

- (A) Ohio Revised Code
- (1) In the Budget Bill of Spring of 2006, Ohio passed legislation mirroring Section 6032 of the Deficit Reduction Act (DRA), adding that the determination would be made based on earnings within a calendar year and assuming that ODJFS would be an entity.
 - (a) Two documents were assembled, one describing the federal laws and regulations as required and a second describing in detail the ODJFS policies regarding the prevention and detection of fraud, waste and abuse.
 - (b) The two documents have been posted and are available on the ODJFS web site.
 - (2) ODJFS is in the process of amending the Revised Code to harmonize it with SMDL #06-025, issued December 13, 2006.
- (B) Provider Notification
- (1) The term "provider" refers to all of Ohio Medicaid's provider-types that have signed provider agreements, including managed care organizations (MCOs).
 - (2) In November 2006, ODJFS issued an informative letter to all providers regarding the requirements of Section 6032 of the DRA as well as the Ohio Revised Code that had been passed.
 - (3) In December 2006, ODJFS issued a separate informational letter to contracting MCOs to discuss their responsibilities under Section 6032 of the DRA and their revised provider agreement with ODJFS, effective January 1, 2007.
 - (4) ODJFS is in the process of issuing another informational letter to those providers who have billed ODJFS in the past twelve months describing the guidance provided in SMDL #06-025, issued December 13, 2006, and SMDL #07-003, issued March 22, 2007.
- (C) Ensuring Compliance
- (1) New providers will be given information regarding false claims education responsibilities.
 - (2) Utilizing our Decision Support System, ODJFS will annually identify those providers who meet the threshold amount.
 - (3) ODJFS will select from a variety of methods to ensure compliance. These methods may include, but are not limited to: incorporation of the five million dollar threshold into ODJFS' existing risk assessment used to determine providers for audit and/or verification during compliance audits, record reviews and policy reviews that identified entities are meeting this DRA requirement.
 - (4) Ohio Medicaid's Office of Research, Assessment and Accountability will begin reviews to ensure compliance with Section 6032 of the DRA on July 1, 2007. This compliance monitoring will be ongoing, based upon the Medicaid providers selected for an on-site audit and will be retroactive to the January 1, 2007 start date.
 - (5) The MCO provider agreements were revised effective January 1, 2007, to incorporate the provisions of Section 6032 of the DRA. Compliance will be monitored annually through a variety of methods which could include an attestation of compliance, annual reporting, policy review, document review, and on-site audits.

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SUPERSEDES	
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