



***Medicaid Compliance Plan
2025-2026***

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Rush-Henrietta Central School District
MEDICAID PROVIDER AND BILLING COMPLIANCE PROGRAM

INTRODUCTION

Social Services Law 363-d requires that Medicaid providers develop and implement compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid program. This program is an integral part of the district's ongoing efforts to achieve compliance with federal and state laws relating to Medicaid billing for School Supportive Health Services (SSHS) and other school programs.

The goal of the program is to establish a comprehensive system of oversight to ensure that Medicaid-eligible services are properly documented, and accurately billed, and that services rendered but not properly documented are not billed. Moreover, the program establishes systematic checks and balances to detect and prevent inaccurate billings and inappropriate practices in the Medicaid Program.

STANDARDS & PROCEDURES

The district shall set forth standards and procedures for service providers involved with providing and/or obtaining reimbursement for services. These standards and procedures will be added as Appendix A of this compliance plan.

The standards and procedures are not intended to prescribe a specific response to every conceivable situation. They are intended to describe to staff and contract providers compliance expectations, and to provide guidance regarding recognizing and dealing with potential compliance issues. Whenever a staff person has a question about an appropriate response in a given situation, (s)he should consult his/her supervisor and/or administrator.

MEDICAID COMPLIANCE OFFICER

The district shall designate annually a Medicaid Compliance Officer who will oversee the district's Medicaid Compliance Program. The Medicaid Compliance Officer shall report directly to the district's Superintendent of Schools and shall periodically report to the Board of Education on the district's compliance program. The Medicaid Compliance Officer shall be an employee responsible for:

- day-to-day operations of the compliance program.
- providing guidance to district employees to ensure Medicaid billing compliance.
- development and delivery of district in-service training on compliance issues, expectations, and maintenance of documentation for the same.
- the coordination of system-wide and/or department-specific audits of records on an ongoing basis.
- communications to district employees and to service providers on any changes to the laws and regulations regarding Medicaid billing and this program.
- the investigation of allegations of improper billing practices and the reporting of the same.

COMPLIANCE COMMITTEE

In fulfilling its commitment to operate an effective Medicaid Compliance Plan, the district has established a Medicaid Compliance Committee. Subject to reorganization and changes in job titles or functions, the committee will consist of the following representatives:

- Finance Business Official
- Medicaid Compliance Officer
- Special Education Director
- Medicaid Clerk
- Billing Provider
- Related Service Provider(s)

The Medicaid Compliance Committee meetings will be scheduled and chaired by the Special Education Office four times per year. The Medicaid Clerk/Special Education Director may request that the committee convene outside its regular schedule if a situation arises that necessitates disclosure to and/or consultation with the committee. The role of the committee includes, but is not limited to:

- assessing the impact of current and future Medicaid regulations on the day-to-day operations of the compliance program.
- working with the Medicaid Compliance Officer to develop any necessary changes for compliance.
- ensuring that Medicaid compliance is occurring throughout the district.
- recommending solutions to barriers that may exist in the successful implementation of compliance activities.
- addressing issues regarding Medicaid claiming that impact the district's ability to maximize revenue and make recommendations on how to improve them.

- assessing the success of the compliance plan by reviewing compliance-related activities and recommending any needed updates to the plan.
- encouraging a culture of compliance throughout the district.

COMPLIANCE

As a result of the complexity of state and federal guidelines regarding Medicaid claims, as well as the ever-changing and evolving regulatory guidelines, billing and documentation are highly susceptible to errors and misinterpretations of requirements. This may inadvertently result in erroneous billings. The district is committed to maintaining the accuracy of every claim it processes and submits. Resources will be provided by the district to provide reasonable amounts of training and communication regarding the proper billing requirements in an effort to minimize processing errors. Furthermore, the district will develop and implement a review process in an attempt to identify and correct unintentional billing errors. Any false, inaccurate, or questionable claims should be reported immediately to the district's Medicaid Compliance Officer. Furthermore, guidance and awareness will be administered by the Compliance Committee to providers who inadvertently process erroneous billings or fail to maintain proper documentation for claims. Intentional overbilling is strictly forbidden and will be dealt with as a violation of district policy and will be subject to disciplinary measures up to and including termination.

EDUCATION AND TRAINING

It is the Medicaid Compliance Officer's responsibility to ensure that every employee involved with the Medicaid service and billing process is educated about the applicable laws and regulations governing provider billing and documentation. Moreover, the district's compliance program shall be shared with all district employees, including the Board of Education. The compliance program will be available in the district office, special education office, and published on the district's website at www.rhnet.org.

The Medicaid Compliance Officer shall also develop, oversee and/or provide in-service training on Medicaid billing and documentation requirements for all staff involved in providing and/or billing for Medicaid services periodically and at other times, including initial employment or assignment. Such training shall be mandatory and the district shall maintain records of all trainings.

