

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
<b>Definitions</b>			
<b>Entity</b>			
	1	Are the State agencies that administer the Medicaid program entities required to provide education to their employees under section 6032?	No. Neither the State Medicaid agency nor an agency that is an administrative arm of the Medicaid program would be entities for purposes of section 6032.
	2	If a State Medicaid Agency pays claims on behalf of contracted Medicaid managed care organizations (MCOs) through the State Agency's claims processing system, does that qualify the State Medicaid Agency as an entity?	No. The state Medicaid Agency is performing an administrative function for the Medicaid program, and would not be an entity or a contractor for purposes of section 6032.
	3	Are the State Medicaid Agency's administrative contractors—for example, for enrollment, research, and outreach—entities or contractors under section 6032?	Whether a State Medicaid Agency's administrative contractors are entities or contractors for purposes of section 6032 depends on the function the contractor is performing. If the contractor is performing administrative functions for the State Medicaid Agency, the contractor would be neither an entity nor a contractor for purposes of section 6032 compliance. If the contractor is furnishing Medicaid health care items or services, the contractor would be an entity if it met the \$5 million threshold.
	4	Does the definition of entity include individuals and group practice arrangements, or does it only refer to institutional providers?	For purposes of section 6032 compliance, an entity includes organizational units (a governmental agency, organization, unit, corporation, partnership, or other business arrangement) and individuals, as long as the organizational unit or individual receives or makes payments totaling at least \$5 million annually under a Title XIX State Plan, State Plan waiver, or Title XIX demonstration.
	5	Is the parent corporation an entity if its subsidiary or subsidiaries are entities?	For purposes of section 6032 compliance, the entity is the largest separate organizational unit that furnishes Medicaid health care items or services, and includes all sub-units of that organizational unit that furnish Medicaid health care items or services, even if the

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
			components are separately incorporated or located in different States. Unless the organizational unit is part of a health system (see FAQ 6), each organizational unit is viewed separately for purposes of determining whether the \$5 million threshold has been met, and the other requirements of section 6032 are applicable.
	6	Where a health system includes hospitals that individually do not receive \$5 million in Medicaid payments and other hospitals that individually do receive \$5 million in Medicaid payments, is the health system the entity or are the individual hospitals entities?	<p>For purposes of section 6032 compliance, an entity is an organizational unit that furnishes Medicaid health care items or services, and includes all sub-units of that organizational unit that furnish Medicaid health care items or services, even if the components are separately incorporated or located in different States. Unless the organizational unit is part of a health system, as described below, each organizational unit is separate for purposes of determining whether the \$5 million threshold has been met.</p> <p>With respect to a health system, for purposes of section 6032 compliance, the parent corporation, partnership, government agency or other owner, and its sub-units, are all integrally involved in furnishing Medicaid items or services. In that instance, the entire organization is the entity for purposes of determining the requirements of section 6032.</p>
	7	Where there are subsidiaries of a corporate parent, and the subsidiaries have separate Federal employer identification numbers (FEINs) or provider numbers, are the subsidiaries aggregated or are they separate entities?	<p>For purposes of section 6032 compliance, the number of FEINs or provider numbers is not indicative of whether an organization is an entity. An organization may have multiple subsidiaries, locations and FEINs or provider numbers and still be combined for purposes of meeting the definition of an entity. Whether the subsidiaries would be aggregated or viewed as separate entities depends upon the corporate structure and assessment of the largest separate organizational unit that furnishes Medicaid health care items or services.</p>

