

Bill No. SB 1412

Barcode 514478

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 6, lines 14 and 15, delete those lines

and insert: (8) A managed care organization is not liable for the fraud or abuse of an employee or agent unless the officers, directors, or managing agents of the managed care organization actively and knowingly participated in the misconduct or the officers, directors, or managing agents of the managed care organization negligently failed to monitor and prevent activities constituting misconduct.

(9) Representatives from managed care organizations, Medicaid, the Office of the Inspector General of the agency, the Medicaid Fraud Control Unit, and the Department of Law Enforcement shall meet at least twice each year to review and discuss fraud and abuse case studies and enforcement matters.

(10) Any recovery of funds by the state from a Medicaid provider or recipient representing payment or payments made by a managed care organization compensated by

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1 the state by capitation shall be returned to the capitated  
2 managed care organization from which the payment to the  
3 Medicaid provider or recipient originated, including interest,  
4 if any. The agency, the Medicaid Fraud Control Unit, and the  
5 Department of Law Enforcement may not return recovered funds  
6 associated with a fraudulent or abusive act committed by an  
7 employee or agent of the managed care organization if the  
8 officers, directors, or managing agents of the managed care  
9 organization actively and knowingly participated in the  
10 misconduct or negligently failed to monitor and prevent  
11 activities constituting misconduct. Any funds returned to a  
12 managed care organization may not include monetary fines,  
13 penalties, or sanctions imposed by the agency, the Medicaid  
14 Fraud Control Unit, or the Department of Law Enforcement under  
15 s. 409.913, that do not represent payment or payments made by  
16 a managed care organization. The agency, the Medicaid Fraud  
17 Control Unit, and the Department of Law Enforcement may  
18 recover investigative, legal, and expert witness costs, if  
19 any, under s. 409.913, separate and apart from recovery of  
20 payment or payments made by a managed care organization.

21 (11) The Medicaid Fraud Control Unit, in conjunction  
22 with managed care organizations, shall track and publish on an  
23 annual basis all Medicaid fraud recoveries made under this  
24 section.

25 (12) The agency shall develop and promulgate rules to  
26 administer this section.

27 (13) Other provisions of law to the contrary  
28 notwithstanding, health maintenance organizations under  
29 contract with the agency under s. 409.912 or s. 409.91211, are  
30 exempt from ss. 626.989 and 626.9891, for Medicaid lines of  
31 business.

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

2 And the title is amended as follows:

3           On page 1, line 28, after the first semicolon

4

5 insert:

6           providing that a managed care organization is  
7           not liable for the fraud or abuse of an  
8           employee or agent under certain circumstances;  
9           providing exceptions; providing that any  
10          recovery of funds by the state from a Medicaid  
11          provider or recipient representing payment or  
12          payments made by a managed care organization  
13          compensated by the state by capitation shall be  
14          returned to the capitated managed care  
15          organization from which the payment to the  
16          Medicaid provider or recipient originated;  
17          providing exceptions; directing the Medicaid  
18          Fraud Control Unit, in conjunction with managed  
19          care organizations, to track and publish on an  
20          annual basis all Medicaid fraud recoveries made  
21          under this act;

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