

**STATE OF ARIZONA
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
OFFICE OF THE INSPECTOR GENERAL**

Self-Disclosure Guidelines

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Introduction

The mission of the State of Arizona AHCCCS Office of the Inspector General (OIG) is to work with providers to advance the integrity of the Medicaid program, while concurrently ensuring access to services for members and maintaining a cost effective program for Arizona's taxpayers. We are committed to detecting potential fraud, waste and abuse within the AHCCCS program and recovering improper payments. As part of our multi-disciplinary approach to attaining these goals, we are making a concentrated effort to recognize providers who find problems within their own organizations, self-disclose those issues to the OIG, and return inappropriate payments.

The OIG recognizes that many improper payments are discovered during the course of a provider's internal review process. While providers who identify that they have received improper payments from the AHCCCS program are required to return the overpayments, we appreciate that it is essential to develop and maintain a fair, rational process that will be mutually beneficial for both the State of Arizona and the concerned provider. The OIG has developed this approach to encourage and offer incentives for providers to investigate and report matters that involve possible fraud, waste, abuse or inappropriate payment of funds, whether intentional or unintentional, under the state's Medicaid program. By forming a partnership with providers through this self-disclosure approach, the OIG's overall efforts to eliminate fraud, waste and abuse will be enhanced, while concurrently offering providers a mechanism or method to reduce their legal and financial exposure.

This guidance and disclosure protocol establishes the process for participating in the OIG's Self-Disclosure Program. The OIG recognizes that situations which are subject to this policy could vary significantly; therefore, this protocol is written in general terms to allow providers the flexibility to address the unique aspects of the matters disclosed.

Matters related to an on-going audit/investigation of the provider are not generally eligible for resolution under this self-disclosure protocol. Unrelated matters disclosed during an on-going audit may be eligible for processing under the self-disclosure protocol assuming the matter has received timely attention. If the OIG is already auditing or investigating the provider, and the provider wishes to disclose an issue, in addition to submitting a disclosure under this protocol, the provider should bring the matter to the attention of the assigned investigator/auditor. If another outside agency is auditing or investigating the provider, and the provider seeks to disclose an issue to OIG, the provider should follow this guidance accordingly.

Because of the complexity of some issues surrounding self-disclosures, providers may want to consider obtaining the advice of experienced healthcare legal counsel or consultants. This guide is not intended to provide or offer legal advice.

Advantages of Self-Disclosure

Self-disclosing overpayments, in most circumstances, will result in a better outcome than if OIG staff had discovered the matter independently. While the specific resolution of self-disclosures depends upon the individual merits of each case, the OIG typically extends the following benefits to providers who, in good-faith, participate in a self-disclosure:

1. Forgiveness or reduction of interest payments (for up to five years)
2. Extended repayment terms
3. Waiver of some penalties and/or sanctions
4. Timely resolution of the overpayment
5. Recognition of the effectiveness of the provider's compliance and a decrease in the likelihood of imposition of an OIG Corporate Integrity Program
6. Possible preclusion of subsequently filed OIG Civil Monetary Penalty action based on the disclosed matters

Developing such a partnership with the OIG during the self-disclosure process may also lead to more thorough understanding of the OIG's audit and investigatory processes, which could benefit the provider in the future.

When to Disclose

Once an inappropriate payment is discovered that warrants self-disclosure, providers are encouraged to contact the OIG as early in the process as possible to maximize the potential benefits of self-disclosure. However, because of the wide variance in the nature, amount and frequency of overpayments that may occur over a wide spectrum of provider types, it is difficult to present an all-inclusive set of criteria by which to judge whether disclosure is appropriate. Providers must determine whether the repayment warrants a self-disclosure or whether it would be better handled through the administrative billing process.

Each incident shall be considered on an individual basis. Factors that OIG will consider include, but are not limited to:

- The exact issue,
- the amount involved,
- any patterns or trends that the problem may demonstrate within the provider's system,
- the period of non-compliance,
- the circumstances that led to the non-compliance,
- the organization's history, and whether or not the organization has a corporate integrity agreement (CIA) in place.

