STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: VERMONT

Citation	Compliance Oversight of the False Claims Act
1902(a)(68) of the Act, P.L. 109-171 (section 6032)	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. In following years, as defined by Section 1902(a)(68) of the Social Security Act, Vermont Medicaid will review any entities which receives payments from Title XIX healthcare programs (or under any waiver of such plan), totaling at least $5,000,000 annually. Supporting documentation from providers will be collected either electronically or via written correspondence. However, the Vermont Medicaid program reserves the right to visit providers on-site to inquire about False Claims Act compliance, at its discretion. It shall be made known to all entities that as a Condition of Participation, as outlined in the Vermont Medicaid General Provider Agreement and the Special Provisions Attachment 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.