**Compliance Program - Overview**

The iCircle Corporate Ethics and Compliance Program adheres to the highest standards of conduct, honesty, integrity and reliability in our business practices. The Compliance Department is designed to assist the organization to uphold our continued commitment in making proper and ethical decisions. The compliance and integrity program maintain a comprehensive plan, which addresses how iCircle will uphold and follow state and federal statutes and regulations pertaining to fraud, waste, and abuse.

The program applies to officers, directors, employees and affiliated associates such as providers, vendors, and subcontractors. It consists of the following: policies and procedures, Standards of Conduct, compliance oversight, education and training, monitoring and auditing, enforcement and discipline, and detection and prevention of fraud, waste, and abuse.

If you have questions or concerns related to:

• Potential Fraud, Waste, or Abuse;

• Standards of Professional conduct;

• Confidentiality;

• Notice of Privacy Practices;

• Potential Conflicts of Interest;

• Or other regulatory requirements or laws,

Call the Compliance Helpline: 1-833-202-5117, or email SIU@icirclecarecny.org 24 hours a day, 7 days a week to submit questions and concerns. You will remain anonymous.

You may contact the Compliance Officer directly at 585-347-1924

**Self – Disclosure and Overpayment Identification Instructions:**

In accordance with the Office of the Medicaid Inspector General January 2024 guidance, providers who have a compliance program should be utilizing routine compliance program audits, self-review, or internal controls to review compliance with Medicare and Medicaid requirements to identify and self - report overpayments.

If a provider independently identifies an overpayment, providers are obligated to take corrective action, which includes reporting with an explanation and returning any overpayment identified within 60 days. Once a provider returns an identified overpayment to iCircle, iCircle is required to report all overpayments received through quarterly and monthly reports to OMIG.

Types of Overpayments identified: Duplicate payments and claim adjustments

In addition, because iCircle is a Managed Long-Term Care Plan and not fee for service, **a Network provider is required to self-disclose overpayments to iCircle directly within 60 days of identification.** iCircle is required to inform OMIG of any self-disclosure that a Network Provider has disclosed.

If iCircle does not respond to a network provider’s request to report a self-disclosure, the Network Provider would inform OMIG of all of their attempts to self disclose to the plan and submit the disclosure and documents to OMIG directly.

The Network provider is required to submit all of the details of the issue discovered, details of the investigation, and the corrective action in place that will prevent or mitigate this incident from happening again. In addition, a detailed spreadsheet of all claims associated with the issue identified, including each claim number, dates of service, payment amount, and payment to be returned.

Please contact the iCircle Compliance Officer once the overpayment is identified in order to ensure all appropriate timeframes are met and that all of the detailed information is accounted for before sending.

Email all disclosure information to SIU@icirclecarecny.org Attention Compliance Officer, or call the Compliance Officer directly 585-347-1924.

**Compliance Program Certification:**

Participating providers, by way of their Executive Leader or Corporate Compliance Officer, shall provide a copy of their Certification Statement for Provider Billing Medicaid (ETIN) along with a signed attestation stating that they have an effective compliance program which includes their Compliance Program and evidence to demonstrate 100% compliance with their annual Fraud, Waste, and Abuse training.

Please refer to the Attestation Form for download and signature. This and the ETIN may be submitted at the same time it sent to Medicaid, understanding that each provider receives their annual ETIN at different times throughout the year.

This may be emailed, using the SIU@icirclecarecny.org email Attention Corporate Compliance Officer.

**Definitions**

• **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. 18 U.S.C. § 1347.

• **Waste:** Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

• **Abuse:** Actions that may, directly or indirectly, result in: unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors