



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Dr. Robert L. Robinson
Executive Director

October 12, 2007

Dear Administrator or Director:

The False Claims Act is a federal statute that covers fraud involving any federally funded contract or program, including the Medicaid and Medicare programs. This act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment. The term "knowingly" is defined to mean that a person, with respect to information:

- Has actual knowledge of falsity of information in the claims;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim;
- Acts in reckless disregard of the truth or falsity of the information in a claim

The Deficit Reduction Act of 2005 was designed to improve federal and state oversight and enforcement actions against fraud and abuse in the Medicaid program. It requires any entity (unit that furnishes healthcare items or services and includes all sub-units) receiving more than \$5,000,000 in Medicaid funds per year to instruct their workforce on the following issues:

- The federal False Claims Act (FCA)
- Any state, civil or criminal penalties for false claims
- Whistleblower protections

A false claims violation is any conduct that leads to the submission of fraudulent claims to the government such as knowingly making false statements, falsifying records, double-billing for items or services, submitting bills or services never performed or items never furnished, or otherwise causing a false claim to be submitted.

The Mississippi Medicaid program is tasked with the responsibility to ensure the integrity of the activities conducted within the Medicaid program. Therefore, the Division of Medicaid is required to audit any entity receiving more than \$5,000,000 in Medicaid funds per year. It is imperative that Medicaid providers have policies and procedures in place to protect the rights of the employee as a "whistleblower".

Providers who meet this requirement are required to submit to the Division the policies/procedures on employee education regarding false claim recovery. Our records show

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This information should also be included in any employee handbook, if available. The entire employee handbook does not need to be submitted with the required documentation, only the sections concerning the False Claims Act. If no handbook is available, the information disseminated to the employees to meet this requirement must be submitted.

Sanctions will be imposed by DOM due to non-compliance with policies and procedures required as a result of the employee false claims recovery process. The Division of Medicaid is requesting you to send this information no later than 30 days from receipt of the date of this letter. Also, be sure and include the provider name and tax identification number as requested on each document/handbook submitted to ensure appropriate review.

Please send the requested documentation as follows: five pages or less can be faxed to 601-359-4185; email to fca@medicaid.state.ms.us; or mail to the following address: Division of Medicaid, Attn: Provider Relations, 550 High Street, Suite 1000, Jackson, MS 39201.

If you have any questions, please contact Provider & Beneficiary Relations at 800-421-2408.

Sincerely,



Robert L. Robinson
Executive Director

Enclosure