

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

SMDL # 08-002

TO	DATE
<i>Wells</i>	<i>5-13-08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	000589	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Ms. ForKner, Deps, Jacobs, File</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> Necessary Action	DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

MAY 12 2008

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Department of Health & Human Services
OFFICE OF THE DEPUTY DIRECTOR
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

SMDL #08-002

APR 28 2008

Dear State Medicaid Director:

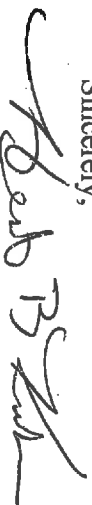
The purpose of this letter is to provide a Medicaid State Plan amendment (SPA) preprint that States may use to comply with the requirements of sections 1936 and 1902(a)(69) of the Social Security Act (the Act) (section 6034 of the Deficit Reduction Act of 2005 (DRA)).

Section 6034 of the DRA established the Medicaid Integrity Program in section 1936 of the Act and identified certain of the Centers for Medicare & Medicaid Services' (CMS) responsibilities for carrying out the activities of the program, including contracting with entities that will audit provider claims and identify overpayments, and providing effective support and assistance to the States to combat provider fraud and abuse. This provision also established section 1902(a)(69) of the Act entitled, "State Requirement to Cooperate with Integrity Program Efforts." Section 1902(a)(69) of the Act requires that the Medicaid State plan "provide that the State must comply with any requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936."

To assist States, we have attached a preprint that may be used when submitting a SPA to implement this provision. Both an electronic copy and a hard copy of the SPA must be submitted simultaneously to the CMS Central Office and to the regional office serving your State. The provisions of section 1902(a)(69) of the Act must be implemented immediately.

If you have any questions on this guidance, please direct them in writing to Ms. Claudia Simonson, Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Integrity Group, Division of Field Operations, 233 North Michigan Avenue, Suite 600, Chicago, IL 60601 or claudia.simonson@cms.hhs.gov.

Sincerely,



Herb B. Kuhn
Deputy Administrator
Acting Director, Center for Medicaid and State Operations

Enclosure

Page 2 – State Medicaid Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health

Barbara Edwards
NASMD Interim Director
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Barbara Levine
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Debra Miller
Director for Health Policy
Council of State Governments

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____

Citation
1902(a)(69) of
the Act,
P.L. 109-171
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.
The Medicaid agency assures it complies with such requirements
determined by the Secretary to be necessary for carrying out the
Medicaid Integrity Program established under section 1936 of the
Act.

TN No. _____
Supersedes
TN No. _____

Approval Date: _____

Effective Date: _____