



707408

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/26/2010	.	
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The Committee on Health Regulation (Altman) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 356 - 410  
and insert:

Section 10. Review of the Medicaid fraud and abuse processes.—

(1) The Auditor General and the Office of Program Policy Analysis and Government Accountability, shall review and evaluate the Agency for Health Care Administration's Medicaid fraud and abuse systems, including the Medicaid program integrity program. The reviewers may access Medicaid-related information and data from the Attorney General's Medicaid Fraud



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13 Control Unit, the Department of Health, the Department of  
14 Elderly Affairs, the Agency for Persons with Disabilities, and  
15 the Department of Children and Family Services, as necessary to  
16 conduct the review. The review must include, but is not limited  
17 to:

18 (a) An evaluation of current Medicaid policies and the  
19 Medicaid fiscal agent;

20 (b) An analysis of the Medicaid fraud and abuse prevention  
21 and detection processes, including agency contracts, Medicaid  
22 databases, and internal control risk assessments;

23 (c) A comprehensive evaluation of the effectiveness of the  
24 current laws, rules, and contractual requirements that govern  
25 Medicaid managed care entities;

26 (d) An evaluation of the agency's Medicaid managed care  
27 oversight processes;

28 (e) Recommendations to improve the Medicaid claims  
29 adjudication process, to increase the overall efficiency of the  
30 Medicaid program and to reduce Medicaid overpayments; and

31 (f) Operational and legislative recommendations to improve  
32 the prevention and detection of fraud and abuse in the Medicaid  
33 managed care program.

34 (2) The Auditor General's Office and the Office of Program  
35 Policy Analysis and Government Accountability may contract with  
36 technical consultants to assist in the performance of the  
37 review. The Auditor General and the Office of Program Policy  
38 Analysis and Government Accountability shall report to the  
39 President of the Senate, the Speaker of the House of  
40 Representatives, and the Governor by December 1, 2011.

41 Section 11. Medicaid claims adjudication project.—The



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42 Agency for Health Care Administration shall issue a competitive  
43 procurement pursuant to chapter 287, Florida Statutes, with a  
44 third-party vendor, at no cost to the state, to provide a real-  
45 time, front-end database to augment the Medicaid fiscal agent  
46 program edits and claims adjudication process. The vendor shall  
47 provide an interface with the Medicaid fiscal agent to decrease  
48 inaccurate payment to Medicaid providers and improve the overall  
49 efficiency of the Medicaid claims-processing system.

50 Section 12. All powers, duties, functions, records,  
51 offices, personnel, property, pending issues and existing  
52 contracts, administrative authority, administrative rules, and  
53 unexpended balances of appropriations, allocations, and other  
54 funds relating to public assistance fraud in the Department of  
55 Law Enforcement are transferred by a type two transfer, as  
56 defined in s. 20.06(2), Florida Statutes, to the Division of  
57 Public Assistance Fraud in the Department of Financial Services.

58 Section 13. Except for section 10 and this section, which  
59 shall take effect July 1, 2010, this act shall take effect  
60 January 1, 2011.

61  
62 ===== T I T L E A M E N D M E N T =====

63 And the title is amended as follows:

64 Delete lines 30 - 45

65 and insert:

66 to investigate public assistance fraud; directing the  
67 Auditor General and the Office of Program Policy  
68 Analysis and Government Accountability, to review the  
69 Medicaid fraud and abuse processes in the Agency for  
70 Health Care Administration; requiring a report to the



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71           Legislature and Governor by a certain date;  
72           establishing the Medicaid claims adjudication project  
73           in the Agency for Health Care Administration to  
74           decrease the incidence of inaccurate payments and to  
75           improve the efficiency of the Medicaid claims  
76           processing system; transferring activities relating to  
77           public assistance fraud from the Department of Law  
78           Enforcement to the Division of Public Assistance Fraud  
79           in the Department of Financial Services by a type two  
80           transfer; providing effective dates.