

False Claims Act Policy Frequently Asked Questions

1. What is the False Claims Act?

The False Claims Act is a federal law that prohibits individuals or companies from making false claims or statements to a federally funded program. The act refers to people acting with “deliberate ignorance of or with reckless disregard of the truth or falsity of information”.

2. Why are we doing this now?

A new federal law, The Deficit Reduction Act of 2005, requires all employers with Medicaid billing of more than \$5,000,000 to inform all employees, contractors, and families and consumers who directly hire their own staff of the False Claims Act.

3. Is this a new DDS requirement?

Providing accurate program information is not a new requirement

4. What are examples of DDS information used to make Medicaid claims?

Information provided in individual plans, attendance forms or employee time sheets, mileage logs, equipment and supplies are examples of Medicaid reimbursable services.

5. What if I make a mistake?

Mistakes happen at times. If an error is made on attendance forms, employee time sheets or mileage logs related to Medicaid billing you should notify your fiscal intermediary and the Central Office Medicaid Operations Unit. The Medicaid Operations Unit and the Fiscal Intermediary will work with you to correct the error and make any necessary billing corrections.

6. What should I do if I suspect someone is knowingly falsifying information?

If you believe someone is providing false information which may affect Medicaid billing you should notify the Central Office Medicaid Operations Unit.

7. Who can I contact if I have further questions?

If you have further questions you can contact:

- 1) Central Office Legal and Governmental Affairs Unit at 860-418-6059 or.
- 2) DDS Central Office Medicaid Operations Unit at 860-418-6033

Note: This FAQ sheet is provided as a supplement to the DDS False Claims Act Policy. You are required to review the complete False Claims Act Policy.