

Division of Medical Assistance Programs  
Addictions and Mental Health Division  
Seniors and People with Disabilities Division

## Information Memorandum Transmittal

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Financial Eligibility and Reporting

**Authorized Signature**

**Number:** DMAP-IM-08-025  
**Issue Date:** 02/28/2008

**Topic:** Medical Benefits

**Subject:** Provider announcement: Employee Education about False Claims Recoveries

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

**Message:**

DMAP will send the following letter to providers and managed care organizations that DMAP paid \$5 million or more for the 2007 federal fiscal year. The letter provides DHS recommendations for complying with Section 6032 of the Deficit Reduction Act.

- Section 6032 of the Deficit Reduction Act requires entities who are annually paid \$5 million or more in Medicaid funds to educate their employees about the federal False Claims Act and any other laws relating to Medicaid fraud.
- For more information, you can review the DHS guide to DRA Section 6032 compliance in the "Fraud and Abuse" section of the [OHP Tools for Providers Web page](#).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Fritz Jenkins, Office of Payment Accuracy and Recovery		
<b>Phone:</b>	503-945-6104	<b>Fax:</b>	503-947-5400
<b>E-mail:</b>	fritz.jenkins@state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

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February 28, 2008

To: Organizations subject to DRA Section 6032 compliance

Subject: Employee Education about False Claims Recoveries



Our records show that Oregon Medicaid has made payments to your organization of at least \$5 million for the 2007 federal fiscal year (FFY). Providers receiving \$5 million or more from Medicaid per FFY must develop and implement their own fraud and abuse policies to comply with Section 6032 of the Deficit Reduction Act of 2005. This provision is found in section 1902(a)(68) of the Social Security Act, and relates to Employee Education about False Claims Recovery.

To help you implement your fraud and abuse program, DHS has put together the enclosed guide to DRA Section 6032 compliance. It is also available on the OHP Tools for Providers Web site at [www.oregon.gov/DHS/healthplan/tools\\_prov/main.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml) (click on “Fraud and Abuse”).

This guide provides recommendations that all affected providers can use, but it is not a detailed account of all the legal requirements relevant to Section 6032 compliance. Make sure to consult with your legal counsel, Board of Directors or other business advisors about how to develop and implement DRA-compliant fraud and abuse policies for your organization.

DHS recommends the following to any entity subject to Section 6032:

- Use the information in this guide, and any other pertinent information, as a basis for developing and implementing a program of Employee Education about False Claims Recoveries and to assist in assessing compliance with Section 6032.
- Complete an overview of your compliance plan regarding these new requirements.
- Ensure your policies and procedures for detecting fraud, waste and abuse are updated with this information and are in compliance with Section 6032.
- Ensure you have an effective and comprehensive employee education plan that is in compliance with this information.
- Identify and make known to all employees key personnel in the compliance and reporting arena.

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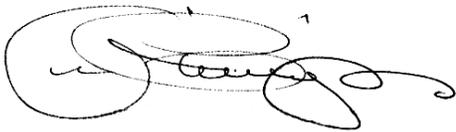
- Publicize ways an employee can report fraud, waste and abuse.
- Ensure your entity has a non-retaliation policy and it is available to all employees.

On an annual basis, DHS will identify providers subject to Section 6032. DHS will use the following measures for monitoring provider compliance with Section 6032:

- **Audits:** Audits of affected Medicaid providers will include a review for compliance in the normal course of their audit work.
- **On-site visitation:** When DHS program, policy or other staff perform an on-site visit.
- **Licensing:** As part of the initial or renewal of licensing of an affected entity.
- **Submission of policies by affected entities:** Providers subject to Section 6032 will be required to submit any changes or updates in their fraud, waste and abuse policies to DHS for review.

Combating fraud, waste and abuse in the Medicaid program is a partnership between the state of Oregon and its providers of health care items or services. DHS seeks to continue this partnership in the implementation of the requirements of Section 6032 of the DRA.

Sincerely,



Jean S. Phillips, Deputy Administrator  
Division of Medical Assistance Programs



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Addictions and Mental Health Division



DeAnna Hartwig, Administrator  
Federal Reporting and Financial Eligibility  
Seniors and People with Disabilities Division

### Questions?

DHS welcomes comments and questions regarding the implementation of these new requirements. If you have questions about the information in this letter, contact Fritz Jenkins, DHS Office of Payment Accuracy and Recovery at 503-945-6104 or e-mail [fritz.jenkins@state.or.us](mailto:fritz.jenkins@state.or.us).