

**CENTER FOR INSTRUCTION TECHNOLOGY AND INNOVATION (CiTi)
MEDICAID BILLING COMPLIANCE PROGRAM**

INTRODUCTION

This Program is an integral part of the CiTi'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 Program creates a comprehensive system of oversight for Medicaid billing, reporting and practices.

The goal of this Program is to ensure that Medicaid eligible services are properly documented and reported to school districts and other agencies to which the CiTi provides Medicaid eligible services. Moreover, the program establishes systematic checks and balances to detect and prevent inaccurate documentation and inappropriate practices in the Medicaid Program.

The Program shall be overseen by the CiTi Medicaid Compliance Officer who shall report directly to the CiTi Superintendent of Schools. It remains, however, the responsibility of each individual involved in the provision of services and the billing process, to comply with the provisions of the law.

COMPLIANCE

Reporting for Medicaid eligible school services will be done in compliance with all applicable state and federal laws and regulations. Specifically, no bill for reimbursement shall be submitted unless service was actually performed and documented by the service provider.

The CiTi is committed to maintaining the accuracy of every claim it processes and submits. Any false, inaccurate, or questionable claims should be reported immediately to the CiTi Medicaid Compliance Officer.

False billing is a serious offense. Federal and State rules prohibit knowingly and willfully making or causing to be made any false statement or representation of a material fact in an application for benefits or payment. It is also unlawful to conceal or fail to disclose the occurrence of an event affecting the right to payment with the intent to secure payment that is not due.

In addition to criminal penalties, the Federal False Claims Act permits substantial civil monetary penalties against any person who submits false claims. The Act provides a penalty of triple damages as well as fines ranging from \$5,500.00 to \$11,000.00 for each false claim submitted. The persons involved in submitting false reporting directly resulting in submission of false claims may be excluded from participating in Medicaid programs.

Numerous other federal laws prohibit false statements or inadequate disclosure to the government and mandate exclusion from Medicaid programs. It is illegal to make any false statement to the federal government, including statements on Medicaid claim forms. It is illegal to use the U.S. mail to scheme to defraud the government. Any agreement between two or more people to submit false claims may be prosecuted as a conspiracy to defraud the government.

The CiTi 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, who is involved in submitting detail leading to the preparation of 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 New York law and any applicable collective bargaining agreement.

MEDICAID COMPLIANCE OFFICER

The CiTi shall designate annually a Medicaid Compliance Officer. The Compliance officer or his/her designee shall be responsible for:

1. Day to day operations of the Compliance Program.
2. Providing guidance to CiTi employees to ensure Medicaid reporting compliance;
3. Development and delivery of CiTi in-service training on compliance issues, expectations, and maintenance of documentation for the same;
4. The coordination of system-wide and/or department-specific audits of records on an ongoing basis;
5. Communications to CiTi employees and to service providers on any changes to the laws and regulations regarding Medicaid billing and this Program;
6. The investigation of allegations of improper billing practices and the reporting of the same.
7. The Medicaid Compliance officer or designee, will screen staff, officers, and contractors involved in Medicaid billable services, as applicable and upon hire, and on a monthly basis, against the following lists:
 - NYS Office of Medicaid Inspector General (NYS OMIG) – List of Restricted and Excluded Providers: <http://www.omig.ny.gov/search-exclusions>

- US Department of Health & Human Services, Office of the Inspector General – List of Excluded Individuals and Entities (LEIE):
<http://olg.hhs.gov/exclusions/background.asp>
- US Government – System for Award management (SAM):
<https://www.sam.gov/index.html/#1>

8. CiTi will disclose the exclusion of their staff, officers, and contractors, as applicable. Disclosure will occur upon written request and within 10 business days.

The Compliance Officer shall report any exclusion immediately to the CiTi Superintendent of Schools and shall periodically report to the Board of Education on the CiTi Compliance Program.

EDUCATION AND TRAINING

It is the Compliance Officer's responsibility is to ensure that every employee, CiTi official and Board member involved with the Medicaid service and reporting process is educated about the applicable laws and regulations governing reporting and documentation. Moreover, the CiTi Compliance Program shall be shared with all CiTi employees, be available for inspection and shall be published on the CiTi website.

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

REPORTING AND INVESTIGATION

Reporting

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

Employees involved in providing or reporting Medicaid services shall inform the CiTi Compliance officer upon notification or knowledge that the employee's license has been suspended, revoked or lapsed, or if they have been excluded from participation in the Medicaid program.

