

MEDICAID FALSE CLAIMS, FRAUD PREVENTION AND DETECTION POLICY

The Board of Education recognizes the importance of detecting and preventing Medicaid fraud, waste, and abuse. The purpose of this policy is to set forth the procedures that will be used by the District to respond to reports by employees and others of activity which might violate applicable Medicaid laws or regulations, which includes, but is not limited to, submitting and/or receiving claims in a manner which does not meet the Medicaid program requirements, as applicable.

Policy/Procedure

Each employee must act in an ethical manner and adhere to applicable legal requirements in the course of performing their duties on behalf of the District.

Any employee of the District who has knowledge of activities that he or she believes may violate a law, rule, or regulation related to Medicaid has an obligation to promptly report this matter to the designated Compliance Officer and/or his or her immediate supervisor. Reports may be made anonymously and employees will not be penalized for reports made in good faith. The District expressly prohibits any form of retaliation, including but not limited to, harassment, intimidation, adverse employment actions or any other form of retaliation against any individual who, in good faith and having a reasonable basis for doing so, reports any suspected improper activity or behavior in accordance with the terms of this Policy.

Any employee, officer, board member, consultant or volunteer who is concerned that retaliation for providing information has occurred or is occurring should report this to the Compliance Officer. Any individual who engages in any form of retaliation shall be subject to discipline, up to and including termination in accordance with applicable law and/or existing collective bargaining agreements. Failure to report known violations, failure to detect violations due to negligence or reckless conduct and intentionally making false reports shall be grounds for disciplinary action, including termination. The appropriate form of discipline will be case-specific and in accordance with applicable law and/or existing collective bargaining agreements.

Necessary steps will be taken to communicate appropriate standards and procedures to all employees by disseminating information that explains what is required. This shall include the posting of this policy.

In order to detect and prevent fraud, the Board of Education authorizes the utilization of monitoring and auditing systems that are reasonably designed to detect misconduct by its employees, contractors, and/or agents.

Once a suspected violation has been detected, the Board of Education, acting upon the recommendation of the Superintendent or designee and the

Compliance Officer, will take reasonable steps to respond appropriately and to prevent further violations, which shall include, any necessary modifications to its program designed to prevent and detect violations of applicable law.

All contractors and agents who furnish or authorize the furnishing of Medicaid services on behalf of the District, or perform billing or coding functions are required to communicate these policies and procedures to their employees and are responsible for ensuring that such communication occurs.

Appointment of Compliance Officer

The Superintendent shall appoint a Compliance Officer, subject to the approval of the Board of Education, who shall have the authority to:

1. Oversee and monitor the implementation of the District's compliance;
2. Consult outside counsel as legally necessary;
3. Conduct internal investigations and audits relating to compliance issues;
4. Review all documents and other information relevant to Medicaid compliance activities; and
5. Maintain direct access to the Superintendent and when appropriate, the Board of Education.

Training and Education

The Compliance Officer shall implement a training program to help employees identify, prevent, and report noncompliance with applicable law. The Board of Education expects all employees who are involved in the administration and processing of Medicaid funds to participate in general compliance training upon initial hire or periodically thereafter and must acknowledge attendance at each session. Documentation of attendance will be maintained by the Compliance Officer. Conversely, specialized training will be provided to employees, whose actions directly affect submission and reimbursement of claims, including those involved in dispensing, billing, and reimbursement of Medicaid claims.

Investigation

Through the Compliance Officer, the District shall promptly respond to and take appropriate action for detected offenses.

A. Internal Investigation

The Compliance Officer will conduct a timely and reasonable investigation of all credible reports of suspected noncompliance. A reasonable inquiry includes a preliminary investigation by the Compliance Officer or other compliance personnel.

B. Government Investigation

If a government investigation arises, the District aims to be forthright and cooperative with the investigation.

Distribution

This policy will be made available on the District's website. In addition, hard copies will be made available to new employees during the orientation process and current employees in those departments submitting and/or receiving claims.

Cross-ref: 2210, Board Reorganizational Meeting
6650, Claims Auditor
6660, Independent Auditor
6680, Internal Auditor
6690, Audit Committee
9280, Professional Staff Development
9100, Staff Code of Ethics

Ref: False Claims Act, 31 U.S.C. §3729, et seq.
N.Y. State Finance Law §187, et seq.
N.Y. Social Services Law §145-b
N.Y. Social Services Law §145-C
N.Y. Social Services Law §363-d
N.Y. labor Law §740
18 NYCRR §521.1, et seq.

Adoption date: Dec. 21, 2009

Revision date: Nov. 1, 2010

Reviewed: June 18, 2012