

## ATTACHMENT 4.42-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

STATE <u>Louisiana</u>	<b>A</b>
DATE REC'D <u>3-29-07</u>	
DATE APPV'D <u>6-19-07</u>	
DATE EFF <u>1-1-07</u>	
HCFA 179 <u>07-09</u>	

ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will reassess compliance on an ongoing basis

1. By July 1, 2007 the following language will be added to the PE-50 Addendum:

"The Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for goods, services and supplies provided to recipients of the Medicaid Program, providers and entities must comply with the False Claims Act employee training and policy requirements in 1902(a)(68) of the Social Security Act, set forth in that subsection and as the Secretary of US Department of Health and Human Services may specify. As an enrolled provider/entity, it is your obligation to inform all of your employees and affiliates of the provisions of the Federal False Claims Act, and any Louisiana laws and/or rules pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws and/or rules. When monitored or audited, you will be required to show evidence of compliance with this requirement.

All new providers that enroll in the Louisiana Medicaid Program after July 1, 2007, must sign the PE-50 which will contain the above language.

By July 1, 2007, the above message will be posted on the Louisiana Medicaid Provider website ([www.lamedicaid.com](http://www.lamedicaid.com)). By September, 2007, four weekly provider remittance advice messages will contain the above notice. This language will also be placed in the July/August 2007 Provider Update.

As part of these messages and notices, providers/entities will be informed that monitoring for this requirement will begin November 1, 2007.

2. By November 1, 2007, enrolled Medicaid providers will be monitored for compliance through already established monitoring/auditing processes, i.e. desk audits, on-site monitoring, and/or random sampling. At the time of monitoring/auditing, the Medicaid State Agency will determine if the provider/entity is obligated to comply with the requirements of the Act. If the provider/entity meets the requirements of the Act, the provider/entity must demonstrate that it has met its responsibility regarding Employee Education About False Claims Recoveries, and any Louisiana laws and/or rules pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws and/or rules. If the provider/entity fails to demonstrate compliance at time of monitoring/auditing, the provider/entity will be given a specific time period in which to demonstrate compliance. Failure to demonstrate compliance, after written notice of noncompliance, will subject the provider/entity to sanctions.

TN No. 07-09

Supersedes

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