Issues appropriate for self disclosure may include, but are not limited to:

- Substantial routine errors
- Systematic errors
- Patterns of errors
- Potential violation of state and federal laws relating to the AHCCCS program

The OIG is not interested in fundamentally altering the day-to-day business processes of organizations for minor or insignificant matters. Consequently, the repayment of simple, routine occurrences of overpayment should continue through typical methods of resolution, which may include voiding or adjusting the amounts of claims. The OIG highly discourages providers from attempting to avoid the self-disclosure process when circumstances in fact warrant its use.

Disclosure Process

Once a provider makes the determination to disclose an incident, the following steps comprise an **initial** report:

1. The basis for the initial disclosure, including how it was discovered, the approximate time period covered, and an assessment of the potential financial impact;
2. The AHCCCS program rules potentially implicated;
3. Any corrective action taken to address the problem leading to the disclosure, the date the correction occurred and the process for monitoring the issue to prevent reoccurrence
4. The name and telephone number(s) of the individual making the report on behalf of the provider. The individual may be a senior official within the organization or an outside consultant or legal counsel but must be in an appropriate position to speak for the organization.
5. Contact the OIG with the above information by e-mail, fax or via formal letter to:

Office of the AHCCCS Inspector General
Attention: Provider Self-Disclosure MD-4500
701 E. Jefferson St.
Phoenix, AZ 85034
E-mail: OIGDISCLOSE@AZAHCCCS.Gov
Fax: 602-417-4102

Providers may also use the printable version of OIG's self-disclosure form, which is available at www.AZAHCCCS.GOV.

Assuming the provider acts in good-faith, the mere fact that the provider and OIG are unable to agree on an amount and resolve the disclosure will not automatically preclude

favorable repayment terms, particularly related to the portion of the matter to which the provider and OIG are able to agree.

After this initial reporting phase, the OIG will consult with the provider and determine the most appropriate process for proceeding. OIG staff will discuss the next steps, which may include requesting additional information. Ultimately, the provider should be prepared to present the following:

1. A summary of the identified underlying cause of the issue(s) involved and any corrective action taken;
2. Detailed list of claims paid that comprise the overpayments (in an electronic format and preferably in Excel spreadsheet format). Each claim should list the provider's AHCCCS ID number, member name and AHCCCS ID, dates of service(s), CPT codes, and the amount(s) billed and paid.
3. The names of individuals involved in any suspected improper or illegal conduct.

Assuming complete provider cooperation and timely response to information requests, the OIG expects that the vast majority of self-disclosures will be completed within three to four months of submission of information.

The OIG will consider the provider's involvement and level of cooperation throughout the disclosure process in determining the most appropriate resolution and the best mechanism to achieve that resolution. In the event that the provider and the OIG cannot reach agreement on the amount of overpayments identified, or if a provider fails to cooperate in good faith with the OIG to resolve the disclosure, the OIG may pursue the matter through established audit or investigation processes, and any less stringent repayment and/or sanction terms may no longer apply.

Upon review of the provider's disclosure and related information, the OIG may independently conclude that the disclosed matter warrants referral to the State of Arizona Attorney General's Medicaid Fraud Control Unit (MFCU). Alternatively, the provider may request the participation of a representative of the MFCU, DHHS-OIG, or The United States Attorney's Office in settlement discussions in order to resolve potential liability under the Federal False Claims Act or other laws.

Access to Information

Providers are expected to promptly comply with OIG requests to provide documents and information materially related to the disclosure and to speak with relevant individuals. The OIG also expects the provider to execute and provide business record affidavits whenever requested, in an acceptable form.

The OIG is committed to working with providers in a cooperative manner to obtain relevant facts and evidence without interfering with the attorney-client privilege or

work-product protection. If the provider has retained legal representation, the OIG will cooperate with the provider's counsel to explore ways to gain access to factual or other non-protected information pertinent to the case.

