- 1 HB110
- 2 147788-5
- 3 By Representative McClendon
- 4 RFD: State Government
- 5 First Read: 05-FEB-13
- 6 PFD: 02/01/2013

1	ENGROSSED
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4	A BILL
5	TO BE ENTITLED
6	AN ACT
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8	Relating to Medicaid fraud; to enact The Medicaid
9	Fraud Reduction Act of 2013; to amend Section 22-1-11 of the
10	Code of Alabama 1975, relating to Medicaid fraud, to prohibit
11	certain fraudulent conduct in obtaining medical benefits from
12	the Medicaid Agency, to provide for a definition of person
13	under the law, and to provide for a statute of limitations;
14	and in connection therewith to have as its purpose or effect
15	the requirement of a new or increased expenditure of local
16	funds within the meaning of Amendment 621 of the Constitution
17	of Alabama of 1901, now appearing as Section 111.05 of the
18	Official Recompilation of the Constitution of Alabama of 1901,
19	as amended.
20	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
21	Section 1. This bill shall be known and may be cited
22	as The Medicaid Fraud Reduction Act of 2013.
23	Section 2. Section 22-1-11 of the Code of Alabama
24	1975, is amended to read as follows:
25	"§22-1-11.
26	"(a) Any person who, with intent to defraud or
27	deceive, makes, or causes to be made or assists in the

preparation of any false statement, representation, or omission of a material fact in any claim or application for any payment, regardless of amount, from the Medicaid Agency, knowing the same to be false; or with intent to defraud or deceive, makes, or causes to be made, or assists in the preparation of any false statement, representation, or omission of a material fact in any claim or application for medical benefits from the Medicaid Agency, knowing the same to be false; shall be guilty of a felony and upon conviction thereof shall be fined not more than ten thousand dollars (\$10,000) or imprisoned for not less than one nor more than five years, or both. The offense set out herein shall not be complete until the claim or application is received by the Medicaid Agency or the contractor with the Medicaid Agency or its successor.

"(a)(1) It shall be unlawful for any person to knowingly do any of the following:

"a. Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in making a determination as to the qualification of the person to receive medical benefits from the Medicaid Agency.

b. Fail to disclose a change in circumstances in order to obtain or continue to receive any medical benefits

from the Medicaid Agency to which he or she is not entitled or in an amount larger than that to which he or she is entitled.

1	"c. Aid and abet another person in the commission of
2	the prohibitions enumerated in subdivisions (a) (1) a. and
3	<u>(a) (1)b.</u>
4	"d. Use, transfer, acquire, traffic, alter, forge,
5	possess, attempt to use, attempt to transfer, attempt to
6	acquire, attempt to traffic, attempt to alter, attempt to
7	forge, attempt to possess, or aid and abet another person in
8	the use, transfer, acquisition, traffic, alteration, forgery,
9	or possession of a Medicaid identification card in any manner
10	not authorized by law.
11	"e. File, attempt to file, or aid and abet in the
12	filing of a claim for services to a recipient of medical
13	benefits from the Medicaid Agency for services that were not
14	rendered.
15	"f. File a false claim for items or services to the
16	Medicaid Agency. For purposes of this subdivision, a false
17	claim is any wholly or partially untrue, or deceptive, attempt
18	to cause a health care payer to make a health care payment.
19	"g. Bill the recipient of medical benefits from the
20	Medicaid Agency, or his or her family, for an amount in excess
21	of that provided for by law or regulation if the Medicaid
22	provider has billed the Medicaid Agency for services.
23	"h. Fail to credit the state or its agents for
24	payments received from Social Security, insurance, or other
25	sources for services rendered to a Medicaid recipient which
26	the Medicaid provider has billed the Medicaid Agency.

Τ	"1. In any way receive, attempt to receive, or aid
2	and abet in the receipt of unauthorized payments or other
3	unauthorized public assistance or authorization or
4	identification to obtain medical benefits from the Medicaid
5	Agency.
6	"(2)a. A person who pleads quilty or is found quilty
7	by a court of competent jurisdiction of violating this
8	subsection, and the amount of the fraud is five hundred
9	dollars (\$500) or more, shall be quilty of a Class C felony.
10	"b. A person who pleads quilty or is found quilty by
11	a court of competent jurisdiction of violating this
12	subsection, and the amount of the fraud is less than five
13	hundred dollars (\$500), shall be quilty of a Class A
14	misdemeanor.
15	"c. Notwithstanding any other law to the contrary, a
16	provider of Medicaid services who pleads quilty or is found
17	quilty by a court of competent jurisdiction of violating this
18	subsection, regardless of the amount, shall be excluded from
19	participating in any program administered by the Medicaid
20	Agency for a minimum of three years.
21	"(3) For the purposes of this section, the term
22	"fraud" includes, but is not limited to, knowingly introducing
23	fraudulent Medicaid records into a computer system, the
24	unauthorized use of computer facilities, the intentional or
25	deliberate alteration or destruction of computerized Medicaid
26	information or files, and the stealing of Medicaid financial
27	instruments, data, and other assets.

