

May 26, 2016

EINS, NPIs and/or Contractor IDs: «Identifiers»

«Name»
DIRECTOR OF FINANCE
«Address_Line_1»
«Address_Line_2»
«City», «STATE» «ZIPCORRECTED»

Dear Medicaid Provider:

This letter is to inform you that pursuant to Section 1902(a)(68) of the Social Security Act, your organization is required to comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005 based on Medicaid claims paid to you for the calendar year of January 1, 2015 through December 31, 2015.

As part of the oversight mandated by the Centers for Medicare & Medicaid Services (CMS), the Michigan Department of Health and Human Services (MDHHS) is required to have each entity that has made or received at least \$5,000,000 in Medicaid payments for the time period stated above, submit a document to MDHHS which certifies that they are in compliance with Section 6032 of the DRA of 2005.

Attached is the "Certification of Compliance with Section 6032 of the Deficit Reduction Act (DRA) of 2005 (Employee Education About False Claims Recovery)" document. The Certification of Compliance document is to be completed, signed (by an individual in your organization who has the authority to sign such documentation), and returned to MDHHS by email within 60 days of the date of this letter. The Certification of Compliance document will be valid for the calendar year 2015.

If you have any questions concerning this letter or the certification form, please contact the Office of Inspector General at MDHHS-OIG@michigan.gov.

Sincerely,



Alan Kimichik, Inspector General
Office of Inspector General
Michigan Department of Health and Human Services

Enclosures

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATION OF COMPLIANCE WITH
SECTION 6032 OF THE DEFICIT REDUCTION ACT (DRA) OF 2005
(EMPLOYEE EDUCATION ABOUT FALSE CLAIMS RECOVERY)**

I hereby certify that EIN, NPI and/or Contractor ID# «Identifiers» has complied with all requirements of Section 6032 of the DRA of 2005, as codified by section 1902(a)(68) of the Social Security Act, for the calendar year of January 1, 2015 through December 31, 2015.

Printed Name

Title

Signature

Date

Once signed, please return this certification within 60 days of the date of this letter to the following address:

MDHHS-OIG@michigan.gov

If you have any questions concerning this letter or the certification form, please contact the Office of Health Services Inspector General at MDHHS-OIG@michigan.gov.

The Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider.