

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia**FALSE CLAIMS ACT ATTACHMENT**

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1. The Bureau for Medical Services, the West Virginia single state agency, will incorporate into an entity's provider enrollment agreement and/or contracts, the responsibilities of the affected entities in implementing Section 6032 of the Deficit Reduction Act of 2005, the "Employee Education About False Claims Recovery."
 2. The Bureau for Medical Services will request copies of an affected entity's written policies, and the plan to disseminate those policies to staff, within three (3) months of State Plan approval.
 3. The Bureau for Medical Services will conduct a desk review of the affected entity's written policies and procedures and employee handbooks and provide a written response of approval and/or suggestions to said policies and dissemination plan. Said policies and procedures will include explanation of the false claims act; the entity's policies and procedures for detecting and preventing waste, fraud and abuse; the rights of employees to be protected as whistle blowers and telephone numbers and/or addresses for reporting fraud and abuse.
 4. Thereafter, the Bureau will contact affected entities on a yearly basis for any update or change to its written policies. The Bureau will accomplish this verification by entity survey.
 5. New affected entities identified each year will be required to submit their policies and dissemination plan and will be handled per #2, 3, 4.
 6. The Bureau for Medical Services has a range of sanctions contained in its administrative regulation for non-compliance with Medicaid policies. These sanctions range from requiring a plan of correction to termination from the Medicaid program. These sanctions will be applied to non-compliance with the "Employee Education About False Claims Recovery."