

PI – Deficit Reduction Act (DRA) of 2005, Section 6032

Purpose:

1. To support Iowa Medicaid Provider Service’s process of ensuring provider compliance with Section 6032 of the Deficit Reduction Act (DRA) of 2005 by sending a spreadsheet of providers who have been identified as meeting the reporting requirements under the Act..
2. Specifically, Section 6032 mandates that any provider or provider entity that receives payments, in any federal fiscal year (October 1 to September 30), of \$5,000,000 or more from any state Medicaid program must have written policies for all employees, including management, and for all employees of any contractor or agent, that provide detailed information about the following:
 - The Federal False Claims Act established under section 3729 through 3733 of Title 31, United State Code.
 - Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code.
 - State laws pertaining to Civil or Criminal penalties for false claims and statements.
 - Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in Federal health care programs.
3. Providers are no longer required to send copies of their policies but must complete and return the Attestation of Compliance with Section 6032 of The Federal Deficit Reduction Act form annually.

Identification of Roles:

RACI Definitions	
RACI - RACI charts are a type of responsibility assignment matrices in project management. These simple spreadsheets or tables highlight the different states of responsibility a stakeholder has over a particular task or deliverable and denotes it with the letters R, A, C, or I.	
(R)	Responsible
(A)	Accountable
(C)	Consulted
(I)	Informed

Iowa Medicaid PI Data Analyst – pulls the list of applicable providers for the federal fiscal year. **(A)**

Iowa Medicaid PI Investigator – updates the provider list spreadsheet accordingly when attestation forms are submitted and forwards the information to IM Provider Services weekly or as needed. **(R)**

Iowa Medicaid PI Director – Receives notification from IM Provider Services identifying providers who are not in compliance, for consideration of sanction activities. **(I)**

Iowa Medicaid Provider Services – Sends out the annual Informational Letter to providers, completes a 30 day follow up with providers who do not submit the form timely, and notifies State PI if a provider is not in compliance. **(A)**

Performance Standards:

PI will pull the provider list after the FFY end (around late October or early November) of each year, providing weekly updates, or sooner if requested, to Iowa Medicaid Provider Services tracking those providers who have submitted the appropriate attestation of compliance.

Path of Business Procedure:

- 1) After the FFY end, the Program Integrity Data Analyst will identify those providers who must comply with Section 6032 of the DRA and forward the list to the PI Investigator.
- 2) The PI Investigator will update the list of providers, noting those who have submitted their Attestation of Compliance form via OnBase.
- 3) The updated list will be sent to the Iowa Medicaid Provider Services Unit, who will follow-up with those providers who have not submitted the appropriate form.
- 4) The PI Investigator will continue to track the forms submitted in OnBase, sending updates to the Provider Services Unit weekly, or as requested.
- 5) Iowa Medicaid Provider Services will notify State PI if a provider is subject to sanction (including probation, suspension, or termination of participation in the Iowa Medicaid program) due to failure to comply.

Forms/Reports:

Attestation of Compliance with Section 6032 of the Federal DRA

Interfaces:

IM PI Audits & Investigations

IM PI Data Analytics

IM Provider Services Unit

Attachments:

<http://www.cms.hhs.gov/smdl/downloads/SMD121306.pdf>



SMD121306.pdf

<https://dhs.iowa.gov/sites/default/files/470-5506.pdf>



470-5506.pdf