



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2007-41

June 2007

TO: All Medicaid Providers, EDS, ACS, Value Options, Managed Care Organizations and Specific State Agencies

SUBJECT: Section 6032 of the Deficit Reduction Act

Section 6032 of the Deficit Reduction Act (DRA) established section 1902(a)(68) of the Social Security Act. Effective January 1, 2007, all "entities" as described in the Act were required to comply with the terms of this section. The term "entity" includes, but is not limited to a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which furnishes directly, or otherwise authorizes the furnishing of, the delivery of Medicaid health services where payments are made with respect to those services are received or made under a State Plan approved under Title XIX or under any waiver of such plan approved under section 1115, and total at least \$5,000,000 during the most recent federal fiscal year.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

If you or your organization meets the definition of an "entity" under this section as determined by payments received during the federal fiscal year ended September 30, 2006, you are required to establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also provide specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing waste, fraud, and abuse.

Any entity that meets the \$5,000,000 threshold must provide to the Department of Social Services (DSS) an affidavit stating that it understands the requirements of section 1902(a)(68) and that it has provided and continues to make available to its employees, contractors and agents written policies that fully address the requirements of the section. The written policies must be available for review by DSS. Failure to submit an affirmative affidavit or to comply with the requirements of section 1902(a)(68) will result in termination of the entity's provider agreement with DSS.

You are strongly advised to consult the language in Section 1902(a)(68) of the Social Security Act (Section 6032 of the DRA). For reference please see www.ssa.gov/OP_Home/ssact/title19/1900.htm.

In addition to the education requirements regarding the False Claims Act and other provisions named in section 1902(a)(68)(A) of the Social Security Act, an entity shall reference the following Connecticut State Statutes and Regulations in their employee policies:

Criminal:

- Conn. Gen. Stat. Sec. 53a-290 et seq. (Vendor Fraud)
- Conn. Gen. Stat. Sec. 53-440 et seq. (Health Insurance Fraud)
- Conn. Gen. Stat. Sec. 53a-118 et seq. (Larceny)
- Conn. Gen. Stat. Sec. 53a-155 (Tampering With Or Fabricating Physical Evidence)
- Conn. Gen. Stat. Sec. 53a-157b (False Statement Intending to Mislead Public Servant)

Fraud:

- Conn. Gen. Stat. Sec. 17b-25a (Toll free vendor fraud telephone hotline)
- Conn. Gen. Stat. Sec. 17b-99 (Vendor Fraud)
- Conn. Gen. Stat. Sec. 17b-102 (Financial Incentive for Reporting Vendor Fraud)
- Regs. Conn. State Agencies Sec. 17-83k-1 et seq. (Administrative Sanctions)
- Regs. Conn. State Agencies Sec. 17b-102-01 et seq. (Financial Incentive for Reporting Vendor Fraud and Requirements for Payment for Reporting Vendor Fraud)

Whistleblower Protections:

- Conn. Gen. Stat. Sec. 4-61dd (Whistleblowing)
- Conn. Gen. Stat. Sec. 31-51m (Protection of Employee Who Discloses Employer's Illegal Activities or Unethical Practices)
- Conn. Gen. Stat. Sec. 31-51q (Liability of Employer for Discipline or Discharge of Employee on Account of Employee's Exercise of Certain Constitutional Rights)
- Regs. Conn. State Agencies Sec. 4-61dd-1 et seq. (Rules of Practice for Contested Case Proceedings under the Whistleblower Protection Act)

Please sign the affidavit that is attached to this Policy Bulletin and return no later than August 31, 2007 to the following address:

LTC Providers Only:

DSS Provider Relations
Medical Care Administration
11th floor
25 Sigourney Street
Hartford, CT 06106-5033

All Other Providers and Entities:

EDS
PO Box 5007
Hartford, CT 06104

The attestation form is also available on the website under “Publications”. From “Publications” click on “Forms”.

Beginning in January 2008, the affidavit will be in the form of an addendum to your provider agreement.

Please contact John F. McCormick, Manager, Office of Quality Assurance at 860-424-5920 if you have any questions.

This bulletin and other program information can be found at www.ctmedicalprogram.com.
Questions regarding this bulletin may be directed to the EDS Provider Assistance Center -
Monday through Friday from 8:30 a.m. to 5:00 p.m. at:
In-state toll free..... **800-842-8440** or
Out-of-state or in the
local Farmington, CT area **860-409-4500**

EDS
PO Box 2991
Hartford, CT 06104



