- 1 HB407
- 2 157684-1
- 3 By Representatives Scott and Robinson (O)
- 4 RFD: Ways and Means General Fund
- 5 First Read: 04-FEB-14

1	157684-1:n:01/31/2014:JMH/th LRS2014-559
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8	SYNOPSIS: This bill would require the Department of
9	Corrections, in cooperation with the Medicaid
10	Agency, to adopt and implement a plan to reduce
11	health care overpayments for health care services
12	provided to correctional inmates.
13	This bill would require the plan to be
14	adopted and implemented in a manner that the
15	savings achieved pays for the cost of
16	implementation.
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18	A BILL
19	TO BE ENTITLED
20	AN ACT
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22	To require the Department of Corrections, in
23	cooperation with the Medicaid Agency, to adopt and implement a
24	plan to reduce health care overpayments for health care
25	services to correctional inmates; and to require the plan to
26	be implemented such that the savings achieved shall cover the
27	cost of implementation.

1 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

2 Section 1. (a) Unless otherwise stated, this section 3 shall specifically apply to both of the following:

- (1) State correctional health care systems and services.
- (2) State contracted managed correctional health care services.
- (b) The Department of Corrections, in cooperation with the Medicaid Agency, shall do all of the following:
- (1) Adopt a plan to reduce overpayments for health care by implementing state-of-the-art clinical code editing technology solutions to further automate claims resolution and enhance cost containment through improved claim accuracy and appropriate code correction. The technology shall identify and prevent errors or potential overbilling based on widely accepted and referenceable protocols such as the American Medical Association and the Centers for Medicare and Medicaid Services. The edits shall be applied automatically before claims are adjudicated to speed processing and reduce the number of pended or rejected claims and help ensure a smoother, more consistent and more open adjudication process and fewer delays in provider reimbursement.
- (2) Implement correctional health care claims audit and recovery services to identify improper payments due to nonfraudulent issues, audit claims, obtain provider sign-off on the audit results and recover validated overpayments. Post payment reviews shall ensure that the diagnoses and procedure

codes are accurate and valid based on the supporting physician documentation within the medical records. Core categories of reviews could include: Coding compliance diagnosis related group reviews, transfers, readmission, cost outlier reviews, outpatient 72-hour rule reviews, payment errors, billing errors, and others.

- (3) Implement automated payment detection, prevention, and recovery solutions to assure that Medicaid is billed for eligible inpatient hospital and professional services.
- (c) The Department of Corrections and the Medicaid Agency shall contract for these services in a manner such that the savings achieved through this section shall more than cover the cost of implementation and administration of this program. To the extent possible, technology services used in carrying out this section shall be secured using the savings generated by the program, whereby the only direct cost of the state will be funded through the actual savings achieved. Reimbursement to the contractor may be made on the basis of a percentage of achieved savings model, a per beneficiary per month model, a per transaction model, a case-rate model, or any blended model of the aforementioned methodologies. Reimbursement models with the contractor may also include performance guarantees of the contractor to ensure that the savings identified exceed program costs.

Section 2. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.