

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF COLORADO

For 2007 calendar year compliance, the Department of Health Care Policy and Financing sent letters to identified "entities" dated March 26, 2007 making entity declarations due April 25, 2007.

By the 31st day of January each calendar year the Department of Healthcare Policy and Financing, Program Integrity Section will identify "entities" that are required to comply and notify them by letter which states:

- 1 That they are designated as an entity for the following calendar year.
- 2 That they must establish and disseminate written policies for all employees including management and employees of any contractor or agent of the entity. The employees including management and employees of any contractor or agent must abide by the written policies, to the extent the policies apply.
- 3 The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse.
- 4 That the written policies, which may be on paper or in electronic form, must be readily available to employees, contractors, or agents.
- 5 That the policies be included in the employee handbook, if one exists.
- 6 That the entity need not create an employee handbook if none already exists.
- 7 That the entity provide the Department with written assurance:
 - a That they have a policy
 - b that the entity has incorporated language required by the statute into the employee handbook, if one exists.
 - c that it has been disseminated
 - d that they understand failure to comply within thirty (30) calendar days from the date of the Department's notification letter will result in suspension of claims until such assurances are provided to the Department. If after sixty (60) days from the date of the

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- notification letter, the Department has not received the above referenced declaration, participation in the Medical Assistance Program will be terminated.
- 8 The Department's Program Integrity Section will maintain the annual listing of entities, copies of letters sent, and each entity's returned written assurance of compliance along with any attachments.
 - 9 Beginning September 2007, the Quality Improvement Section at the Department will review managed care entities' (MCO) policies and procedures for detecting and preventing waste, fraud, and abuse during Managed Care compliance reviews, which are conducted no less than every three years. Any identified deficiencies shall either be corrected or investigated to determine if termination from participation in the Medical Assistance Program is warranted.
 - 10 Beginning January 2008 and every even numbered year thereafter, Program Integrity Section at the Department will review non-MCO entities' policies and procedures for detecting and preventing waste, fraud, and abuse by requesting that a copy of the policies and procedures, and a copy of the employee handbook, if one exists, be attached to the entity's declaration of compliance, as indicated in Attachment 4.42-A.7. Any deficiencies shall be investigated to determine if termination from participation in the Medical Assistance Program is warranted.

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