

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. The Board of Education is committed to complying with all applicable federal and state standards. In general, the Board of Education expects that its officers and employees will operate with integrity and in conformance with its adopted code of ethics. The Board of Education directs the Superintendent of Schools and the internal auditor to determine that the following procedures are in place and are implemented effectively.

The Board of Education will appoint a Medicaid Compliance Officer at its annual organization meeting. The primary role of the Compliance Officer shall include the following:

- overseeing the compliance program,
- overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness, implementing and updating at least annually to conform to changes to Federal and State laws, rule regulations, policies and standards, the compliance work plan which outlines the proposed strategy for meeting the requirements of law;
- reviewing and revising the compliance program, promptly incorporating changes based on the organizational experience and changes to Federal and State laws, rules, regulations, policies and standards;
- reporting directly, on a regular basis, but no less frequently than quarterly, to the required Board of Education and compliance committee on the progress of adopting, implementing, and maintaining the compliance program;
- assisting the required provider in establishing methods to improve the efficiency, quality of services, and reducing the required provider's vulnerability to fraud, waste and abuse;
- designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors and the State; and
- receiving and promptly investigating reports of noncompliance and report findings as appropriate to the Medicaid Inspector General, as well as to the Board of Education and the Superintendent of Schools.

The Board of Education will designate a compliance committee which is responsible for coordinating with the compliance officer to ensure ethical and responsible compliance, consistent with the compliance program. Membership in the committee shall, at minimum, be comprised of senior managers and meet at least quarterly. The responsibilities of the compliance committee include:

- coordinating with the compliance officer to ensure the written policies and procedures, and standards of conduct are current, accurate and complete, and that the training topics are timely completed;
- coordinating with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity required by law;

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- advocating for the allocation of sufficient funding, resources and staff for the compliance officer to fully perform their responsibilities;
 - ensuring that effective systems and processes are in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and
 - advocating for adoption and implementation of required modifications to the compliance program.

Reports of suspected improper conduct shall be made to the Compliance Officer. If an employee suspects the Compliance Officer is involved in the alleged violation, the employee may go directly to the Superintendent of Schools or the Board of Education President. Reports may be made anonymously.

In addition, an employee may always make a report to the New York State Office of the Medicaid Inspector General's Bureau of Medicaid Fraud Allegations in lieu of or in addition to reporting the alleged violation to the School District's Compliance Officer. When reporting alleged violations to the State, employees may make reports in writing to the NYS OMIG Bureau of Medicaid Fraud Allegations by U.S. mail, courier service, online form, or facsimile transmission. Such reports may be made anonymously. The Bureau of Medicaid Fraud Allegations can be contacted at the NYS OMIG Bureau of Medicaid Fraud Allegations, 800 North Pearl Street, Albany, New York 12204 (Telephone: 877-873-7283) (Facsimile: 518-408-0480); email: bmfa@omig.ny.gov; online reporting from: <https://apps.omig.ny.gov/bmfa/bmfa.aspx>. Pursuant to law, an employee's verbal communication of any such allegation will not be sufficient to require any further action.

The Compliance Officer shall make a written report documenting the investigation process and results. The written document shall identify the individual(s) responsible for the review, the remedial plan and all actions taken pursuant to such plan.

If the Compliance Officer determines that an employee's allegations are not credible, the investigation report shall describe the basis for that determination. In addition, if the report of the violation was not made anonymously, the Compliance Officer shall inform the employee in writing of the basis for the determination that the allegations are not credible.

The School District shall address any violation found during its review, a review by an appropriate Federal or State agency or an authorized audit, 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 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.

The Compliance Officer will report to the Board of Education fraud, significant findings or patterns of noncompliance. The Compliance Officer shall periodically report to the Board of Education on the activities of the compliance program.

The Compliance program shall apply to the risk areas, which are those areas of operation affected by the compliance program. The compliance program shall apply to billings, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, contractor, subcontractor, agent or independent contract oversight, and other risk areas that are or should be reasonably be identified through organizational experience.

All employees involved in Medicaid covered services, as well as those responsible for oversight, will receive annual training in accordance with state and federal requirements. The Board of Education expects all employees involved in Medicaid services to participate in general compliance training upon initial hire. Board members will also receive appropriate training so that they can fulfill their responsibilities. The School District will keep appropriate records documenting the training program.

The Superintendent of Schools or designee will keep abreast of services that are covered by Medicaid so that the School District files compliant claims. The Board of Education expects that School District staff and/or contractors and agents will avoid filing false/inaccurate claims which would subject the School District to civil and criminal liability.

Necessary steps will be taken to communicate appropriate standards and procedures to all employees by disseminating information that explains what is required. The School District's program will include mechanisms for response to compliance issues as they are raised. The Compliance Officer is responsible for implementing the system for receiving reports and responding appropriately. This shall include the posting of this policy.

The School District will not hire or contract with service providers who have been excluded from Medicare or the Medicaid program. The Superintendent of Schools or designee will check the credential of the provider before the School District engages their services. School District employees will be required to sign an agreement that said employee will inform the Compliance Officer and the Superintendent of Schools 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 School District will take remedial steps as soon as possible. Contracts with outside providers will include provisions to address this requirement.

All contractors and agents who furnish or authorize the furnishing of Medicaid services on behalf of the School District, or perform billing or coding functions are required to communicate these policies and procedures to their employees.

The Compliance Officer will check the list of excluded providers monthly to determine if any School 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 Superintendent of Schools who will initiate remedial action.

Once a suspected violation has been reported, the Board of Education, acting upon the recommendation of the Superintendent of Schools 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.

Any employee of the School District who has knowledge of activities that he or she believes may violate a law, rule, or regulation 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. Failure to report known violations, failure to detect violations due to negligence or reckless conduct and intentionally making false reports and/or participating in non-compliant behavior shall be grounds for disciplinary action.

Medicaid claims will be included as part of the School District's risk assessment. The claims will be reviewed as part of the School District's risk assessment, at a minimum of every two years, or as directed by the Audit Committee or Board of Education. In addition, the Medicaid claims function will be tested and reviewed as part of the School District's internal audit plan routinely, or as directed by the Audit Committee or Board of Education. When the internal audit reveals weaknesses, a corrective action plan will be initiated by the Superintendent of Schools.

The School 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, investigates issues, performs self-evaluations, audits, remedial actions and/or reporting to appropriate officials. 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 School District's 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.

In the event the identity of an employee who makes a complaint becomes known to the School District, no adverse employment action of any type shall be taken against such employee because the employee provided information to the Compliance Officer or to a person conducting a review of the disclosure.

The Compliance Officer and the Superintendent of Schools are charged with responsibility for enforcing School District policy, which protects individuals who, in good faith, report or investigate suspected cases of fraud, waste or abuse in the School District's Medicaid program from retaliation or intimidation. Any act of retaliation against any person who in good faith

reported potential issues, investigated issues and/or participated in the investigative process, is prohibited and illegal, and therefore subject to disciplinary action up to and including termination, in conformance with applicable laws and collective bargaining agreements.

The Board of Education directs the Superintendent of Schools to disseminate this policy 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.

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

Cross Ref:

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 §521.1 et seq. (Provider Compliance Program regulations)

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