

CONFIDENTIAL MEDICAID DISCLOSURE POLICY

This policy is intended to enable employees of the School District to disclose anonymously any practice or billing procedure related to Medicaid reimbursement, which the employee deems to be inappropriate, to the New York State Compliance Officer.

New York State Compliance Officer

Carol Booth
New York State SSHP Compliance Officer
Room 2482 Corning Tower
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E-mail address: clk04@health.state.ny.us

Communications with the New York State Compliance Officer

- 1) An employee who believes that any practice or billing related to Medicaid reimbursement is inappropriate may send related information to the New York State Compliance Officer (the “NYS Compliance Officer”).
- 2) Information may be forwarded to the NYS Compliance Officer anonymously but it must be in writing. An employee's verbal communication of alleged wrongdoing will not be sufficient to warrant the initiation of further action under the Confidential Disclosure policy procedures set forth herein.
- 3) Information may be sent via US Mail, courier service, e-mail or facsimile transmission.
- 4) Any properly communicated allegation will be referred to the District for its review and investigation. If the NYS Compliance Officer is aware of the employee’s identity, she will not reveal it to any other person without the employee’s written consent.

District Responsibilities

- 1) Without attempting to discover the identity of the complaining employee, the District shall determine whether:
 - a) the allegations are credible;
 - b) any federal or state statute, regulation or policy pertaining to practices or billing related to Medicaid reimbursement has been violated; and
 - c) the violation was systemic or limited in scope.
- 2) The District shall address any violations in a manner designed to avoid future similar violations and remedy the specific effects of the violation. For a systemic violation, the District will take all necessary steps to identify the cases in which the violation occurred and to take remedial action.

Confidential Medicaid Disclosure Policy (Continued)
District Responsibilities (Continued)

- 3) Within 90 days of receipt of the NYS Compliance Officer's notice, the District will complete its review, develop a remedial plan and provide the NYS Compliance Officer with a written description of its review, any remedial plan and an action taken pursuant to the plan.
- 4) The written documents shall identify the District employee(s) who was/were responsible for approving the review, the remedial plan if required, and all action taken pursuant to such plan, including the individual's name, job title, telephone number, mailing address, e-mail address and fax number.
- 5) If the District determines the allegations are not credible, the written response will include the basis for that determination
- 6) The District will respond to any additional inquiries from the NYS Compliance Officer in the event the NYS Compliance Officer is not satisfied with the review, the remedial plan or the actions taken pursuant to the plan.
- 7) The District will ensure that, if the employee's identity becomes known, no adverse employment action will be taken because he/she provided information to the NYS Compliance Officer or to a person conducting a review of the information.
- 8) Any training provided related to Medicaid billing practices will include:
 - a) a description of these procedures;
 - b) the New York State Compliance Officer's name, mailing address, e-mail address and fax number; and
 - c) assurances that no adverse employment action will be taken against an employee for providing information pursuant to this policy.

Adopted:

April 25, 2011

Revised:

September 24, 2012