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

Self-Disclosure Guidelines

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Table of Contents

Introduction

The mission of the State of Arizona, Arizona Health Care Cost Containment System (AHCCCS), Office of Inspector General (OIG), is to prevent, detect, investigate, and recover improper payments due to Fraud, Waste, and Abuse (FWA). AHCCCS provides guidance to the Managed Care Organizations 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. As part of AHCCCS' multi-disciplinary approach to attaining these goals, the OIG is making a concentrated effort to assist 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 or audit process. While providers who identify that they have received improper payments from the AHCCCS program are required to return the overpayments, the OIG desires 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 issued this guideline to encourage and offer incentives for providers to audit and report matters that involve possible FWA, or inappropriate payment of funds, whether intentional or unintentional, under the state's Medicaid program.

This guidance and Self-Disclosure protocol establishes the process for participating in the OIG's Self-Disclosure Program. The OIG recognizes there are situations, subject to this policy, which 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 AHCCCS or OIG audit or investigation of the provider is not generally eligible for resolution under this Self-Disclosure protocol. Unrelated matters disclosed during an on-going AHCCCS or OIG audit or investigation may be eligible for processing under the Self-Disclosure protocol assuming the Self-Disclosure was received in a timely matter. If the OIG is already auditing or investigating the provider, and the provider wishes to disclose an independent issue, in addition to submitting a Self-Disclosure under this protocol, the provider should bring the Self-Disclosure to the attention of the assigned investigator or auditor. If an external or outside agency is auditing or investigating the provider, and the provider seeks to disclose an issue to OIG, the provider should follow this guidance as set forth.

Due to 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 as opposed to if the 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 a period of 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

When to Disclose

Once an inappropriate payment is discovered by a provider 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 Self-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 specific issue,
- The amount of overpayment or improper payment involved,
- Any patterns or trends that the issue may demonstrate within the provider's system,
- The period of time regarding the non-compliance,
- Any circumstances that led to the non-compliance,
- The organization's history regarding AHCCCS or the OIG, 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 provider organizations for minor or insignificant matters. Consequently, the repayment of simple and routine occurrences of overpayment or improper payments should continue through typical methods of resolution, which may include, but are not limited to: voiding or adjusting claims. The OIG highly discourages providers from ignoring the Self-Disclosure process when circumstances in fact warrant its use.

Self-Disclosure Process

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

1. The basis for the initial Self-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 Self-Disclosure, the date the correction occurred, and the process created or established for monitoring the issue to prevent reoccurrence
4. The name and telephone number(s) of the individual making the report, or the point of contact, on behalf of the provider. The individual may be a senior official within the organization, an outside consultant, or legal counsel; but must be in an appropriate position to speak on behalf of 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
   801 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/Fraud/Providers/.

Using the assumption that the provider acted in good-faith, the mere fact that the provider and OIG are unable to agree on an amount related to the overpayment or the improper payment; and failure to reach resolution regarding the Self-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 in an effort for the OIG to 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 identifying the underlying cause of the issue(s) involved and any corrective action taken;
2. Detailed list of claims paid that comprise the overpayments, or improper payments in an electronic format (preferably an Excel spreadsheet). 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.

The OIG expects complete provider cooperation and timely response to information requests during this process. The OIG anticipates that the vast majority of Self-Disclosures will be completed within three to four months of submission of information.

The OIG will give consideration to the provider's involvement and level of cooperation throughout the Self-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 regarding the amount of overpayments or improper payments identified, or if a provider fails to cooperate in good faith with the OIG to resolve the Self-Disclosure, the OIG may pursue the matter through established audit or investigation processes. Any consideration towards a less stringent repayment and/or sanction terms may no longer apply.

Upon review of the provider's Self-Disclosure and related information, the OIG may independently conclude that the disclosed matter warrants referral to the State of Arizona Attorney General's (AGO), Medicaid Fraud Control Unit (MFCU). Alternatively, the provider may request the participation of a representative of the MFCU, United States Department of Health and Human Services (HHS) OIG, or the United States Attorney's Office (USAO) 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 the OIG's requests for documents, records, and information that is material and supportive of the Self-Disclosure. The provider is expected to make available to the OIG all relevant individuals for interviews or meetings. The OIG necessitates that the provider 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, documents, records, and evidence without interfering with the attorney-client privilege or work-product protection. If the provider has retained legal representation, the OIG will work with the provider's counsel to coordinate the process by which the OIG will 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, documents, records, and evidence, not its waiver of the attorney-client privilege.

A lack of information obtained or offered by the provider may make it difficult for OIG to determine the nature and extent of the conduct which caused the improper payment. This lack of cooperation by the provider, or their designated representative, may result in the lack of or denial of favorable outcomes or considerations in the process.

Restitution

All provider Self-Disclosures are subject to a thorough OIG assessment to determine whether the financial analysis conducted is deemed accurate. While repayment is encouraged, and 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 until the OIG finalizes each aspect of the audit, review, or investigatory process.

Following the review, OIG staff may consult with the provider's contracted health plan(s) to assist the OIG in determining the exact repayment amount. The OIG will confer with AHCCCS Divisions to explore the need to pursue any further administrative action. The OIG's final determination will be based on several factors, including, but not limited to the following:

1. the nature of the problem and the effectiveness of the provider's compliance program,
2. the dollar amounts involved,
3. the time period, thoroughness and timing of the provider's Self-Disclosure,
4. any potential harm to the health and safety of AHCCCS patients, and
5. The provider's efforts to prevent the problem from recurring.

During the final determination of the provider's Self-Disclosure and aforementioned related documents, records, facts, and evidence; the OIG may at any time conclude that the Self-Disclosure warrants a referral to AGO, MFCU. Once the OIG has determined the appropriate repayment amount has been established, the OIG will seek to obtain full repayment. Full repayment is not established until the OIG has concluded the process.

To this end, the OIG will work with providers to establish repayment terms. Providers interested in extended repayment terms maybe required to submit audited financial statements, to include state and federal tax returns; and bank records, which will be requested at the sole discretion of the OIG. Other documentation may be requested by 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. The OIG requires the provider to reimburse the State of Arizona for the full amount of the overpayment or improper payments, to include the state and federal share, by check or money order made payable to the AHCCCS Administration; or the provider has to enter into a repayment agreement.

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)	
Coding, Edits, or Billing Issues	
Documentation/Records Issues	
Quality of Care	
Cost Report Issues	
Encounters and/or Claims for Services Not Provided	
Facility or Provider Credentialing and Licensing	
Falsification/Alteration of Records/Documents	
Employee Licensure and/or Credentialing	
Other:	

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:** **Attorney:** **Consultant:** **Other:**		
Other Information:	**Street**		
	City	**State**	**Zip Code**
	Telephone numbers must include the area code		
	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 Guidelines 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