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
	8	If an agency, organization, or component of State, county, or municipal government operates a facility that furnishes Medicaid health care items and services and meets the definition of “entity”, will the State, county, or municipal government as a whole be the entity or will the facility be the entity?	For purposes of section 6032 compliance, the entity is the largest separate organizational unit that furnishes Medicaid health care items or services, and includes all sub-units of that organizational unit that furnish Medicaid health care items or services.
	9	Where a university has a health sciences center campus and a separate non-healthcare academic campus, is the entire university or only the health services campus the entity?	For purposes of section 6032 compliance, the entity is the largest separate organizational unit that furnishes Medicaid health care items or services, and includes all sub-units of that organizational unit that furnish Medicaid health care items or services.
	10	Does an individual investor in nursing homes that in the aggregate are paid \$5 million under a State’s Medicaid program qualify as an entity?	No. For purposes of section 6032 compliance, an individual investor or shareholder would not become an entity solely by virtue of holding stock in entities.
	11	Are pharmaceutical manufacturers that make payments to States under the Medicaid drug rebate program entities?	For purposes of section 6032 compliance, pharmaceutical manufacturers are not entities solely by virtue of making Medicaid drug rebate payments to States.
	12	If a provider or organization would not be subject to audit under OMB Circular A-133 and the President’s Council on Integrity and Efficiency Position Statement Number 6 (1992), would it be an entity required to comply under DRA section 6032?	For purposes of section 6032 compliance, a provider or organization that is considered to be an entity under section 6032 is required to comply even if it would not be subject to audit under OMB Circular A-133. According to the Policy statement in OMB Circular A-133, to the extent there are subsequent statutes that specifically prescribe policies that conflict with the standards of OMB Circular A-133, the provisions of the subsequent statute would govern. The DRA is an example of such a statute.
<b>\$5M</b>			
	13	What is the period used for calculating the \$5 million in annual payments?	For purposes of determining whether an entity must comply with section 6032: If an entity receives or makes payments totaling \$5 million during a Federal fiscal year (October 1 to September 30), then the

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
			entity must comply as of January 1 of the next calendar year. With respect to compliance as of January 1, 2007, look to payments received or made between October 1, 2005 and September 30, 2006. Similarly, for compliance as of January 1, 2008, look to the period October 1, 2006 through September 30, 2007.
	14	If a Medicaid MCO receives \$3 million in payments and pays out \$2 million, will its receipts and payments be aggregated to reach the \$5 million annual threshold?	For purposes of determining whether an organization must comply with section 6032, the payments that a Medicaid MCO receives under a State's Title XIX State Plan, State Plan waivers, or Title XIX demonstrations are not aggregated with payments the Medicaid MCO makes to providers. The \$5 million annual threshold is met by either receiving \$5 million in payments from the State or making \$5 million in payments to the Medicaid MCO's providers.
	15	When calculating the \$5 million in annual payments, does an individual or organization aggregate payments received directly from the State Medicaid Agency and from Medicaid MCOs for its MCO patients?	Solely for purposes of determining whether an individual or organization must comply with section 6032, only the amounts received from a State Medicaid Agency should be counted when calculating the \$5 million in payments. The amounts an individual or organization may receive through its contract with a Medicaid MCO should not be counted when calculating the \$5 million in payments.
	16	When calculating the \$5 million in annual payments, are those payments based on date of payment or date of service?	For purposes of determining whether an organization must comply with section 6032, CMS has no preference whether a State uses the date of service or the date of payment, as long as a State applies the criterion uniformly.
	17	When calculating the \$5 million in annual payments, are those payments based on the amount billed or the amount received?	Whether an entity meets the \$5 million annual payment threshold for purposes of section 6032 compliance is based on the amount actually received in a Federal fiscal year.
	18	Are payments from multiple States aggregated to reach the \$5 million annual threshold?	No, payments from multiple States are not aggregated to reach the \$5 million threshold. For

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
			purposes of section 6032 compliance, an organization would satisfy the \$5 million annual payment threshold if it received or made payments under one State's Medicaid State Plan or State Plan waiver programs. However, once an organization meets the \$5 million annual threshold and is considered an entity, then the entity must provide education to all its employees, regardless of whether those employees are located in different States.
	19	If a State requires Medicaid recipients to contribute an amount toward their care (the "patient pay amount"), is that patient contribution included when calculating an entity's annual payments?	No, for purposes of section 6032 compliance, the patient pay amounts are not payments under a State's Title XIX State Plan, State Plan waiver program or Title XIX demonstration program and, therefore, would not be counted toward the \$5 million in annual payments.
	20	Where a corporate parent has several components, but none of the components individually reach the \$5 million annual threshold, are the components' payments aggregated and counted toward the corporate parent's annual threshold?	For purposes of determining whether an organization must comply with section 6032, if the corporate parent is either a health system or itself provides Medicaid health care items or services, it would be the entity, and the payments to those components that provide Medicaid health care items or services would be aggregated to determine whether the organization must comply in a given year.
	21	Are there any exceptions to the \$5 million annual payment threshold such that an individual or organization that received or made payments totaling less than \$5 million in a Federal fiscal year would be required to comply?	For purposes of section 6032 compliance, as long as the individual or organization does not reach the \$5 million annual payment threshold and is not a corporate subsidiary where the parent qualifies as an entity, then that individual or organization would not be required to comply with section 6032 for that year.
	22	Do Medicare payments count toward the \$5 million annual payment threshold?	In general, Medicare payments are not considered for purposes of determining whether an individual or organization must comply with section 6032. However, Medicare deductibles and co-insurance that the State Agency pays for dual-eligible individuals and Qualified Medicare Beneficiaries (QMBs) should be

