

Bill No. SB 1412

Barcode 451690

CHAMBER ACTION

Senate

House

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The Committee on Health Care (Peaden) recommended the following amendment:

Senate Amendment (with title amendment)

On page 4, lines 4 through 28, delete those lines

and insert: (3) This section does not create a private right of action related to any violation of this section. The Office of the Inspector General in the agency, the agency's Bureau of Program Integrity, the agency's contract management staff, and the Medicaid Fraud Control Unit in the Office of the Attorney General may review the records of a managed care organization and its subcontractors to determine compliance with this section. If a managed care organization or its subcontractors fail to comply with the requirements of this section, the agency shall take appropriate administrative action as provided in section 409.913.

(4)(a) Upon detecting acts by providers or recipients that the managed care organization believes are fraudulent, the managed care organization must report the acts to the Office of the Inspector General in the agency. At a minimum,

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1 the report must contain the name of the provider or recipient;
2 the Medicaid billing number or tax identification number of
3 the provider or the Medicaid recipient's identification
4 number; and a description of the suspected fraudulent act. The
5 managed care organization must report acts of suspected fraud
6 under this section no later than 15 days after the managed
7 care organization initially detects the suspicious fraudulent
8 activity.

9 (b) The Office of the Inspector General in the agency
10 shall forward the report of suspected fraud to the appropriate
11 investigative unit, including, but not limited to, the
12 Medicaid Fraud Control Unit in the Office of the Attorney
13 General and the Department of Law Enforcement.

14 (c) Upon detecting acts by providers or recipients that
15 the managed care organization suspects are abusive, the
16 managed care organization shall thoroughly review the acts to
17 eliminate instances of simple error or routine anomalies in
18 billing practices or health care service delivery. If
19 suspected abusive acts by providers or recipients are not
20 eliminated by the review or are determined by the managed care
21 organization not to be simple error or routine anomalies in
22 billing practices or health care service delivery, the managed
23 care organization shall report such acts to the Office of the
24 Inspector General in the agency. At a minimum, the report must
25 contain the name of the provider or recipient; the Medicaid
26 billing number or tax identification number of the provider or
27 the Medicaid recipient's identification number; and a
28 description of the suspected abusive act. The managed care
29 organization shall provide reportable acts of suspected abuse
30 to the Office of the Inspector General in the agency no later
31 than 15 days after the act is determined not to be simple

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1 error or routine anomalies in billing practices or health care
2 service delivery.

3 (d) The Office of the Inspector General in the agency
4 shall forward the report of suspected abuse to the appropriate
5 investigative unit, including, but not limited to, the
6 agency's Bureau of Program Integrity, the Medicaid Fraud
7 Control Unit in the Office of the Attorney General, or the
8 Florida Department of Law Enforcement.

9 (5) A person or managed care organization is not
10 subject to civil liability, of any nature, absent proof by
11 clear and convincing evidence of a specific intent to harm a
12 person or entity that is the subject of any report or reports
13 regarding:

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16 ===== T I T L E A M E N D M E N T =====

17 And the title is amended as follows:

18 On page 1, line 14, after the semicolon

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20 insert:

21 providing that the act does not create a
22 private right of action;

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