babcock, Assistant Medicaid Inspector General – Compliance at 518-473-3782. You can also reach him at compliance@omig.ny.gov. Please put in the subject line of your e-mail: "Scheduled Effectiveness Review."

Please provide the following materials to the New York State Office of the Medicaid Inspector General's Bureau of Compliance so that they are received by the "**Date of Delivery**" set out above to:

Attn: Matthew D. Babcock
Assistant Medicaid Inspector General – Compliance
800 North Pearl Street
Albany, NY 12204

Please note that the materials requested in Section 3 of the following should be prepared for review by the Bureau of Compliance on the Date of the Site Visit. They are not required to be provided by the **Date of Delivery**.

Material Due by Date of Delivery:

Section 1. Contact Information – name address and telephone number of:

- 1) Compliance Officer
- 2) CEO and COO
- 3) Chair of the governing board and
- 4) Chair of the governing board committee with oversight responsibility for compliance activity.

Section 2. Material Request

- 1) Copy of Compliance Plan, Code of Conduct and Business Ethics (including table of contents and index).
- 2) List of the employees working in the compliance function, their titles, their time with the company and the job description and resume of the Compliance Officer.
- 3) Copy of any compliance training materials, including videos or modular formats.
- 4) List of methods available to communicate to the compliance officer, including any confidential or anonymous methods.
- 5) Copy of any applicable policies and procedures implementing the compliance function, to include, but not be limited to, any disciplinary policies to enforce the compliance function.
- 6) List of management and governing board compliance/risk management committees and their charges.
- 7) Copies of policies and procedures describing how the organization responds to compliance issues.
- 8) Copy of any policies and procedures addressing non-intimidation and non-retaliation for those who in good faith participate in the compliance function.
- 9) Copy of the organization chart showing the reporting relationships between the Compliance Officer/Compliance Officer and senior management and the governing board.
- 10) Complete the COMPLIANCE PROGRAM ASSESSMENT TOOL – Focused Reviews form that is attached.
- 11) Name, contact information, federal identification number of the service bureau that the Provider uses, if any. (Service bureaus are defined in 18 NYCRR §504.9). If you use a service bureau, please complete the attached SERVICE BUREAU/THIRD PARTY BILLING SURVEY.

Materials to be Reviewed on Date of Site Visit

Section 3. Materials Request for Production at Site Visit

- 1) Copy of board meeting minutes or excerpts to see how compliance issues are raised to the level of the governing body.
 - 2) Copy of budget reports related to the compliance function to evaluate the level of resources provided for the compliance function.
 - 3) Records or logs containing investigations of potential compliance issues included, but not limited to employee retaliation.
 - 4) Copy of staff compliance committee meeting minutes and recommended actions.
 - 5) Copy of hot line calls or logs to the compliance hot line.
 - 6) Description of intranet/communication system utilized to disperse compliance information throughout organization.
 - 7) Copy of employee or contracted provider roster for those involved in any patient care activity or billing activity.
 - 8) Copy of patient registration information that communicates to patients and their families about the Compliance Officer and billing.
 - 9) Copy of policies and procedures used to identify, assess and return any overpayments received from the Medicaid Program.
 - 10) Copy of policies and procedures to address:
 - a) billing for services provided to deceased beneficiaries after the date of death.
 - b) checking for excluded providers.
 - c) checking credentials (including licensure) for anyone involved in direct patient care.
 - d) auto reorder/refills, if applicable.
 - e) card swipe responsibilities, if applicable.
 - 11) List of all contracted services providers.
 - 12) Copy of the last two years' compliance self assessment tool and any plans of correction developed to address areas identified in the self assessment as needing improvement.
 - 13) Other materials as requested.
4. Interviews/meetings during site review
- 1) Meeting with Chief Executive Officer or senior management designee involved with compliance matters
 - 2) Meeting with Compliance Officer and compliance staff.
 - 3) Meeting or telephone conference with governing board committee chair with responsibility for compliance issues.
 - 4) Randomly identified staff to inquire on education and training on compliance program
 - 5) CFO or other finance and/or billing staff to discuss controls and budgets.
 - 6) Risk manager, if any to discuss interaction with compliance function.
 - 7) Human Resources Director/management to discuss potential issues associated with intimidation or retaliation.
 - 8) Tour of facility.