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
			considered for purposes of determining whether an individual or organization must comply with section 6032.
<b>Contractor or Agent</b>			
	23	Are billing and coding vendors the only contractors who are required to accept an entity's policies and procedures?	No. Under CMS guidance regarding section 6032 compliance, an entity must establish policies for its contractors' and agents' employees, including, but not limited to, the employees of the entity's vendors performing billing and coding functions. Other contractors or agents include those which or who, on behalf of the entity, furnish or otherwise authorize the furnishing of Medicaid health care items or services or are involved in monitoring of health care provided by the entity.
	24	Will CMS provide guidance on what it means by "involved in monitoring of health care"?	No.
	25	What types of contractors are included in the definition of those individuals, businesses, or organizations furnishing Medicaid health care items or services?	For purposes of section 6032 compliance, contractors furnishing Medicaid health care items or services include, but are not limited to, all contract therapists, physicians (including, but not limited to, house staff, hospitalists, and independent contractors), and pharmacies.
	26	Does the definition of contractor exclude individuals, businesses, or organizations that perform functions not associated with the provision of Medicaid health care items or services, such as copy or shredding services, grounds maintenance, or hospital cafeteria or gift shop services?	For the purposes of section 6032 compliance, those contractors are excluded from the definition of "contractor".
	27	Must entities amend their contracts with contractors and agents to reflect the requirements of section 6032 or is it adequate if the contracts require contractors and agents to comply with all applicable Federal laws and	There is no requirement in section 6032 that contracts recite the language of section 6032. However, each State will determine the manner by which it will ensure an entity's compliance with the requirements of section 6032.

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
		regulations?	
	28	If an entity's contracts require contractors and agents to comply with the entity's policies, may the entity distribute the policy to contractors and agents without additionally amending the contracts?	There is no requirement that contracts recite the language of section 6032. However, each State will determine the manner by which it will ensure an entity's compliance with the requirements of section 6032.
	29	Must providers who are contractors of Medicaid MCOs comply as "entities" or as "contractors"?	For purposes of determining whether an individual or organization must comply with section 6032 as an entity or as a contractor: a) if a provider is directly paid \$5 million in a Federal fiscal year from the State Medicaid Agency, the provider would qualify as an entity, and must comply as such, regardless of whether the provider also contracts with a Medicaid MCO; b) if a provider contracts with a Medicaid MCO that has met the \$5 million threshold, but the provider itself receives less than \$5 million annually directly from the State Medicaid Agency, then the provider must comply as a contractor of the Medicaid MCO, regardless of the amount it is paid by the Medicaid MCO for Medicaid patients.
	30	Must a provider that contracts with several Medicaid MCOs adopt the policies of all the Medicaid MCOs, even if the policies conflict?	For purposes of section 6032 compliance, parties that contract with multiple entities must abide by each entity's policies to the extent the policies for preventing and detecting fraud, waste and abuse are relevant to the interaction between the individual entities and their contractors and agents.
	31	Are a hospital's independent contractors treated the same as other contractors under section 6032?	Yes. For purposes of section 6032 compliance, an entity's contractors and agents, including independent contractors, must abide by the entity's policies to the extent applicable.
	32	Are supply vendors that supply products used in the furnishing of Medicaid health care services contractors for purposes of compliance with section 6032?	Yes. For purposes of section 6032 compliance, supply vendors with a contractual relationship with the entity (even if the contract has not been reduced to writing) are the entity's contractor.