The OIG will assess a provider's culpability and good-faith efforts in reaching the disposition of a self-disclosure. Cooperation will be measured by the extent to which a provider discloses relevant facts and evidence, not its waiver of the attorney-client privilege. A lack of information may make it difficult for OIG to determine the nature and extent of the conduct which caused the improper payment.

Restitution

All provider self-disclosures are subject to a thorough OIG assessment to determine whether the amount identified is accurate. While repayment is encouraged/accepted as early in the process as possible, and any repayment will be credited toward the final settlement amount, the OIG will not accept money as full and final payment for self-disclosures prior to finalizing the audit/investigatory process.

Following the review, OIG staff may consult with the provider's contracted health plan(s) to assist in determination of a repayment amount and explore the need to pursue any further administrative action. The OIG's determination will be based on several factors, including the nature of the problem, the effectiveness of the provider's compliance program, the dollar amounts involved, the time period, thoroughness and timing of the provider's disclosure, any potential harm to the health and safety of AHCCCS patients, and the provider's efforts to prevent the problem from recurring. Upon review of the provider's disclosure and related information, the OIG may at any time conclude that the disclosed matter warrants referral to the Arizona Attorney General's Medicaid Fraud Control Unit (MFCU). Once a repayment amount has been established, assuming full repayment has not previously been made, the OIG expects the provider to reimburse the State of Arizona for the full amount of the overpayment (state and federal share), by check or money order made payable to the AHCCCS Administration or enter into a repayment agreement. The OIG will work with providers to establish repayment terms, which may include some forgiveness of interest and/or extended repayment. Providers interested in extended repayment terms may be required to submit audited financial statements, at the sole discretion of the OIG, and/or other documentation to assist the OIG in making that determination. Once the repayment agreement has been finalized, the OIG will issue a settlement agreement indicating closure of the matter.

State Of Arizona
AHCCCS Office of the Inspector general
Part I – Provider Self Disclosure

DATE COMPLETED	
NAME OF INDIVIDUAL COMPLETING FORM	

Type of Self-Report Issue (select one or more by checking box)	
Billing Issues	<input type="checkbox"/>
Documentation/Records Issues	<input type="checkbox"/>
Quality of Care	<input type="checkbox"/>
Cost Report Issues	<input type="checkbox"/>
Claims for Services Not Provided	<input type="checkbox"/>
Facility Licensing	<input type="checkbox"/>
Falsification/Alteration of Records/Documents	<input type="checkbox"/>
Employee Licensure and/or Credentialing	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Provider Information

Vendor/Facility Name:				
Provider First Name:			Last Name	
Provider Type			Provider Specialty	
AHCCCS ID No.			License No.	
Physical Address	Street			
	City	State	Zip Code	
	Alternate Mailing Address		Street	
	City	State	Zip Code	
Telephone numbers must include the area code				
Work Telephone Number(s)				
Fax Number				
Cell Telephone Number				

Contact Information

PART II

First Name	Last Name		
Title			
Employer/Agency/Company			
Division/Unit			
Relationship to Organization	Employee:	<input type="checkbox"/>	Attorney: <input type="checkbox"/>
	Consultant:	<input type="checkbox"/>	Other: <input type="checkbox"/>
Other Information:	Street		
	City	State	Zip Code
	<i>Telephone numbers must include the area code</i>		
	Work Telephone Number		Ext.
	Cell Telephone Number		
Email Address:			

You must provide written, detailed information about your self disclosure. This must include a description of the facts and circumstances surrounding the possible fraud, waste, abuse, or inappropriate payment(s), the period involved, the person(s) involved, the legal and program authorities implicated, and the estimated fiscal impact. **(Please refer to the AHCCCS OIG self disclosure Guidance for additional information).**

Attach the written, detailed information and any additional relevant documentation to this form and mail the completed form and attachments to the address listed in the instructions above.

I certify that, to the best of my knowledge, the information in this self-report is truthful and is based on a good faith effort to assist the AHCCCS OIG in its' inquiry and verification of the disclosed matter.

Print Name

Signature

Date

Title