

MEDICAID COMPLIANCE POLICY

The Board of Education recognizes its obligation to put a plan and program in place to prevent or otherwise detect fraud, waste and abuse in the Medicaid program. In general, the Board expects that its officers and employees will operate with integrity and in conformance with its adopted code of ethics (Policy 9290). The Board directs the Assistant Superintendent for Business and the Medicaid Compliance Officer to ensure that the following program elements are in place and are implemented effectively in accordance with state and federal laws and regulations.

Employees, non-employees and contractors involved with the provision of, or claiming of federal Medicaid financial compensation or reimbursement for, school and preschool supportive health services are required to comply with the governing federal and state statutes and regulations and school policy and procedures.

Medicaid claims shall be submitted only for necessary services provided to Medicaid eligible students, as supported by appropriate documentation. Billings shall not be duplicated and will be limited to employees or service providers certified to submit Medicaid reimbursement claims.

Proper and timely documentation of services provided must be maintained at all times, and such supporting documentation must be retained for a minimum of six (6) years from the date the service was furnished or billed, whichever is later. Reimbursement claims will only be considered when such documentation is maintained and available for review by the Compliance Officer or any other auditor requesting evidence to support claims submission.

Services will not be billed unless the provider has certified that the services were provided, and appropriate documentation completed in compliance with federal and State laws, regulations, and School District policy and procedures is on file.

When a provider submits such certification, the provider is certifying that there is sufficient documentation to support the claim and that:

1. All services reported were personally provided or personally supervised;
2. Such services were necessary and appropriate; and
3. The rendering of such services, the coding or charging for these services, and the documentation of such services have all been performed in accordance with federal and State laws and regulations and School District policy and procedures.

Speech services shall not be billed unless those services are provided by a licensed speech language pathologist or provided under the direct supervision of a qualified speech pathologist. Any individuals working under the direction of a qualified speech pathologist must be given contact information in order to enable them to directly

Medicaid Compliance Policy (Continued)

communicate with the supervising speech pathologist as needed during terms of student treatment.

Transportation may not be billed unless the provider can clearly document the child's attendance on the vehicle for eligible services on the specific day being billed. Transportation logs must be maintained for each one-way trip.

Counseling services may not be billed unless provided by a currently licensed and registered psychiatrist, psychologist, licensed clinical social worker ("LCSW") or licensed master social worker ("LMSW") operating under the supervision of a licensed and registered psychiatrist, psychologist, or LCSW acting within the scope of practice.

The School District will attempt to ensure that all claims for services are accurate, properly documented, correctly identify the services performed or provided, and are billed in a timely manner.

All employees and service providers are required to report suspected fraud or abuse or other non-compliance problems. Even unintentional errors or mistakes, as they constitute non-compliance, must be reported so that corrections can be made. Failure to report suspected fraud, abuse or other noncompliance, assisting or participating in fraud, abuse or other non-compliant behavior, or encouraging, directing, permitting or facilitating such activities whether actively or passively will result in disciplinary action.

Suspected fraud, abuse or other non-compliance problems must be reported to the Compliance Officer. If the Compliance Officer is not available, the report should be made to the Assistant Superintendent of Business. If the suspected violation is on an organization-wide level or by the Administration, the report should be made to the President of the Board of Education.

School District Compliance Officer

The Board will appoint a Medicaid Compliance Officer, an employee vested with the responsibility for the day-to-day operation of the compliance program, at its annual organization meeting. The role of the Compliance Officer shall be to oversee the compliance program, receive and promptly investigate reports of non-compliance and report findings as appropriate to the Medicaid Inspector General, as well as to the Board of Education and Superintendent. The Compliance Officer will report to the Board fraud, significant findings or patterns of non-compliance.

Responsibility for monitoring the School District's Compliance Program shall be vested in the Assistant Superintendent for Business.

