



CLIENT ADVISORY

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As Popovits and Robinson has previously advised, providers that make or receive Medicaid payments of \$5,000,000 or more will need to conform to the provisions of the Deficit Reduction Act regarding establishing written policies for all employees, contractors or agents. Recently, the Illinois Register (Volume 31 Issue 2) included a proposed amendment to the Illinois Public Aid Code, Medical Payment, which proposed amendment stated that any entity, making or receiving Medicaid payments of \$5,000,000 or more annually, establish written policies for all employees, contractors, or agents of the entity regarding the False Claims Act and other provisions enacted in section 6032 of the Deficit

Reduction Act. The proposed amendment to Section 140.12 added subsection (e) to Subpart B: Medical Provider Participation which follows:

Section 140.12 Participation Requirements for Medical Providers

(e) Provide, and upon demand present documentation of, education of employees, contractors and agents regarding the False Claims Act that complies with all requirements of 42 USC 1396a(a)(68).