

Employee Education About False Claims Recoveries

- 1a. The Indiana Office of Medicaid Policy and Planning (OMPP) or its contractors will conduct reviews annually of selected entities defined under 4.42(a)(1)(A). These reviews will include examination of the entities' policies and procedures regarding the education of employees, management, officers, contractors or agents of the entity regarding the False Claims Act, specifically on the entities' methods for detecting and preventing fraud, waste, and abuse in Federal health care programs, discussion of the laws described in the policies, whistleblower protection rights, and other provisions named in section 1902(a)(68) of the Social Security Act.
- 1b. Upon request by OMPP or its contractors, entities will provide a copy of the policies and procedures to OMPP or the OMPP contractor who conducts the review.
- 2a. During the review, the Indiana Office of Medicaid Policy and Planning (OMPP) or its contractors will further examine the entities' employee policy handbook, if one exists, for a detailed discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of the entities' policies and procedures for detecting and preventing fraud, waste, and abuse in Federal health care programs.
- 2b. Upon request by OMPP or its contractors, entities will provide a copy of the employee handbook, if one exists, to OMPP or the OMPP contractor who conducts the review.
- 3a. Entities are required to submit to OMPP a corrective action plan within sixty days (60) if an entity is found not to be in compliance with any part of the requirements noted above regarding the False Claims Act and section 1902(a)(68) of the Social Security Act.
- 3b. The corrective action plan will describe the actions and methods the entity will follow to ensure that the entity comes into compliance. The corrective action plan will designate a contact person within the entity responsible for communicating with OMPP on implementation of the plan.
4. The State will incorporate into the provider agreement and affected contracts the requirements of this law within the third calendar quarter of 2007.
5. The State will provide information to entities through publication of a notice regarding the requirements to meet compliance with section 1902(a)(68). This publication will include information that the providers will be susceptible to audit beginning fourth quarter of 2007.

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