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
	33	Is a medical supply manufacturer that sells \$5 million in medical supplies to a hospital or other medical provider an entity or a contractor?	For purposes of section 6032 compliance, a supply manufacturer would be an entity if it sells \$5 million in medical supplies for which it is paid directly by the State Medicaid Agency. The medical supply manufacturer may also be a contractor of another entity like a hospital, depending on its relationship with the entity.
	34	If an entity joins with other entities to purchase medical supplies through a group purchasing organization, is a medical supply vendor the contractor of the individual entities or of the group purchasing organization (GPO)?	Though this depends upon the particular terms of the relationships between the entities and the GPO and between the GPO and the medical supply vendor, for purposes of section 6032 compliance, in most instances the medical supply vendor will be the contractor of the GPO, not of the entities.
<b>Policies and Procedures</b>			
<b>Content</b>			
	35	Will CMS provide model policies?	No. At this time CMS will not provide any model language for policies required under section 6032.
	36	Will the U.S. Department of Justice provide a summary of the Federal False Claims Act?	Yes. CMS will make the summary available on the CMS website.
	37	Will CMS provide any guidance on the level of detail for the “detailed information” about false claims laws and regulations and other information required under this section?	At this time CMS will not provide any model language for policies required under section 6032 and is not prescribing the level of detail for the required “detailed information”.
<b>Adoption of Policies</b>			
	38	Must contractors and agents adopt the entity’s policies or is it adequate that the policies are made available to contractors and agents?	Under DRA section 6032, an entity must “establish written policies for all employees ... of any contractor or agent of the entity.” In order for the entity to establish policies for the employees of its contractor or agent, the entity must disseminate the policies to the contractor or agent, which must then abide by the policies as to the work the contractor or agent performs for the entity, in addition to making the policies available to the contractor’s and agent’s

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
			employees involved in performing that work.
	39	If an entity has policies and procedures for detecting and preventing fraud, waste and abuse, does an entity's contractor or agent adopt the policies by participating in the entity's practices to detect fraud, waste and abuse, or must the contractor or agent institute the same practices as to its activities?	For purposes of section 6032 compliance, an entity must have policies that include policies and procedures for detecting and preventing fraud, waste and abuse. To the extent that an entity's policies provide for reviews or audits of claims or services, the contractor or agent would participate in those reviews or audits. The contractor or agent must abide by the policies insofar as they are relevant and applicable to the contractor or agent's interaction with the entity.
<b>Dissemination</b>			
	40	To whom must an entity disseminate its policies?	Under DRA section 6032, an entity must establish policies for all of its employees and for the employees of its contractors and agents. Therefore the policies must be disseminated to all of the entity's employees and to the entity's contractors and agents.
	41	Must entities meet with contractors and agents to walk them through the policies, or is it adequate to send the policies to contractors and agents?	For purposes of section 6032 compliance, each entity must determine for itself how it will satisfy the dissemination requirement within the requirements of the State's methodology for compliance oversight.
	42	How often must an entity disseminate its policies to its contractors and agents? For example, must the entity disseminate its policies to its contractors annually, or upon renewal of a contract with the same contractor?	Each State will determine the manner by which it will ensure an entity's compliance with the requirements of section 6032, including the frequency of dissemination of policies.
	43	Must the written policies be in hard copy or may they be sent out electronically or posted on the employee website?	For purposes of section 6032 compliance, written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. Employees, contractors and agents must be made aware of their existence and location.
<b>Employee Handbook</b>			
	44	If there is an employee handbook that exists,	If there is an employee handbook, the policies and

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
		are entities required to include the policies and procedures in the handbook?	procedures required by section 6032 must be included in the handbook.
	45	If an entity has more than one employee handbook, must the policies required by section 6032 be included in all employee handbooks?	Section 6032 requires entities to establish and disseminate its policies to all employees. If an entity has multiple employee handbooks for the same group of employees, the policies need only be included in the handbook addressing the entity's policies regarding detecting and preventing fraud, waste, and abuse. If the entity has a separate employee handbook for each of several groups of employees, then the policies must be included in each employee handbook.
<b>Training</b>			
	46	Section 6032 is entitled "Employee Education About False Claims Recovery". Must entities provide training on the policies and procedures?	There is no training requirement for compliance with section 6032. Education refers to provision of information to employees, contractors and agents.
<b>Implementation</b>			
<b>Compliance Date</b>			
	47	What is the date by which States must comply?	The date by which each State must have imposed the requirement on entities to provide false claims education under section 6032 was January 1, 2007, unless the State has approval for delayed implementation. The date by which each State must amend its Medicaid State Plan is March 31, 2007, unless the State has approval for delayed implementation.
	48	What is the date by which entities must comply?	The date by which an entity must comply with section 6032 was January 1, 2007, the date the State must have implemented the requirements of this section, unless the Secretary has approved the State's request for delayed implementation.
	49	Will CMS defer enforcement until after it releases additional guidance on this section?	No. There is no grace period for compliance with section 6032.

