


POLICY & PROCEDURE

TITLE: Effective Compliance Plan Certification

APPROVAL DATE OF POLICY REVIEW COMMITTEE: 07/23/2021	EFFECTIVE/IMPLEMENTATION DATE: 07/23/2021
APPROVAL DATE OF CEO: 07/23/2021	CEO SIGNATURE: 

BACKGROUND, PURPOSE & RATIONALE:

Pursuant to New York State Social Services Law (SOS) §363-d, providers are required to certify upon enrollment in the Medicaid program, that they are satisfactorily meeting the requirements of SOS §363-d. Furthermore, compliance with the requirements of SOS §363-d is a condition of payment from the Medicaid program. NYS Social Services Law (SOS) § 363-d and Title 18 of the New York Codes, Rules and Regulations (18 NYCRR) Part 521 defines those factors that require providers to have a compliance program.

The Bureau of Certification (BOC) of the NYS Office of the Medicaid Inspector General (OMIG) assesses Medicaid providers in meeting their obligation to establish and operate effective compliance programs by evaluating whether they are meeting the mandatory compliance program requirements. The agency Compliance Officer is responsible to develop a Compliance Plan that ensures there are systems of control to reduce the potential for fraud, waste, and abuse, and have systems in place to identify and self-correct errors before the Medicaid program is billed.

Providers of Medicaid services are expected to adopt and maintain an effective compliance program. Providers must attest to such as part of their annual "Certification Statement for Provider Billing Medicaid." This annual certification shall occur on the anniversary date of the provider's enrollment in Medicaid for each program.

POLICY STATEMENT:

The Birch Family Services, Inc. (Birch) Compliance Officer has developed and maintains an agency Compliance Plan, in accordance with all existing statutes, laws and regulatory guidance from the NYS Office of the Medicaid Inspector General (OMIG), the NYS Department of Health (NYSDOH), the Deficit Reduction Act (DRA), the False Claims Act (FCA), the Whistleblower Act and all applicable Medicaid Rules and Social Service Law requirements.

As per the Birch Annual Compliance Work Plan, designed by the Compliance Officer in concert with the agency Corporate Compliance Committee (CCC), the Compliance Officer will conduct compliance reviews to evaluate the effectiveness of all control, oversight, service delivery, timekeeping and billing systems throughout the annual period.

The Compliance Officer will ensure and certify that Birch has an effective Compliance Plan. Compliance Officer will attest to such as part of the annual "Certification Statement for Provider Billing Medicaid" for each Medicaid program.

PROCEDURES:

Anniversary dates are captured on the initial Medicaid enrollment welcome letter for each program. Additionally, each year, approximately 45-60 days before the anniversary of a provider's enrollment, the NYSDOH sends a package via mail, of information and materials to Birch, which includes the Certification of Statement for Provider Billing Medicaid form. This form must be completed and returned to NYSDOH by the enrollment anniversary date as outlined below.

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1. Birch Controller and Birch Asst. Controller track annual Medicaid billing periods for each Medicaid program.
2. Asst. Controller completes the top portion of the “Certification Statement for Provider Billing Medicaid” form and submits it via email to the Birch Compliance Officer (CO).
3. CO, reviews the form and based upon results of routine compliance reviews, attests to having an effective compliance program in place and certifies that Birch is satisfactorily meeting the requirements of SOS §363-d, which includes the Deficit Reduction Act (DRA).
4. CO informs the Birch Chief Financial Officer (CFO), Birch Controller and Birch Asst. Controller of such attestation via email.
5. CFO then signs, dates and has the “Certification Statement for Provider Billing Medicaid” form notarized.
6. Asst. Controller electronically submits the “Certification Statement for Provider Billing Medicaid” form to NYSDOH by the enrollment anniversary date and emails a copy to the CO.
7. CO and Asst. Controller maintain a copy of the CO attestation email and the completed signed ,dated, notarized “Certification Statement for Provider Billing Medicaid”.