

Bill No. CS for SB 1412

Barcode 662612

CHAMBER ACTION

Senate

House

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31

Comm: RCS  
03/29/2006 07:31 PM

.  
. .  
. .  
. .  
. .  
. .

---

The Committee on Judiciary (Villalobos) recommended the following amendment:

**Senate Amendment (with title amendment)**

On page 7, line 21, through page 9, line 6, delete those lines

and insert: (8) 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.

(9) Any Medicaid funds recovered by the state from a provider or recipient representing payment or payments made by a managed care organization compensated by the state by capitation shall be returned to the capitated managed care organization from which the payment to the provider or recipient originated, including interest, if any. The agency, the Medicaid Fraud Control Unit, and the Department of Law Enforcement may not return recovered funds associated with a

Bill No. CS for SB 1412

Barcode 662612

1 fraudulent or abusive act committed by an employee or agent of  
 2 the managed care organization if the officers, directors, or  
 3 managing agents of the managed care organization actively and  
 4 knowingly participated in the fraud or abuse or negligently  
 5 failed to monitor and prevent activities constituting fraud or  
 6 abuse. Any funds returned to a managed care organization may  
 7 not include monetary fines, penalties, or sanctions imposed by  
 8 the agency, the Medicaid Fraud Control Unit, or the Department  
 9 of Law Enforcement under s. 409.913 which do not represent  
 10 payment or payments made by a managed care organization. The  
 11 agency, the Medicaid Fraud Control Unit, and the Department of  
 12 Law Enforcement may recover investigative, legal, and expert  
 13 witness costs, if any, under s. 409.913 which are separate and  
 14 apart from recovery of payment or payments made by a managed  
 15 care organization.

16 (10) The agency and the Medicaid Fraud Control Unit,  
 17 in conjunction with managed care organizations, must track and  
 18 publish on an annual basis all Medicaid fraud recoveries by  
 19 providers made under this section. Such information shall be  
 20 submitted to the Department of Health by the provider as  
 21 required by law in order that the Department of Health can  
 22 publish the information on the physician's profile.

23 (11) The agency shall adopt rules to administer this  
 24 section.

25 (12) Notwithstanding any other law to the contrary,  
 26 health maintenance organizations under contract with the  
 27 agency under s. 409.912 or s. 409.91211 are exempt from ss.  
 28 626.989 and 626.9891 for Medicaid lines of business.

29  
 30  
 31

Bill No. CS for SB 1412

Barcode 662612

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 30, through page 2, line 3, delete  
4 those lines

5

6 and insert:

7            concerning suspected fraud or abuse; requiring  
8            representatives from managed care organizations  
9            and other specified governmental organizations  
10           to meet at least twice each year to review and  
11           discuss fraud and abuse case studies and  
12           enforcement matters; requiring that any  
13           recovery of

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31