**Employee Education Regarding False Claims Recovery**

**Methodology of Compliance Oversight**

**Compliance, oversight, and enforcement**

An entity that receives or makes annual medical assistance payments under the State Plan of at least $5,000,000, must comply with the requirements of section 1902 of the Social Security Act in order to receive payments.

The State has implemented various monitoring processes for entities that receive Medicaid funds on or after September 1, 2007. During the normal cycle of monitoring payments of medical assistance under the State Plan, the State determines if an entity is required to comply with section 1902(a)(68) of the Act. If the entity is required to comply, the State will provide notice that the entity is subject to the requirements under section 1902(a)(68). The entity is responsible for submitting an attestation under penalty of perjury to the State to verify the entity has compliant written policies, and that they have been disseminated as required. The State may also obtain copies of an entity’s written policies and proof of dissemination for review to verify the entity has complied with the requirements.

For those entities the State determines are not in compliance with section 1902(a)(68), the State may provide a warning for a reasonable period of time for the entity to become compliant, or the State may suspend or forfeit medical assistance payments until such time as an entity establishes with the State that it has become compliant .

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