Attestation of Compliance with DRA Section 6032

The annual Attestation of Compliance with Section 6032 of the Federal Deficit Reduction Act (DRA) was due to the Georgia Department of Community Health (DCH) on December 31. If you have not submitted the Attestation, DCH has requested you do so immediately.

All providers who received at least $5 million from Medicaid (traditional and CMO) during the last federal fiscal year are required to submit the Attestation. The threshold is determined by adding Medicaid payments to all entities owned by a facility. Providers are attesting that they provided certain information to their employees, contractors, and agents concerning federal and state false claims act provisions, penalties, and protections. Failure to comply with Section 6032 can subject a provider to suspension or termination from the Medicaid program.

The hospital may complete one Attestation for all their owned entities (e.g., skilled nursing facility, private physician offices). Be sure to include all provider numbers covered by the Attestation. The attached form may either be mailed or faxed to the following:

Regular Mail: HP Provider Enrollment
P.O. Box 105201
Tucker, GA 30085-5201

Certified/Overnight Mail: HP Provider Enrollment
100 Crescent Centre Parkway
Suite 1100
Tucker, GA 30084-7039

Fax: 1-866-483-1044

If you have any questions or need more information regarding the Section 6032 requirements, please contact our Albany office at (229) 883-7878 or our Atlanta office at (404) 220-8494.
APPENDIX K

Attestation of Compliance
Section 6032 of the Federal Deficit Reduction Act (DRA)

Covered Entity: ___________________________________________________________

Address: ________________________________________________________________

Provider # ___________________________   FEIN _____________________________

Compliance Period: Calendar Year beginning January 1, ____.

I hereby attest that, as a condition for the above-identified Covered Entity to receive payments under the Georgia Medicaid/PeachCare for Kids Program, I have read Section 6032 of the Deficit Reduction Act of 2005 (the Act) and confirm that:

• The Covered Entity’s written policies and procedures contain detailed information about the Federal laws identified in Section 6032(A) and about Georgia’s laws imposing civil or criminal penalties for false claims and statements, and about whistleblower protections under such laws as found in the State False Medicaid Claims Act, Article 7B of Chapter 4 of Title 49 of the Official Code of Georgia; and

• The Covered Entity’s written policies and procedures also contain detailed information regarding its own policies and procedures to detect and prevent fraud, waste and abuse in Federal health care programs, including the Medicare and Medicaid Programs; and

• The Covered Entity provides copies of its written policies to its employees (including management), and to any of its contractors and agents that perform billing or coding functions for the Covered Entity, or that furnish or authorize the furnishing of Medicaid health care items or services on behalf of the Covered Entity, or that are involved in monitoring of health care provided by the Covered Entity; and

• The Covered Entity’s written policies and procedures are included in any employee handbook maintained by the Covered Entity.

I also confirm that the Covered Entity includes the Georgia Medicaid/PeachCare for Kids provider(s) identified on Attachment A.

I possess all necessary powers and authority to execute and make the representations contained in the Attestation of Compliance on behalf of the Covered Entity and any Georgia Medicaid/PeachCare for Kids provider identified on Attachment A.

Signature ___________________________   Date ___________________________

Print or Type Name and Title

Part I