

9.01 MEDICAID COMPLIANCE PROGRAM CODE OF CONDUCT

Clinical Associates of the Finger Lakes (CAFL) has a legal obligation to exercise diligence, care, and integrity when submitting any billing for payment for services rendered. Honest, fair, and accurate billing practices shall be maintained. Employees involved in the provision of services that may be submitted for Federal Medicaid financial compensation or reimbursement for school and preschool supportive health services (SSHSP) and Early Intervention are required to comply with the governing Federal and State statutes and regulations and CAFL policy and procedures. Failure to do so may result in disciplinary action(s).

Appropriate documentation so that billing entities may submit for Medicaid payment(s) is required. Billings should not be duplicated to create overpayment. Proper and timely documentation of services provided must be maintained. Claims will be considered only when such documentation is maintained and available for review. Compensation for any employee or service provider shall not include any financial incentive to make claims. No employee or service provider will knowingly and willfully offer, pay, solicit or receive any remuneration, directly or indirectly, in return for referrals or to induce referrals, or to arrange for or recommend goods, facilities, services or items for which payment may be made under the Medicaid program.

Services will not be billed unless the provider has certified that the services were provided, and appropriate documentation completed in compliance with Federal and State laws, regulations, and CAFL policy and procedures. When a provider submits such certification, the provider is certifying that there is sufficient documentation to support the claim and that: (1) all services reported were personally provided or personally supervised; (2) such services were necessary and appropriate; and (3) the rendering of such services, the coding or charging for these services, and the documentation of such services have all been performed in accordance with Federal and State laws and regulations and CAFL policy and procedures.

Speech services shall not be billed unless those services are provided by a licensed speech pathologist or provided under the direct supervision of a qualified speech pathologist. Any individuals working under the direction of a qualified speech pathologist must be given contact information to enable them to directly communicate with the supervising speech pathologist as needed during treatment.

Services provided by an occupational therapy assistant (OTA) shall not be billed unless those services are provided under the direct supervision of a qualified occupational therapist. Any individual(s) working under the direction of a qualified occupational therapist must be given contact information to enable them to directly communicate with the supervising occupational therapist as needed during treatment.

CAFL will attempt to ensure that all claims for services are accurate, properly documented, and correctly identify the services performed or provided. No billing entry made by a provider may be altered in any way without express, written permission and instruction by the provider. The provider's supervisor must be included in all communications. A copy of the written communication must be kept on file in the client file/correspondence folder.

All employees and service providers are required to report suspected fraud or abuse or other noncompliance problems. Reportable incidents based upon the Medicaid Compliance Plan include:

- Any employee who acquires information that gives him or her reason to believe that another employee is engaged in or plans to engage in conduct prohibited by the Medicaid Compliance Plan.
- Anyone who is instructed, directed, or requested to engage in conduct prohibited by the Medicaid Compliance Plan.
- Any others issues about which employees believe involve questionable activity.

Failure to report suspected problems, assisting or participating in fraud, abuse or other non-compliant behavior, or encouraging, directing, permitting or facilitating such activities whether actively or passively will result in disciplinary action.

Suspected fraud, abuse or other non-compliance problems must be reported to CAFL's Medicaid Compliance Officer. If the Compliance Officer is not available, the report should be made to the CEO/Director. If the suspected violation is on an organization-wide level or by the Administration, the report should be made to the President of the Board of Directors.