

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: VERMONT

Citation

1902(a)(68) of the
Act, P.L. 109-171
(section 6032)

Compliance Oversight of the False Claims Act

The Vermont Medicaid program shall ensure that all entities (as defined in the State plan, 4.42) comply with the requirements of the False Claims Act mandating Employee Education About False Claims Recoveries.

Beginning August 1 of 2007, the Vermont Medicaid program shall identify each entity through an annual review of all U.S. Department of Treasury Forms 1099-MISC that it has issued to its providers.

All entities shall be notified by letter. All entities shall be requested to provide Vermont Medicaid with a copy of their policy regarding their compliance with the False Claims Act to include their specific plans for employee education of the False Claims Act by October 1 of 2007.

On an annual basis in the month of April a randomly selected pool of entities shall be subject to an audit to review their False Claims Act compliance procedures.

It shall be made known to all entities that as a Condition of Participation, as outlined in the Vermont Medicaid Provider Agreement (Attachment A, 1) that the entity must comply with said requirements, and that failure to comply with said requirements shall result in termination of the Provider Agreement. An entity shall be permitted a timeframe of 90 days (from receipt of notification) to provide Vermont Medicaid with said proof of compliance.

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Supersedes
TN No.: None

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