The duties of the Compliance Officer shall include, but not be limited to:

1. Overseeing and monitoring compliance activities;

Medicaid Compliance Policy (Continued)
School District Compliance Officer (Continued)

2. Reporting regularly to the Assistant Superintendent for Business and periodically to the Board of Education;
3. Establishing procedures to improve efficiency and to reduce vulnerability to fraud, abuse and waste;
4. Ensuring that the Compliance Program is implemented and evaluated periodically;
5. Developing, coordinating, conducting, and participating in a multifaceted educational and training program that focuses on elements of the Compliance Program, and seeks to ensure that all appropriate employees and service providers, administrators and Board of Education members are knowledgeable of, and compliant with, pertinent federal and State requirements;
6. Educational and training programs shall occur periodically and shall be made a part of the orientation for any new employee, service provider, administrator, and Board of Education member;
7. Coordinating internal and external auditing of all compliance requirements on a periodic basis;
8. Establishing and administering a reporting system that is available to report any suspected illegal conduct or other conduct that violates applicable law, regulation, or School District guidelines;
9. Developing and publishing notices that encourage the reporting of all suspected fraud and other improprieties without fear of retaliation;
10. Investigating any report or allegation concerning possible unethical or improper business practices and monitoring subsequent action and compliance;
11. Monitoring any and all fraud alerts issued by the Office of the Medicaid Inspector General;
12. Monitoring the website of the Office of the Medicaid Inspector General for Compliance Program guidelines, including any Compliance Program template, and revising the School District's Compliance Program if necessary; and
13. If, at any time, the District provides care or submits claims for care, services or supplies that are or are expected to be a "substantial portion" (as defined by 18 NYCRR 521.2) of its operations, during the month of December of every school year the

Medicaid Compliance Policy (Continued)
School District Compliance Officer (Continued)

Compliance Officer shall provide the Superintendent of Schools with the certification form provided by the Office of the Medicaid Inspector General on its website, if one is available, which the Superintendent of Schools shall submit certifying that an effective compliance program meeting the requirements of the regulations is in place.

14. Prohibit use of “excluded” providers: Ensure that the district doesn’t hire or contract with service providers who have been excluded from Medicare or the Medicaid program. The Assistant Superintendent for Pupil Personnel will check the credential of the provider before the district engages their services. District employees will be required to sign an agreement that said employee will inform the Compliance Officer and district human resource administrator upon receipt of any notification or knowledge that the individual’s license has been suspended, revoked or lapsed, or if they have been excluded from participation in the Medicaid program. Upon notice by the employee, the district will take remedial steps as soon as possible.

Contracts with outside providers will include provisions to address this requirement. The account clerk assigned with Medicaid responsibility will check the list of excluded providers monthly to determine if any district employees who deliver Medicaid-covered services, or if any contractors, have been added to the list or have been reinstated. If any have been excluded, it will be reported immediately to the Compliance Officer, who will initiate remedial action.

State Compliance Officer

1. Any employee who believes that any practice or billing procedure related to Medicaid reimbursement of school or preschool supportive health services is inappropriate, may send information concerning such practice or billing procedure in writing to:

Carol Booth
NYS SSHSP Compliance Officer
Room 2482 Corning Tower
Albany, NY 12237

Phone: 518-473-3234
Email: clk04@health.state.ny.us

Disclosure may be made anonymously. Any oral communication alone of any such allegation will not be sufficient to require any further action to be initiated under the Confidential Disclosure Policy procedures.

Medicaid Compliance Policy (Continued)
State Compliance Officer (Continued)

2. The relevant state agencies and the school district shall undertake a review of the practice described in the disclosure without attempting to uncover the identity of the complaining employee and shall determine: (a) whether the allegations are credible, (b) whether any federal or state statute, regulation or policy pertaining to any practice or billing procedure related to Medicaid reimbursement of school or preschool supportive health services has been violated, and (c) whether any such violation is systemic or was limited to one or a small number of cases.

