

Medicaid Compliance Program and Policy

In accordance with New York State Social Services Law, the East Ramapo Central School District (hereinafter “the District”) has developed this Medicaid Compliance Program (hereinafter “the District Compliance Program”). The District Compliance Program is intended to apply to billings, payments, medical necessity and quality of care; governance; mandatory reporting; credentialing; and other risks identified with due diligence. As part of the District’s Compliance Program, the District has developed the Medicaid Compliance Policies set forth herein (hereinafter “this Compliance Policy”) as a comprehensive statement of the responsibilities and obligations of all employees and contractors regarding submissions of information on which payment is made or submitted to Medicaid. This Compliance Policy is intended to apply to business arrangements with physicians, vendors, subcontractors, hospitals, related service providers, agents, employees and other persons who may be subject to federal or state laws relating to fraud, waste and abuse in the Medicaid program. Expectations for compliance with this Compliance Policy shall become part of the District’s Code of Ethics.

Detecting and preventing fraud, waste and abuse is the responsibility of everyone, including employees, members, providers and sub-contractors.

Definitions —

Fraud – An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Waste and Abuse – Incidents or practices that are inconsistent with legal, ethical, accepted and sound business, fiscal or medical practices that result in unnecessary cost to health programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Wrongdoing - In addition to being a violation of Federal or State law, wrongdoing includes, but is not limited to, impermissible billing practices such as:

- billing for services not performed at all or not performed as described;
- submission of claims for unnecessary or undocumented services, equipment, or supplies;
- double billing;
- upcoding;
- unbundling;
- misuse of coding modifiers;
- false cost reports;
- billing for services by an unlicensed or excluded provider;
- paying or accepting money, gifts, or favors in return for referrals.

Exclusionary List – The List of Excluded/Restricted Individuals and Entities of providers excluded from participation in the Medicaid program due to unacceptable practices. Lists are maintained by the New York State Office of the Medicaid Inspector General, the Health and Human Services Office of the Inspector General and the Government Services Administration.

Distribution of Policy

- This Compliance Policy will be provided to all affected employees and contractors providing health care services for which Medicaid payments are submitted. The District will maintain verification that employees have read and understood this Compliance Policy.
- This Compliance Policy will be distributed to East Ramapo employees via the district web page.
- Hard copies of this Compliance Policy will be provided to all new employees.
- Any updates to this Compliance Policy will be posted on the District's webpage and an email will be sent to all affected employees and contractors advising them of the update.
- The District will provide training to all employees and clinicians unless providers submit verification that they have received training in another venue.

Compliance Officer

The Compliance Officer is the individual within the District responsible for the day to day operation of the District's Compliance Program. The Compliance Officer shall be the coordinator for special seminars and education on compliance issues, expectations, and the District's Compliance Program operation to ensure that:

1. All employees, including new employees, are receiving adequate education and training and that such education and training is documented;
2. All employee complaints and other concerns regarding compliance are promptly investigated;
3. Adequate steps are taken to correct any identified problems and prevent the reoccurrence of such problems.
4. Policy and procedures are in place to address the "non-employment or retention of excluded individuals" including new hires, vendors, contractors, and Board members. Procedures should include routine screening, a centralized process, and documentation of screening.
5. The Exclusion List shall be monitored regularly and as new employees or vendors are hired.

The Compliance Officer will work with the Compliance Committee, and shall report periodically to the Superintendent of Schools and the Board of Education.

Compliance Committee

A Compliance Committee comprising the Superintendent or his/her designee, the Assistant Superintendent for Finance, the Director of Special Student Services, a Board member, and others as designated by the Superintendent, will meet yearly to review and revise policies and procedures, and as needed to investigate and document good faith reports of non-compliance, fraud, waste or abuse. The Compliance Officer will work closely with the Compliance Committee to implement the District's Compliance Program.

