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State/Territory:	IOWA

## ATTACHMENT 4.43-A FREQUENCY AND DESCRIPTION OF METHOD OF COMPLIANCE OVERSIGHT

Compliance with Section 6032 of the Deficit Reduction Act of 2005 (Pub.L. 109-171) is mandatory for providers or provider entities receiving at least \$5,000,000 from the Iowa Medicaid program in any federal fiscal year. The \$5,000,000 amount, for Iowa Medicaid purposes, will be based on paid claims, net of any adjustments to those claims.

The Department, or a contractor of the Department, will monitor compliance with these federal requirements. In doing so, it will be the responsibility of providers or provider entities to make the determination as to whether they meet the \$5,000,000 threshold.

On an annual basis each provider or provider entity meeting the threshold will be required to submit an annual attestation of compliance to the Iowa Medicaid program stating that during the prior twelve (12) months the provider or provider entity has provided education to employees and contractors concerning:

- 1) The Federal false Claims Act established under section 3729 through 3733 of Title 31, United States Code.
- 2) Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code.
- 3) State laws pertaining to Medicaid fraud, waste, and abuse
- 4) Civil or criminal penalties for false claims and statements
- 5) 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

The attestation will be provided annually in the quarter following the end of each federal fiscal year (October to December), but before January 1 of the following year.

Compliance may also be monitored through a variety of methods including audits, document reviews, or onsite reviews.

Any provider or provider entity that fails to comply will be subject to sanction, including probation, suspension, or termination of participation in the Iowa Medicaid program.

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