

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: North Carolina

False Claims Act Compliance Plan

This document outlines how the Medicaid agency identifies, notifies and reviews providers that meet the definition of “entity” each year and thus fall under the requirements for employee education about false claims recovery outlined in Section 1902(a)(68) of the Social Security Act. This document also describes how the agency will review providers on an ongoing basis for compliance and the frequency of review.

Annually, beginning with 2007, the Medicaid agency will identify providers and contractors that provide Medicaid health care items or services that were paid \$5 million dollars or more. The identified providers and contractors will be notified by letter that they were paid a minimum of \$5 million dollars last calendar year and, as such, are subject to the requirements for employee education about false claims recovery as cited in 1902(a)(68) of the Social Security Act. The providers and contractors will also be required to sign a letter of attestation that they have complied with the requirements of 1902(a)(68) of the Social Security Act. Providers will be notified by September 30th of each year if they were paid \$5 million or more and will have 30 days to submit signed letters of attestation. These signed letters of attestation will be stored by the agency as either a hard copy or as an electronically signed document.

The Medicaid agency will collect signed letters of attestation for all providers at initial enrollment and re-enrollment in the Medicaid Program. Providers and contractors whose Medicaid payments meet or exceed \$5 million annually, that fail to attest that they have complied with the requirement of employee education about false claims recovery as cited in 1902(a)(68) of the Social Security Act (to the agency), will have all future Medicaid payments suspended. The Medicaid agency will review the policies and procedures of the identified providers through routine and random audits on an ongoing basis to assure compliance with 1902(a)(68) of the Social Security Act.

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