Training in Medicaid Compliance

The Superintendent of Schools shall develop and implement a training program for all affected employees and persons associated with the provider, including Board members, which shall cover:

- Overview of compliance
- Department specific risk areas (SSHSP services, billing, financial records)
- Summary of fraud and abuse laws (including False Claims Act)
- Security and confidentiality
- How compliance relates to individuals:
 - o Board, administration, management
 - o Program staff
 - o Financial office
- Expectations of Compliance
- the District Compliance Program Operation

The Compliance Officer shall be responsible for implementing the training program, and ensuring that all new employees and new Board members receive the appropriate training. Such training shall occur periodically and be made part of the orientation for a new employee, appointee or associate, executive and governing body member.

Employee Participation and Reporting

It is the responsibility of every District employee to abide by applicable laws and regulations and support the District's compliance efforts by:

1. being alert to potential compliance issues relevant to their activities;
2. seeking advice from the Compliance Officer regarding compliance issues as appropriate;
3. reporting their good faith belief of any suspected, actual or potential compliance issues including fraud, waste and abuse;
4. cooperating in the investigation of compliance reports; and
5. being completely honest in all dealings with federal and state agencies and representatives.
6. ensuring billing is properly documented for Medicaid reimbursement
7. ensuring IEPs are drafted according to Medicaid regulations so as to allow Medicaid reimbursement when appropriate.

Any employee who in good faith believes s/he has knowledge of a potential violation of this Compliance Policy, must report this information to the District directly to the Compliance Officer. Violations of this Compliance Policy or failure to report a known violation of this Compliance Policy is considered to be a serious infraction of District procedures, and may result in the imposition of disciplinary action up to and including termination. No employee shall be subjected to intimidation or retaliation for the good faith reporting of a suspected violation. The District shall maintain confidentiality and provide anonymity to the employee(s) who in good faith reports potential compliance issues as they are identified in accordance with District Policy and applicable federal and state law. Any retaliation or intimidation against an employee as a result of such good faith reporting or as a result of an employee's cooperation in the investigation of such a report shall be strictly prohibited. (See Policy 9645 — Disclosure of Wrongful Conduct)

Reporting Suspected Violations

Employees shall report their good faith belief of non-compliant behavior, including suspected, actual or potential violations of the District Compliance Program, fraud, waste and abuse or applicable laws, either orally or in writing to the Compliance Officer. The District shall maintain confidentiality and provide anonymity to the employee(s) making such good faith report in accordance with District Policy and applicable federal and state law.

Disciplinary Policies

All affected individuals of this Compliance Policy are expected to report compliance issues and assist in their resolution. Should an affected individual fail to report suspected problems with compliance, fraud, waste and abuse, participate in non-compliance, fraud, waste and abuse under this Compliance Policy, or encourage, direct, facilitate or permit either actively or passively non-compliance, fraud, waste or abuse, such action or inaction may lead to disciplinary action in accordance with provisions of applicable collective bargaining agreements and state and federal law. Such disciplinary action shall be fairly and firmly enforced.

Monitoring and Auditing

Procedures for Internal Monitoring and Auditing of Fraud, Waste and Abuse

As an integral part of its commitment to prevent fraud, waste and abuse, the District has developed, and shall continue to develop and refine procedures for effective internal monitoring and auditing for fraud, waste and abuse and shall conduct Risk Assessments to detect and prevent fraud, waste and abuse.

1. Internal and External Auditing and Monitoring

In order to detect non-compliance with the District Compliance Program and this Compliance Policy and to detect fraud, waste and abuse, the District shall periodically monitor, internally audit, and as appropriate, externally audit the business activities of the District including, but not limited to, the auditing of the health and pharmacy claims and other compliance audits. Audits may also consist of evaluation of potential or actual non-compliance

as a result of such self-evaluations, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care of medical assistance program beneficiaries.

Auditing and monitoring of fraud, waste and abuse may be performed utilizing any of the following:

- a. unannounced internal audits or “spot checks”;
- b. review of areas previously found non-compliant to determine if the corrective actions taken have fully addressed the underlying problem;
- c. use of objective, independent auditors that are knowledgeable of the Medicare, Medicaid program requirements and who are not employed in the area under review; and
- d. access to existing audit resources, relevant personnel, and relevant areas of operation by both internal and independent auditors.

