RESOLUTION
ADOPTION OF THE DISTRICT'S MEDICAID COMPLIANCE PROGRAM

WHEREAS, the Monroe 2-Orleans BOCES participates in programs that provide services to Medicaid eligible individuals, including the School Supportive Health Services Program;

WHEREAS, the New York State Office of the Medicaid Inspector General requires Medicaid providers to implement compliance programs aimed at detecting fraud, waste and abuse in the Medicaid program; and

WHEREAS, the Monroe 2-Orleans BOCES is committed to compliance with all applicable laws and regulations related to the component districts' Medicaid billing and reimbursement; and

WHEREAS, the Monroe 2-Orleans BOCES has developed a Medicaid Compliance Program aimed to prevent inaccurate billing or inappropriate practices in accordance with New York Social Services Law §363-d despite the fact that Monroe 2-Orleans BOCES does not directly bill Medicaid.

NOW, THEREFORE, the Monroe 2-Orleans BOCES resolves as follows:

1. The Monroe 2-Orleans BOCES' Medicaid Compliance Program is hereby approved.

2. Joe Kelly is designated as the Monroe 2-Orleans BOCES' Medicaid Compliance Officer in accordance with the Program.

3. The District Superintendent and the Monroe 2-Orleans BOCES' Medicaid Compliance Officer are hereby directed to take steps to implement the Monroe 2-Orleans BOCES' Medicaid Compliance Program.

MONROE 2-ORLEANS BOCES
MEDICAID BILLING COMPLIANCE PLAN

INTRODUCTION:

This Plan is an integral part of Monroe 2-Orleans BOCES' ongoing efforts to achieve compliance with federal and state laws relating to Medicaid billing for Support Services and other school programs. The Plan provides a comprehensive system of oversight for Medicaid reporting and practices. It does not provide oversight for Medicaid billing because a BOCES program only provides services to component school districts, not billing or receipt of Medicaid reimbursement for those services.

The goal of this Plan is to ensure that Medicaid eligible services are properly rendered and documented, and component districts receive accurate and compliant documentation to allow for reimbursement. Moreover, the Plan establishes systematic checks and balances to detect and prevent inaccurate documentation and practices in the Medicaid Program.

The Plan shall be overseen by the Medicaid Compliance Officer. It remains, however, the responsibility of each individual involved in the provision of services to comply with the provisions of the law.

MEDICAID COMPLIANCE OFFICER

Monroe 2-Orleans BOCES shall designate annually a Medicaid Compliance Officer. The Compliance Officer shall be responsible for:

1. Day to day operations of the Compliance Program,
2. Providing guidance to the agency's employees to ensure Medicaid documentation compliance,
3. Development and delivery of the agency's in-service training on compliance issues, expectations and maintenance of documentation for the same,
4. The coordination of agency wide and/or department specific audits of records on an on-going basis,
5. Communication to agency employees and to service providers on any changes to the laws and regulations regarding Medicaid documentation and compliance; and,
6. The investigation of allegations of improper documentation practices and the reporting of the same.

The Compliance Officer shall report directly to the District Superintendent of Monroe 2-Orleans BOCES and shall report to the Monroe 2-Orleans BOCES on the agency's Compliance Program.

COMPLIANCE:

Documentation for Medicaid eligible school services will be conducted in compliance with all applicable state and federal laws and regulations. Specifically, only services actually performed will be documented by service providers.

Monroe 2-Orleans BOCES is committed to maintaining the accuracy of every claim it documents and processes. Any false, inaccurate, or questionable documentation should be reported immediately to the agency's Medicaid Compliance Officer.

False documentation 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 application for benefit or payment. It is also unlawful to conceal or fail to disclose the occurrence of an event affecting the right to payment.

In addition to criminal penalties, the Federal False Claims Act permits substantial civil monetary penalties against any person who submits false documentation. The Act provides a penalty of triple damages as well as fines up to $10,000 for each false item. The persons involved in submitting false documentation (as well as the agency) 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 documentation 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 documentation may be prosecuted as a conspiracy to defraud the government.

The BOCES 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 who is involved in 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.

EDUCATION AND TRAINING:

It is the Compliance Officer's responsibility to ensure that every employee involved with Medicaid service process is educated about the applicable laws and regulations governing provider documentation. Moreover, the BOCES 2's Compliance Program shall be shared with all of the BOCES 2's employees, be available for inspections and shall be published on the BOCES 2 website.

The Compliance Officer shall also develop, oversee and/or provide in-service training on Medicaid documentation requirements for all staff involved in providing Medicaid services periodically and at other times, including initial employment or assignment. Such training shall be mandatory and the BOCES 2 shall maintain records of all trainings.

REPORTING AND INVESTIGATION:
Reporting:

Every employee in the BOCES 2 has the responsibility not only to comply with the laws and regulations, but to ensure that others do as well.

Employees must report non-compliance to their immediate supervisors or the agency's Compliance Officer. Supervisors are required to report these issues through established channels in Human Resources/Personnel and/or directly to the BOCES 2's Medicaid Compliance Officer (383-2216). Calls may be made anonymously, although the BOCES 2 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.

Investigation:

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

Once the Compliance Officer completes an investigation, he/she will make a report to the District Superintendent. The report will be the basis for the Compliance Officer's Program or 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 BOCES 2 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 False Claims Act violation or which constitutes health care fraud under the New York State Penal Law.

Corrective Action/Sanctions:

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.

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If a provider or other employee fails to comply with billing 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,
3. Expanded auditing, internal or external for some period of time until compliance improves,
4. Self-reporting of violations; and,
5. In sufficiently egregious cases, discipline.

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

AUDITING/REVIEW:

Monitoring of compliance documentation rules is essential. The Compliance Officer must be able to ensure compliance through an understanding of current regulations and overall levels of compliance through the agency 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 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 agency's 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 District Superintendent and to the BOCES.

ONGOING ASSESSMENTS:

The Compliance Officer will make an annual assessment of the success of this Compliance Program. The 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 his/her own personal experience with the functioning of the program over the previous year. A summary of this assessment shall be provided to the District Superintendent and the BOCES.