

Medicaid Compliance Program Training

Clarence CSD



Introduction - What is Medicaid?

- As a Provider of Health Services, the District is entitled to participate in the School Supportive Health Services Program (SSHSP)
 - Developed jointly by State Ed. Dept. (SED) and Dept of Health (DOH) to assist districts in obtaining reimbursement for Medicaid services
 - Authorized by Legislature in 1989

Introduction - What is Medicaid?

- General Requirements
 - Student must be eligible for Medicaid and have an IEP
 - District must incur a cost in providing services
 - No Federal Funds (full or partial) may be used to pay for services
 - Signed and dated session notes must be supported by parental consents, prescriptions, service specific items

NYS Social Services Law 363-d Requirement

- Medicaid providers claiming \$500,000+ in a year must implement eight element compliance program.
- Intent
 - Organize so inaccurate billings and payment discrepancies are detected & resolved quickly and efficiently
 - Provide checks and balances to prevent future occurrences

NYS Social Services Law 363-d Requirement

- Requires annual certification
- Failure to implement plan could result in OMIG sanctions up to exclusion from the SSHSP Program

Compliance Program Elements

Written Policies and Procedures

- Describe expectations via Code of Conduct
- Implement Compliance Program
- Provide guidance in dealing with potential compliance issues
- Identify communications channel for reporting
- Describe how potential problems will be investigated and resolved.

Compliance Program Elements

Appoint a Compliance Officer

- Responsible for day to day operation of the program
- Must be district employee (full or part time)
- Reports directly to superintendent or senior administrator
- Must have access to information & personnel

Compliance Program Elements

Training

Training of all affected employees and persons on compliance

- Must include executives & BOE
- Must occur periodically & as part of orientation for new employees and BOE members
- Record attendance to document training
- All affected employees, service providers and administrators should have access to Code of Conduct and other written policies/procedures

Compliance Program Elements

Communication Line to Compliance Officer

- Must be accessible to all employees, persons associated with Medicaid program, executives & board members
- Must include means for anonymous and confidential good faith reporting of potential compliance issues as they arise
- All must be informed of process

State Process for Reporting

- Any employee may report suspected inappropriate practices or billing procedures *in writing* to the State Compliance Officer
- Disclosures may be anonymous
- State Compliance Officer will send to District without revealing employee's identity, unless given written consent

State Process for Reporting

- The State Compliance Officer, if not satisfied with any aspect of the investigation, may ask for an independent Dept. of Health audit of the issue
- If the employee's identity becomes known, no adverse action of any type may be taken

State Process for Reporting

Compliance Officer

NYS Office of Medicaid Inspector General
Division of Medicaid Audit – Self Disclosure

800 North Pearl Street

Albany, NY 12204-1822

selfdisclosures@omig.ny.gov (email preferred)

518-473-3782

<http://www.omig.ny.gov> – click on “Self Disclosure”

District Compliance Officer

- Must be named each year at the District's Reorganizational Meeting
- 2020-2021 Year: Richard J. Mancuso

Compliance Program Elements

Disciplinary Policies

For Failure to Report, OR Permitting Non-Compliant Behavior

- All employees/service providers required to report suspected fraud, abuse or other non-compliant problems
- Even unintended errors or mistakes constitute non-compliance
- Reporting such allows for correction
- Failure to report can lead to disciplinary action

Compliance Program Elements System to Identify Risk Areas

- Self evaluation, including internal and appropriate external audits
- Common areas - of potential risk
 - Documentation of service delivery by qualified providers
 - Proper supporting documentation for services
 - Record retention for audit purposes

Note: Majority of improper billing in Districts results by error or omission - not intent to defraud

Compliance Program Elements

Non-intimidation/Non-retaliation Policy

There can be no intimidation or retaliation for good faith involvement in compliance issues

Includes, but not limited to involvement in:

- Reporting potential issues
- Investigating issues
- Self evaluation, audits & remedial actions

Concluding Thoughts

- Must maintain satisfactory compliance program
 - Certify annually
 - Will be reviewed during audits
 - OMIG or DOH have authority to determine whether program remains satisfactory
 - Keep current with changes in SSHPS
 - Sanctions could be imposed

Please Print your Name & Sign this page Return to R. Mancuso (Business Office)

- I have read and reviewed the power point regarding Medicaid Compliance for the 2020 - 2021 School Year
- If I had any questions I will direct them to the Special Ed. Office or the Medicaid Compliance Officer (this Information is on the Districts Web Site)

- _____Print Name
- _____Sign Name
- _____Date