Clear Form

Minnesota Department of **Human Services**

DHS-6372-ENG 4-11

Minnesota Health Care Programs (MHCP)

Deficit Reduction Act (DRA) Assurance Statement

Managed Care Organization (MCO) Information

MCO NAME			TAX ID NUMBER	
CORPORATE ADDRESS	CITY		STATE	ZIP CODE
COMPLIANCE OFFICER LAST NAME	FIRST NAME			MI
TITLE	E-MAIL ADDRESS		PHONE NUMBER ( )	

Requirement

The DRA of 2005 requires health care entities receiving or making $5 million or more in Medicaid payments during a FFY to establish written policies and procedures informing their employees, contractors and agents about federal and state false claim acts and whistleblower protections.

Definitions

A health care entity is one of the following:

- A governmental or component agency providing Medicaid health care services or items for which Medicaid payments are made
- An organization, unit, corporation, partnership, or other business arrangement including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists, whether for-profit or not-for-profit, which receives or makes payments under Medicaid.

A contractor or agent is any contractor, subcontractor, agent, or other person which or who, on behalf of the entity:

- Provides or otherwise authorizes the furnishing of Medicaid health care services or items, performs billing or coding functions, or
- Is involved in monitoring of health care provided by the entity.

If a health care entity provides services or items at more than a single location, under more than one contractual or other payment arrangement, or uses more than one provider or tax identification number, the aggregate of all payments to or from that entity is used to determine if the entity reached the $5 million annual threshold. The applicability of the $5 million annual threshold is based on reimbursements for the FFY beginning on October 1 and ending on September 30.

Assurance Statement/Signature

By signing below, I, the MCO's compliance officer or other authorized officer (CEO, president) with authority to bind the MCO, certify the following and assure the MCO named above complies with and understands all the following (check the appropriate boxes):

- The above named MCO established and disseminated to all employees (including management), contractors or agents of the MCO, detailed written policies about:

- The federal False Claims Act
- The Minnesota False Claims Act
- The specific statutory and regulatory provisions in section 1902(a)(68)(A) of the Social Security Act
- Any other applicable state civil or criminal laws and state and federal whistleblower protections
- Information about the MCO's policies and procedures for detecting and preventing waste, fraud and abuse.

■ Written policies are readily available to all employees, contractors or agents of the MCO in:

☐ Paper format

☐ Electronic format

■ ☐ The MCO has an employee handbook, which includes:

- A specific discussion of the laws described in the written policies
- The rights of employees to be protected as whistleblowers
- A specific discussion of the MCO's policies and procedures for detecting and preventing fraud, abuse and waste

☐ The MCO does not have an employee handbook.

■ An MCO which fails to certify compliance with the DRA requirements may be subject to penalties for contract breach

■ The MCO will notify the Minnesota Department of Human Services (DHS) of any changes to this information

■ DHS may review certifications of the MCO, the written policies and procedures, and any handbooks for compliance with these requirements

■ The Centers for Medicare and Medicaid Services may, at its discretion, independently determine health care entity compliance with this regulation.

AUTHORIZED COMPLIANCE OFFICER NAME (Please print)	AUTHORIZED COMPLIANCE OFFICER TITLE
AUTHORIZED COMPLIANCE OFFICER SIGNATURE	DATE __ __/__ __/__ __ __ __