REPORTING/ INVESTIGATING/NON-RETALIATION

Reporting

Every employee in the district has the responsibility not only to comply with the laws and regulations, but also to ensure that others do as well.

Employees must report non-compliance to their immediate supervisors per Board of Education Policy #9125: *Financial Accountability: Allegations of Fraud*. Supervisors

receiving a report of non-compliance must report this matter directly to the district's Medicaid Compliance Officer at 585-359-5018. Alternatively, calls may be made anonymously to the district's Medicaid Compliance Officer, although the district encourages employees to provide their name and telephone number so that reports may be more effectively investigated. Every attempt will be made to preserve the confidentiality of reports of non-compliance. All employees must understand, however, that circumstances may arise in which it is necessary or appropriate to disclose information. In such cases, disclosures will be on a need-to-know basis only.

All school district employees and service providers who believe that any practice or billing procedure related to Medicaid reimbursement of school or preschool supportive health services is inappropriate may also send information concerning such practice or billing procedure in writing to the New York State Compliance Office by U.S. mail, courier service or email. Note that review and follow-up will not be undertaken with respect to oral disclosures. The district assures that no adverse employment action of any type will be taken against an employee because he/she provided information to the New York State Bureau of Compliance. Contact information for the New York State Bureau of Compliance is as follows:

Office of Medicaid Inspector General
NYS Bureau of Compliance
Acting Inspector: Frank T. Walsh, Jr.
800 North Pearl Street
Albany, NY 12204
Phone: 518-408-0401
Email: compliance@omig.ny.gov

Investigation

The Medicaid Compliance Officer will, personally or through his/her designee, investigate every report of non-compliance as soon as practicable. Investigations may include interviewing employees and/or reviewing documentation. Each employee must cooperate with such investigations.

Once the Medicaid Compliance Officer completes an investigation, he/she will make a report to the Superintendent of Schools. The report will be the basis for the Medicaid Compliance Officer's recommendation to the Superintendent of Schools for corrective action and/or discipline. Reports will be retained for a period of six years.

Non-Retaliation

Board of Education Policy # 9125 prohibits any retaliatory behavior directed against those individuals who, in good faith, report allegations of suspected financial improprieties/fraud and/or wrongful conduct as well as witnesses and/or any other individuals who participate in the investigation of an allegation of financial impropriety/fraud and/or wrongful conduct. Follow-up inquiries shall be made to ensure that no reprisal or retaliatory behavior has occurred to those involved in the investigation. Any act of retaliation is prohibited and subject to appropriate disciplinary action by the district.

Any individual who knowingly or recklessly makes false accusations against another individual as to allegations of financial improprieties/fraud may face appropriate disciplinary action, and if appropriate, referral to the criminal justice authorities.

CORRECTIVE ACTIONS/SANCTIONS

The district promotes full compliance with each of the relevant laws by maintaining a strict policy of ethics, integrity, and accuracy in all its financial dealings. Each employee and professional, including outside consultants, involved in submitting charges, preparing claims, billing, and documenting services is expected to maintain the highest standards of personal, professional, and institutional responsibility. Individuals who fail to report suspected problems, participate in non-compliance behavior and/or encourage, direct or facilitate non-compliance behavior may be subject to disciplinary action in accordance with the provisions of Federal and New York laws and regulations. In order to make this compliance program effective, the Medicaid Compliance Officer will have authority to impose or recommend corrective action to the Superintendent of Schools.

If a service provider or employee is found to be non-compliant, plans of correction and discipline may include, but are not limited to:

1. a requirement to undergo training.
2. a period of required supervision to include expanded auditing and/or approval of documentation before bills can be issued.
3. self-disclosure of violations to the New York State Office of the Medicaid Inspector General according to NYS Self-Disclosure Guidance documents.

In sufficiently egregious cases, the Medicaid Compliance Officer will notify the Superintendent of Schools to recommend appropriate disciplinary action.

AUDITING/REVIEW

Monitoring of compliance with billing rules is essential. Under this plan, there may be risk assessments and audits of Medicaid billing documentation performed by the district's internal auditor. The results will be shared with the Medicaid Compliance Officer, the Superintendent of Schools, and the Board of Education Finance and Audit Committee.

The Medicaid Compliance Officer may, subject to approval by the Board of Education, engage an auditing firm as deemed necessary to assess the district's overall compliance. The auditor will report the results to the Medicaid Compliance Officer, the Superintendent of Schools, and the Board of Education Finance and Audit Committee. All employees must cooperate fully with internal and external audits by making themselves and/or any pertinent documents available.

ONGOING RISK ASSESSMENTS

The Medicaid Compliance Officer will annually review and revise the Medicaid compliance program based on the examination of results of internal and external audits, investigations, and other reports. The Board of Education will annually recertify the district's Medicaid Compliance Program.