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
	50	If a Medicaid-enrolled provider changed ownership during Federal fiscal year (FFY) 2006 and the new owner corporation did not receive \$5 million during FFY 2006, is the Medicaid-enrolled provider or the new parent corporation exempt from the requirements of Section 6032 until January 1, 2008 (the next compliance date)?	<p>Under 42 C.F.R. 442.14, when there is a change of ownership, the Medicaid provider agreement is automatically assigned to the new owner, subject to all applicable statutes and regulations, terms and conditions of the provider agreement, and any additional requirements imposed by the State Medicaid Agency.</p> <p>As long as the provider itself received \$5 million in payments in FFY 2006, the change of ownership would not affect its qualifying status as an entity subject to the Section 6032 requirements.</p> <p>If the parent corporation would be an entity because it furnished Medicaid health care items or services, it would be an entity for FFY 2006 because the medical provider it acquired received payments of \$5 million during FFY 2006.</p>
<b>Delayed Implementation</b>			
	51	If a State determines it needs legislation to comply with this section, how would the State request approval of delayed implementation under section 6034(e) of the DRA?	<p>If a State determines it needs legislation to comply with section 6032, it must submit a written request for approval of delayed implementation to:</p> <p>Leslie V. Norwalk, Acting Administrator                      Department of Health &amp; Human Services                      Centers for Medicare &amp; Medicaid Services                      200 Independence Avenue, SW                      Mail Stop 314G                      Washington, DC 20201</p> <p>with copies to:</p> <p>Dennis G. Smith, Director                      Center for Medicaid &amp; State Operations</p>

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
			<p>Centers for Medicare &amp; Medicaid Services 7500 Security Blvd. Mail Stop S2-26-12 Baltimore, MD 21244</p> <p>and:</p> <p>Claudia Simonson Centers for Medicare &amp; Medicaid Services Medicaid Integrity Group 233 North Michigan Avenue, Suite 600 Chicago, IL 60601</p> <p>The request must demonstrate that the State needs legislative authority to require entities to meet the employee education requirement.</p> <p>If the State's request is approved, CMS would not find the State to be out of compliance with this section until the end of the first calendar quarter after the conclusion of the first full legislative session after the enactment of the DRA. In other words, if a State's first legislative session after February 8, 2006, begins on February 1, 2007, and concludes on July 31, 2007, the state must submit its State Plan Amendment by December 31, 2007; the effective date of the State Plan Amendment would be October 1, 2007.</p>
	52	How would a State's 2-year legislative session affect a request for approval of delayed implementation?	For purposes of section 6032 compliance, if a State has a 2-year legislative session, each year of the session will be considered to be a separate regular session of the State legislature.
	53	Does delayed implementation by the State affect the entity's implementation date?	Yes. Delayed implementation is available only to States. However, if a State has approval for delayed implementation, entities have until the effective date of the State legislation to comply with section 6032.

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
<b>Enforcement</b>			
	54	How will CMS monitor the States' compliance with Section 6032?	CMS will monitor States' compliance through its routine oversight of States.
	55	Will CMS offer any guidance to the States regarding the States' enforcement of this requirement?	No. CMS is not prescribing the manner of the States' enforcement of the requirements of section 6032. Each State must include in its State Plan Amendment a description of the methodology of compliance oversight.
	56	Is there any recommended documentation with which an entity could prove the policies were presented to employees?	No. Beyond this guidance, CMS is not prescribing the manner of entities' due diligence for compliance with Section 6032.
	57	Must entities provide CMS with a copy of their policies established in compliance with section 6032?	CMS is not requiring entities to provide their policies to CMS on a routine basis. Each State will determine the manner by which it will ensure an entity's compliance with the requirements of section 6032. CMS may, however, independently determine compliance through audits of entities or other means by which an entity may be required to produce such documents to CMS or its contractors.
	58	Between now and the point at which a State's State Plan Amendment goes into effect, what does the law prescribe as an enforcement mechanism against entities?	Unless a State has an approved request for delayed implementation of the requirements of section 6032, the State's State Plan Amendment must be submitted by March 31, 2007. The State would identify the enforcement mechanism in its State Plan Amendment.
	59	May a State impose more stringent requirements on entities and entities' contractors and agents?	Each State must determine the manner by which it will ensure an entity's compliance with the requirements of section 6032. A State may impose more stringent requirements on entities, and entities' contractors and agents, as long as those requirements do not conflict with the requirements of DRA section 6032.
	60	If an entity has complied with the requirements of section 6032 before the State Medicaid Agency amends its State Plan, if the	Each State will determine the manner by which it will ensure an entity's compliance with the requirements of section 6032, including whether an entity will be