Employees must report non-compliance to their immediate supervisors, or the CiTi Compliance Officer. Supervisors are required to report these issues through established channels directly to the CiTi Medicaid Compliance Officer at (315) 963 – 4315. Calls may be made anonymously, although the CiTi 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.

STATE COMPLIANCE OFFICER

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 the State Compliance Officer by U.S. mail, courier service, e-mail or facsimile transmission. The address, phone

numbers, and fax number of the State Compliance Officer are: Medicaid State Compliance Officer, New York State Department of Health, Office of General Counsel, 90 Church Street, 4th Floor, New York, NY 10007, ref01@health.state.ny.us. Disclosure may be made anonymously.

The State Compliance Officer will send any disclosures to the relevant State agency and to the implicated local school district or CiTi, if any. The relevant State agencies and the CiTi 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.

The relevant State agencies and the CiTi 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 CiTi 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.

Within 90 days of receiving notice from the State Compliance Officer of the information provided by an employee, the relevant State agencies and the CiTi 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 CiTi 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 CiTi 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.

If the State Compliance Officer is not satisfied with the review, the remedial plan, or the actions taken pursuant to such plan, the State Compliance Officer may discuss the matter with the relevant State agencies and the CiTi to resolve these concerns. In addition, the State Compliance Officer may request that the Audit Unit of Department of Health's Division of Administration undertake an audit to determine: (a) whether a violation occurred; (b) whether any such violation has been remedied; and (c) whether the remedial action is sufficient to prevent similar violations in the future.

In the event the employee's identity becomes known to a State agency or the CiTi, or to an employee of such agency or CiTi, 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.

The relevant State agencies and the CiTi shall include in every training (a) a description of the Confidential Disclosure Policy procedures described above; (b) the name, mailing address,

e-mail address and fax number of the State Compliance Officer and CiTi 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 CiTi or to a person conducting a review concerning alleged inappropriate practices or billing procedures related to Medicaid reimbursement of school or preschool supportive health services.

Investigation

The Compliance Officer will, personally or through their 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 Compliance Officer completes an investigation, they will make a report to the CiTi Superintendent and/or the CiTi Board. The report will be the basis for the Compliance Officer's recommendation of corrective action and/or discipline. Reports will be retained for a period of six years.

Non-Retaliation

It is the policy of the CiTi that no person shall retaliate, in any form, against a person who reports in good faith, an act or suspected act of non-compliance (although employees may be disciplined for making intentionally false reports of non-compliance). Any person who is found to have retaliated for such a report shall be subject to discipline. In addition, the Federal False Claims Act and New York State Law provide certain protections to individuals who are discharged, demoted, suspended or threatened, harassed or discriminated against by their

employer in retaliation for assisting in the investigation, initiation or prosecution of a False Claims Act violation or which constitutes health care fraud under the New York State Penal Law.

Corrective Action/Sanctions

In order to make this Compliance Program effective, the Compliance Officer will have authority to impose corrective action.

If a service provider or employee is found to be non-compliant in a single instance or relatively insignificant percentage of cases over a short period, the Compliance Officer may require that person to undergo a session of education or training.

If a provider or other employee fails to comply with reporting or documentation requirements repeatedly, sanctions may be more severe.

Plans of correction and discipline may include, but are not limited to:

1. A requirement to undergo training;
2. A period of required supervision or approval of documentation before bills can be issued;
3. Expanded auditing, internal or external, for some period of time until compliance improves;
4. Self-reporting of violations; and
5. Disciplinary action.

In addition, the Compliance Officer may recommend some other appropriate course of action to correct non-compliance.

AUDITING/REVIEW

Monitoring of compliance with billing rules is essential. The Compliance Officer must be able to ensure compliance through an understanding of current regulations and overall levels of compliance throughout the CiTi at any given time.

Under this Plan, there will be both internal and external (i.e. by an independent consultant or other professional) auditing of Medicaid billing documentation. Internal auditing is done by the professional staff of the Compliance Officer, who will conduct periodic reviews.

The Compliance Officer may engage an external auditing firm as deemed necessary to assess the CiTi overall compliance. All employees must cooperate fully with this effort by making themselves and/or any pertinent documents available.

The external auditor will report to the Compliance Officer concerning the results of its investigation. The Compliance Officer will report, in turn, to the CiTi Superintendent and the CiTi Board.

ONGOING ASSESSMENTS

The Compliance Officer will make an annual assessment of the success of this Compliance Program. That assessment will be based on the examination of results of internal audits and investigations, reports of any outside audits that may have been conducted, and or their own personal experience with the functioning of the Program over the previous year. A summary of this assessment shall be provided to the CiTi Superintendent and the CiTi Board.