Iowa Medicaid
IOWA HHS

INFORMATIONAL LETTER NO. 2538-MC-FFS-D

DATE:	December 15, 2023
TO:	All Iowa Medicaid Providers
APPLIES TO:	Managed Care (MC), Fee-for-Service (FFS), Dental (D)
FROM:	Iowa Department of Health and Human Services (HHS), Iowa Medicaid
RE:	Annual Submission Requirements Regarding Prevention and Detection of Medicaid Fraud and Abuse
EFFECTIVE:	December 1, 2023

This Informational Letter (IL) applies to you if you are a provider, or part of a provider entity, that receives payments of $5,000,000 or more from Iowa Medicaid in any federal fiscal year (October 1 to September 30).

Section 6032 of the Deficit Reduction Act of 2005 (Pub L. 109-171) mandates that any provider or provider entity that receives payments, in any federal fiscal year, of $5,000,000 or more from any state Medicaid program must have written policies for all employees, including management, and for all employees of any contractor or agent, that provide detailed information about the following:

- The Federal False Claims Act established under section 3729 through 3733 of Title 31, United State Code.
- Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code.
- State laws pertaining to Civil or Criminal penalties for false claims and statements.
- Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in Federal health care programs.

Previously, providers were required to submit copies of these policies annually. Effective immediately, providers are not required to send copies of their policies, but must complete and return the Attestation of Compliance with Section 6032 of

The Federal Deficit Reduction Act[1] **form annually. The form can be found on the HHS Forms**[2] **web page.**

For the federal fiscal year ending September 30, 2023, the attestation form must be received by the Iowa Medicaid by **January 31, 2024**. Please include the entity National Provider Identifiers (NPIs) and Tax Identification Number/Employer Identification Number (TIN/EIN) when submitting the form.

Compliance with these requirements is mandatory for providers or entities receiving $5,000,000 or more from the Iowa Medicaid program in any federal fiscal year. The $5,000,000 amount is based on claims paid by the Iowa Medicaid and its contracted Managed Care Entities (MCEs), net of any adjustments to those claims. The $5,000,000 threshold is calculated based on payments made to a TIN/EID.

The form may be faxed to the Iowa Medicaid Program Integrity (PI) Unit at 515-725-1354 or mailed to:

Iowa Medicaid
Program Integrity Unit
P.O. Box 36390
Des Moines, IA 50315

State and federal laws require that any provider or provider entity that fails to comply with this requirement will be subject to sanction, including probation, suspension, or termination of participation in the Iowa Medicaid program.

If you have any questions, please contact the Iowa Medicaid Provider Services Unit at 1-800-338-7909, or email at IMEProviderServices@dhs.state.ia.us.

[1] https://dhs.iowa.gov/sites/default/files/470-5506.pdf
[2] https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/imeprovidersforms