3. The relevant state agencies and the school district shall address any violation found during the review, whether systemic or limited, in a manner designed to avoid a similar violation in the future and to remedy the effect of the violation in the cases in which it was found to have occurred. If the review determines the violation was systemic, the relevant state agencies and the school district shall take all steps necessary to identify the cases in which the violation occurred and then to remedy the effect of the violation in those cases.

4. Within 90 days of receiving notice from the State Compliance Officer of the information provided by an employee, the relevant state agencies and the school district shall: (a) complete the review of such allegations and any remedial plan required as a result of such review and (b) provide to the State Compliance Officer a written description of the review, the remedial plan and all actions taken pursuant to such plan. In the event the relevant state agencies and the school district determine the allegations are not credible, the written response shall describe the bases for such determination. The written document shall identify the individual(s) at the relevant state agencies and the school district who were responsible for approving the review, the remedial plan and all action taken pursuant to such plan, including the name, job title, telephone number, mailing address, e-mail address and fax number of the person(s) who took such action.

5. In the event the employee's identity becomes known to a state agency or the school district, or to an employee of such agency or school district, no adverse employment action of any type shall be taken against such employee because information was provided to the State Compliance Officer or to a person conducting a review of the disclosure.

6. The relevant State agencies and the school district shall include in every training any of them provides: (a) a description of the Confidential Disclosure Policy procedures described above; (b) the name, mailing address, email address and fax number of the State Compliance Officer and School District Compliance Officer; and (c) an assurance that no adverse employment action of any type will be taken against an employee because information was provided to the State Compliance Officer and school district or to a person conducting a review concerning alleged inappropriate practices or billing

Medicaid Compliance Policy (Continued)
State Compliance Officer (Continued)

procedures related to Medicaid reimbursement of school or preschool supportive health services.

Education and Training

The School District's Compliance Program requires compliance and ethics training for all employees and service providers associated with Medicaid services and claims. This training will emphasize the school district's commitment to compliance with all federal and state laws, regulations, and guidelines. This training will be conducted on an annual basis. Mandatory training will include compliance, prevention of fraud and abuse, whistleblower protections, ethical standards, confidentiality, and conflicts of interest. All affected employees and service providers must attend an initial training session following hire and participate in ongoing, routine training sessions thereafter as required. As new developments or concerns arise; the Compliance Officer may require additional training sessions.

All compliance training must be documented. The Compliance Officer will maintain all such documentation signed by those attending any training session. All affected employees and service providers must sign an Acknowledgement Form at the initial training, and thereafter when any updates of those documents are received.

Education and training will cover the School District's Compliance Program, and will reinforce the requirement that strict compliance with the Compliance Program is a condition of employment or contractual agreement. Employees will be informed that failure to comply with the Compliance Program may result in disciplinary action, up to and including termination.

In addition to compliance and ethics training, periodic continuing education, which may be required by law or regulations, will be provided for affected personnel. The school district will post in common work areas and other prominent places a notice reminding all affected individuals of the school district's commitment to compliance with all federal and state laws and regulations regarding Medicaid claims and services.

Communication – Access to Compliance Officer

The identity of individuals who make good faith reports of potential compliance issues to the Compliance Officer is confidential.

Reports that suggest violations of the Compliance Program will be maintained by the Compliance Officer in a log and will be investigated promptly by the Compliance Officer to determine their validity. The Compliance Officer will report the findings to the Assistant Superintendent for Business and Board of Education for possible further

Medicaid Compliance Policy (Continued)
Communication – Access to Compliance Officer (Continued)

investigation of and possible corrective action regarding each compliance issue. Identifying and reporting compliance issues may also be made directly to the State Compliance Officer identified above.

Prohibition of Intimidation or Retaliation

No adverse employment action, retaliation, or intimidation against such individuals for making such reports or who in good faith discloses a practice that violates any law, regulation, or guideline, initiates, cooperates or participates in an investigation, evaluation, audit, or remedial activity, or objects to or refuses to participate in any activity, policy or practice that violates any law, regulation, or guideline shall be permitted.

