



ISSUE DATE February 14, 2013	EFFECTIVE DATE October 1, 2012	NUMBER 99-13-04
SUBJECT Updated Procedures for Submitting the Deficit Reduction Act of 2005 Attestation Form		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin (bulletin) is to notify MA providers, including MA Managed Care Organizations (MCOs), of a new online submission procedure for Deficit Reduction Act (DRA) Attestation Forms.

SCOPE:

This bulletin applies to any entity, including MA MCOs that annually receive or make payments of at least \$5 million to/from the MA Program.

BACKGROUND/DISCUSSION:

On January 2, 2007, the Office of Medical Assistance Programs (OMAP) issued MA Bulletin 99-07-01 to notify MA providers, including MA MCOs, of the requirements of Section 6032 of the Deficit Reduction Act (DRA) of 2005, P.L. 109-171 (S 1932) (Feb. 8, 2006). Under Section 6032, any entity that receives or makes payment of at least \$5 million in MA payments during a Federal fiscal year (October 1 to September 30) (Covered Entity) must undertake certain activities pertaining to employee education about false claims recovery as a condition of receiving payments under the MA Program. MA Bulletin 99-07-01 identified procedures for Covered Entities to follow, including the submission of an annual Attestation Form to the Department of Public Welfare's (Department) Bureau of Program Integrity (BPI) to certify their compliance with Section 6032 of the DRA.

On September 7, 2007, OMAP issued MA Bulletin 99-07-13 revising the procedures announced in MA Bulletin 99-07-01 and transmitting a new Attestation Form for use by Covered Entities. MA Bulletin 99-07-13 also specified that an Attestation Form for each Annual Compliance Period must be submitted in hard copy to BPI by December 31st.

MA Bulletin 99-07-13 is available online at:

<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4091> . Providers should review MA Bulletin 99-07-13 and the Centers for Medicare & Medicaid Services (CMS)

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>

guidance referenced in the bulletin to determine if they are a Covered Entity and, if so, what must be done to comply with Section 6032. This bulletin implements an online procedure for the submission of the annual Attestation Form.

PROCEDURES:

Rather than submitting Attestation Forms in hard copy to BPI, a Covered Entity must complete and submit the online Attestation of Compliance with Section 6032 of the Federal Deficit Reduction Act. As before, the Attestation must be submitted by an individual who possesses all necessary powers and authority to execute the Attestation and make the representation contained in the Attestation on behalf of the Covered Entity and any and all MA providers included in the Covered Entity. The Covered Entity must identify its FEIN on the online form. If there are multiple FEINs associated with the covered entity, a separate form must be submitted for each.

A Covered Entity is only required to submit one Attestation of Compliance with Section 6032 of the Federal Deficit Reduction Act, even if the Covered Entity includes more than one MA Provider.

Attestation Forms must be submitted to the Bureau of Program Integrity via the Department's Program Integrity website found at: https://www.humanservices.state.pa.us/dpwsecure/bpi_attestation_form.aspx . If online submission of the Attestation Forms is not possible, please refer to MA Bulletin 99-07-13 for mailing address information.

The Attestation Form for the Compliance Period beginning October 1, 2012 is due on or before December 31, 2013. The Attestation Form for each subsequent Compliance Period is due by December 31.