



## Policy & Billing Guidance

# Certification of Compliance with Section 6032 of the Deficit Reduction Act of 2005, Section 1902 of the Social Security Act, and Title 42 of the United States Code Section 1396a(a)(68) - *Reminder*

***THIS IS A REMINDER FROM THE NEW YORK STATE OFFICE OF THE MEDICAID INSPECTOR GENERAL (OMIG) FOR ALL PROVIDERS WHO ARE SUBJECT TO THE REQUIREMENTS UNDER TITLE 42 OF THE UNITED STATES CODE SECTION 1396a(a)(68), [42 USC §1396a(a)(68)].***

On December 1, 2014, OMIG will make available on OMIG's Web site, the Federal Deficit Reduction Act (DRA) of 2005 DRA Certification Form (Certification Form) for 2014.

OMIG will host a webinar in November, 2014 to explain the new 2014 certification form. Please check OMIG's listserv, Facebook page or Twitter feeds for when registration for this session will be available.

42 USC §1396a provides in relevant part that:

(a) A State plan for medical assistance must—

(68) provide that any entity that receives or makes annual payments under the State plan of at least \$5,000,000, as a condition of receiving such payments, shall—

(A) establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any State laws pertaining to civil or criminal penalties for false claims and statements, and 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 (as defined in section 1320a-7b(f) of the title;



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(B) include as part of such written policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; and

(C) include in any employee handbook for the entity, a specific discussion of the laws described in subparagraph (A), the rights of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; ...

The Office of the Medicaid Inspector General addresses this mandate by monitoring a provider's certification of compliance status and conducting compliance program reviews of required providers.

The certification form and frequently asked questions (FAQs) are available on the OMIG Web site, on the Compliance landing page at <http://www.omig.ny.gov/compliance>.

If you have any questions, please contact the OMIG's Bureau of Compliance at (518) 408-0401 or by using the Bureau of Compliance's dedicated e-mail address [compliance@omig.ny.gov](mailto:compliance@omig.ny.gov).