Persons who engage in such actions may be disciplined up to and including termination from employment. A person who believes that they are subjected to such actions is encouraged to immediately report it to the Compliance Officer.

Investigating, Reporting and Correcting Identified Problems

Any and all reports of violations of the School District's Compliance Program regarding Medicaid claims and services will be investigated. The Compliance Officer or designee will conduct an investigation. The investigation will be done promptly and will be conducted under advice of legal counsel as deemed necessary. The purpose of the investigation will be to determine if any violation has occurred. If a violation has occurred, steps will be taken promptly and thoroughly to remedy the violation. The investigation may include interviews, review of relevant documents, and any other information deemed necessary to conduct a thorough investigation. Outside auditors or legal counsel may be retained to assist when deemed necessary. If at the completion of the investigation disciplinary action is required, discipline will be imposed in accordance with applicable law, regulation, and collective bargaining agreement. Law enforcement will also be informed if the conduct may have violated criminal law. The Compliance Officer will direct that appropriate corrective action be taken to prevent similar violations of the Compliance Program from recurring. Any issue for which corrective action was directed to be taken shall be specifically targeted for monitoring and review in future audits.

Auditing and Monitoring

The Compliance Program requires a thorough monitoring of its implementation. Bi-annual audits will be performed. Audits will be internal and, as appropriate, external. Audits will be designated and implemented to ensure compliance with the Compliance Program and all applicable federal and State laws and regulations and school district policies and procedures.

Medicaid Compliance Policy (Continued)
Auditing and Monitoring (Continued)

Compliance audits will include:

1. Internal reviews;
2. Interviews with personnel involved in Medicaid services and claims, management, operations, billing, and other related activities; and
3. Review of written materials and documentation utilized in Medicaid services and claims;
4. Identification of compliance risk areas specific to the provider type, self-evaluation of such risk areas, credentialing of providers and persons associated with providers, mandatory reporting, governance and quality of care of medical assistance program beneficiaries.
5. A review of billings, payments, medical necessity and quality of care, governance, mandatory reporting, credentialing and other risk areas that are or should with due diligence be identified.
6. Review of the District's training and education program, the effectiveness of the District's dedicated communication lines and the District's disciplinary procedures under the Program. Formal audit reports will be prepared and submitted to the Compliance Officer, the Superintendent, and the Board of Education by November 30 of every other school year to ensure that the School District is aware of the results and can take appropriate steps to correct problems and prevent them from recurring. The audit reports will specifically attempt to identify areas where corrective action is needed. Subsequent audits or studies will be used to ensure that the recommended corrective actions have been effectively implemented.

The Superintendent is responsible for developing regulations which will further detail the procedures associated with this policy. The Board will periodically review and update this policy and the associated plan.

Dissemination of Policy

The Board directs the Superintendent to ensure that this policy, as well as the cross-referenced policies, are disseminated to employees as well as those entities providing Medicaid covered services, with particular attention to those employees involved in administering the programs and services associated with Medicaid and their billing.

Cross-ref: 4160, Confidential Medicaid Disclosure Policy
 9290, School Board Officer and Employee Code of Ethics

Medicaid Compliance Policy (Continued)

Ref: False Claims Act, 31 U.S.C. §3729, et seq.

State Finance Law §§187 et seq. (New York False Claims Act)

Social Services Law §§145-b (False Statements); 145-c (Sanctions);
363-d (Provider Compliance Program)

Labor Law §740 (Prohibits Retaliation)

18 NYCRR § 504.3 (Duties of the Provider)

18 NYCRR §§ 515.1, 515.2 (outlining unacceptable practices)

18 NYCRR §§521.1 et seq. (Provider Compliance Program regulations)

Adoption Date:

September 24, 2012