2. Informal Audits and Monitoring

Monitoring activities refer to reviews that are repeated on a regular basis during the normal course of operations. Monitoring may occur to ensure corrective actions are undertaken or when no specific problems have been identified to confirm ongoing compliance.

3. Risk Assessment

The District shall have a risk assessment system that determines where the District is at risk for fraud, waste and abuse, and shall prioritize the risks. The Compliance Officer shall participate in or contribute to the risk assessment process. The District shall have a system of ongoing monitoring and auditing that is coordinated or executed by the Compliance Officer to assess performance in, at a minimum, areas identified as being at risk.

Responding to Compliance Issues

1. General

The District is committed to responding to compliance issues as they are raised and to investigating any incident of noncompliance with this Compliance Policy. In this regard, the District has developed internal and external audit procedures and encourages employees to report fraud, waste and abuse on their own initiative.

2. Investigation of and Correcting Potential Violations

Upon receipt of reports of good faith reports or credible indications of potential compliance problems, suspected noncompliance or fraud, waste and abuse, the Compliance Officer, or his/her designee, will conduct an investigation. Generally, the investigation will be conducted by the Compliance Officer or his/her designee, and may include, but not be limited to, conferring

with the parties involved, any named or apparent witnesses, review of all relevant records and documentation, and analysis of applicable laws and regulations.

In the event of non-compliance with the District Compliance Program or Policy, or if any incident of fraud, waste or abuse is determined by the Compliance Officer, such investigation, the Compliance Officer shall immediately take appropriate actions, including:

- a. identify and report compliance issues including abusive or potentially fraudulent conduct or inappropriate utilization activities once identified via proactive data analysis or other processes for further investigation to the New York State Department of Health or to the Office of Medicaid Inspector General (“OMIG”);
- b. report potential violations of Federal law to the Center for Medicare and Medicaid Services (“CMS”), the Office of Inspector General (“OIG”), or, alternatively, to appropriate law enforcement authorities;
- c. cooperate with the above mentioned agencies;
- d. if overpayments are determined to have been made, effectuate a refund of same to the appropriate party; and
- e. discipline any employees who engage in fraud or abusive practices in accordance with applicable collective bargaining agreements, up to and including termination;
- f. implement policies, procedures and systems to reduce the potential for recurrence.

The results of any investigations shall be thoroughly documented. Investigation records shall include a description of the investigative process, copies of interview notes and key documents, a log of individuals interviewed and documents reviewed, the results of the investigation, and any disciplinary or corrective actions taken. Precautions shall be taken to ensure that critical documents are not destroyed without permission of the Compliance Officer and approval of Legal Counsel, and are retained in accordance with statutory guidelines regarding retention.

3. Corrective Action

Corrective Action should be taken promptly and thoroughly following completion of the investigation. If an audit or investigation reveals non-compliance with this Compliance Policy, the Compliance Officer shall draft a corrective plan of action, and establish deadlines by which corrective action must take place. Possible corrective actions include, but are not limited to, refunds of any overpayment received, employee disciplinary action up to and including termination, and reporting to federal or state authorities.

All corrective actions shall be documented, and include progress reports with respect to each error identified. Any decision whether to disclose the results of investigations or audits to federal or state authorities shall be made in consultation with Legal Counsel.

Non-intimidation and Non-retaliation

All those to whom this Compliance Policy applies and who in good faith participate in the District Compliance Program and this Compliance Policy, including but not limited to reporting potential issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided by sections seven hundred forty and seven

hundred forty-one of the labor law shall not be subject to intimidation and retaliation for such good faith participation.

Policy and Procedure Review

This policy and procedures shall be reviewed annually and updated consistent with the requirements and standards established by Federal and State law and regulations, and review organizations.

Ref:

2160 – School District Officer and Employee Code of Ethics

9645 – Disclosure of Wrongful Conduct

Adopted: 12/16/09

Revised: 12/18/12