SUBJECT: Medicaid Compliance Disclosure

Williamson Central School District has established a confidential disclosure mechanism enabling employees to disclose anonymously any practices or billing procedures, deemed by the employee to be inappropriate, to the District’s Compliance Officer. The District shall make the confidential disclosure mechanism known to each employee as part of their training. The District shall, as part of the confidential disclosure program, require the internal review of any such credible disclosure and ensure that proper follow-up is conducted.

The Confidential Disclosure Policy consists of the following:

1. An employee of the District who believes that any practice or billing procedure related to Medicaid reimbursement of Supportive Health Services is inappropriate, may send information concerning such practice or billing procedure to the District’s Compliance Officer. Disclosures may be made anonymously, although employees are encouraged to provide their name and address. An employee’s verbal communication of any such allegation will not be sufficient to require any further action to be initiated under the Confidential Disclosure Policy procedures set forth below.

2. Every attempt will be made to preserve the confidentiality of reports of non-compliance. Information on the source of the complaint will be on a “need to know” basis.

3. The District’s Compliance Officer shall undertake a review of the practice described in the employee’s disclosure without attempting to uncover the identity of the complaining employee and shall determine:
   a. whether the employee’s 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

4. The District’s Compliance Officer 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 District shall take all steps necessary to identify the cases in which the violation occurred and then remedy the effect of the violation in those cases.
SUBJECT: Medicaid Compliance Disclosure

5. Within 30 days of receiving the complaint, the District’s Compliance Officer shall forward a report to the Superintendent of Schools. Reports will be retained for a period of six years.

6. 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 billing or documentation requirements repeatedly, sanctions may be more severe.

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

   a. a requirement to undergo training

   b. a period of required supervision or approval of documentation before bills can be issued

   c. expanded auditing, internal or external, for some period of time until compliance improves

   d. self-reporting of violations and

   e. in sufficiently egregious cases, discipline

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

7. In the event the employee’s identity becomes known to the District, no adverse employment action of any type shall be taken against such employee because he/she provided information to the Compliance Officer or to a person conducting a review of the disclosure.

8. The District 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 Compliance Officer and
SUBJECT: Medicaid Compliance Disclosure (continued)

c. an assurance that no adverse employment action of any type will be taken against an employee because he/she provided information to the Compliance Officer or to a person conducting a review concerning alleged inappropriate practices or billing procedures related to Medicaid reimbursement of Supportive Health Services.

Approved: Board of Education
December 23, 2009
Medicaid Complaint

Your Information:
Name: ___________________________________________________________  Date: __________________
Address:  Street & # ________________________________________________________________________
City __________________________________________________________ State ________ ZIP __________
Email _____________________________________________________Telephone (____) ________________

Describe your Complaint below:
Who is engaging in misconduct? What wrongdoing occurred? When did it happen? If there are witnesses to the misconduct who can we contact?

Complaint should be submitted to:
Williamson Central School District Compliance Officer
PO Box 900
Williamson, NY  14589