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
		subsequent State Plan Amendment imposes additional requirements, will entities be required to reissue their policies?	required to reissue its policies.
<b>Penalties</b>			
	61	Will a State lose Federal Financial Participation (FFP) if it is not in compliance on January 1, 2007?	A State that fails to comply with the requirements of section 6032 may be at risk of losing FFP. Each State must have imposed the requirement on entities to provide false claims education as of January 1, 2007, unless the State has approval for delayed implementation. Each State must amend its Medicaid State Plan by March 31, 2007, unless the State has approval for delayed implementation.
	62	Can providers who are entities continue to participate in the Medicaid program if they fail to comply with the requirements of this section?	Each State must determine the manner by which it will ensure an entity's compliance with the requirements of section 6032, including the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis. States should follow their normal procedures for enforcement of provider enrollment agreements and managed care contracts.
	63	What should entities do if their contractors or agents fail to abide by the entities' policies?	Each entity must determine for itself the appropriate course of action.
	64	Will an entity be found out of compliance when its agent refuses to comply with its requirements under section 6032, but where the entity is not able to terminate the agency relationship due to some hardship in the delivery of Medicaid services to a population?	The DRA permits no formal waiver from the application of section 6032.
<b>State Medicaid Agency Requirements</b>			
<b>State False Claims Act</b>			
	65	If a State does not have a false claims act,	Yes. DRA section 6032 applies to States regardless

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
		does section 6032 apply?	of whether the States have false claims acts.
<b>State Plan Amendment</b>			
	66	Do States have to amend the Medicaid State Plan regarding the False Claims Act?	Under section 6032, each State must amend its Medicaid State Plan to reflect that the State has required entities that are paid or make payments totaling \$5 million in a Federal fiscal year to establish and disseminate false claims act information to the entities' employees and to the employees of the entities' contractors and agents.
	67	Will the State Plan Amendments be retroactive to January 1, 2007?	Unless a State has an approved request for delayed implementation of the requirements of section 6032, the State's State Plan Amendment must be effective January 1, 2007.
	68	Will CMS prescribe the level of detail for the State Plan Amendment methodology of compliance oversight?	No. CMS is not prescribing the level of detail for the manner of the States' enforcement under section 6032.
<b>Provider Agreements</b>			
	69	The State Medicaid Director Letter says the requirements of this law should be incorporated in each State provider enrollment agreement. Must provider enrollment agreements specifically recite the language of section 6032, or is a requirement that the provider "comply with all applicable Federal laws and regulations" adequate?	There is no requirement that provider agreements recite the language of section 6032.
	70	If States require providers to comply with all applicable Federal laws and regulations, may States also include in their provider manual or other policies and procedures for providers that providers must comply with the requirements of section 6032, rather than amending the provider agreement?	There is no requirement that provider agreements recite the language of section 6032. States may give providers additional guidance or impose additional requirements, as long as the guidance or requirements do not conflict with CMS guidance and Federal statutory mandates.
<b>Other</b>			

<b>DRA 6032 – Employee Education About False Claims Recovery – Frequently Asked Questions</b>			
<b>Subject</b>	<b>FAQ #</b>	<b>Question</b>	<b>Answer</b>
	71	Where can I access the CMS guidance on section 6032?	<p>On December 13, 2006, CMS issued the State Medicaid Director Letter (SMDL #06-025). It can be found on the CMS website at:</p> <p><a href="http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&amp;filterByDID=0&amp;sortByDID=1&amp;sortOrder=descending&amp;itemID=CMS1190449&amp;intNumPerPage=10">http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&amp;filterByDID=0&amp;sortByDID=1&amp;sortOrder=descending&amp;itemID=CMS1190449&amp;intNumPerPage=10</a></p>