1	"(4) Repayment of medical benefits or return of
2	authorization or identification wrongfully obtained is not a
3	defense to, or ground for dismissal of, criminal charges
4	brought under this section.
5	"(5) The introduction into evidence of a paid state
6	warrant to the order of a Medicaid provider or Medicaid
7	recipient is prima facie evidence that the provider or
8	recipient received medical payments or benefits from the
9	Medicaid Agency.
10	"(6) The introduction into evidence of a transaction
11	history generated by a personal identification number (PIN)
12	establishing a purchase or withdrawal by electronic benefit
13	transfer is prima facie evidence that the identified recipient
14	received medical benefits from the Medicaid Agency.
15	"(7) The Medicaid Agency shall create an error-prone
16	or fraud-prone case profile within its information system and
17	shall screen each application for Medicaid benefits against
18	the profile to identify cases that have a potential for error
19	or fraud. Each case identified as having a potential for error
20	or fraud shall be subjected to preeligibility/fraud screening.
21	"(b) Any person who knowingly solicits or receives
22	any remuneration, including any kickback, bribe, or rebate,
23	directly or indirectly, overtly or covertly, in cash or in
24	kind:
25	"(1) In return for referring an individual to a
26	person for the furnishing or arranging for the furnishing of

any item or service for which payment may be made in whole or in part by the Medicaid Agency or its agents, or

"(2) In return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part by the Medicaid Agency, or its agents shall be guilty of a <u>Class C</u> felony and upon conviction thereof, shall be fined not more than ten thousand dollars (\$10,000) or imprisoned for not less than one nor more than five years, or both.

"(c) Any person who <u>knowingly</u> offers or pays any remuneration including any kickback, bribe, or rebate directly or indirectly, overtly or covertly, in cash or in kind to any person to induce a person to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part by the Medicaid Agency or its agents, or to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part by the Medicaid Agency, or its agents, shall be guilty of a <u>Class C</u> felony and upon conviction thereof shall be fined not more than ten thousand dollars (\$10,000) or imprisoned for not less than one nor more than five years, or both.

"(d)(1) Any provider of Medicaid services who
submits a claim for or receives payment for a good or a
service under the Medicaid program, shall maintain the records

necessary to disclose fully the nature of a good or a service

for which a claim was submitted or payment was received for a

period of not less than five years following the date on which

payment was received.

"(2) Any person or provider who knowingly fails to keep the records required by this subsection or who knowingly destroys the records within five years from the date payment was received is guilty of a Class A misdemeanor.

"(d) (e) Subsections (b) and (c) of this section shall not apply to a discount or other reduction in price obtained by a provider of services or other entity under Medicaid if the reduction in price is properly disclosed and appropriately reflected in costs claimed or charges made by the provider or entity to the Medicaid Agency or its agents, or any amount paid by an employer to an employee who has a bona fide employment relationship with employer for employment in the provision of covered items or services.

"(e) (f) Any two or more offenses in violation of this section may be charged in the same indictment in separate counts for each offense and the offense shall be tried together, with separate sentences being imposed for each offense for which the defendant is found guilty.

"(g) For purposes of this section, the term "person" includes an individual, corporation, partnership, or association.

"(h) Notwithstanding any other provisions of law,

prosecution of an offense under this section must be commenced

within five years after the commission of the offense.

"(i) The offenses set out herein shall not be complete until the claim or application is received by the Medicaid Agency or the contractor with the Medicaid Agency or its successor."

Section 3. (a) Notwithstanding any other appropriation heretofore or hereafter made, there is hereby appropriated from the State General Fund to the Office of the Attorney General the sum of \$250,000 for the fiscal year ending September 30, 2014; the sum of \$250,000 for the fiscal year ending September 30, 2015; and the sum of \$250,000 for the fiscal year ending September 30, 2015; and the sum of \$250,000 for the fiscal year ending September 30, 2016. This appropriation shall be earmarked for the Medicaid Fraud Control Unit.

(b) Notwithstanding any other appropriation heretofore or hereafter made, there is hereby appropriated from the State General Fund to the Alabama Medicaid Agency the sum of \$1,000,000 for the fiscal year ending September 30, 2014. This appropriation shall be earmarked for the agency's efforts to comply with Section 22-1-11(a)(7) of the Code of Alabama 1975.

Section 4. The provisions of this act are severable. If any section, portion, or provision of this act is declared unconstitutional, that declaration shall not affect the remaining sections, portions, or provisions of this bill.

Section 5. All laws or parts of laws which conflict 1 2 with this act are repealed. Section 6. Although this bill would have as its 3 purpose or effect the requirement of a new or increased expenditure of local funds, the bill is excluded from further 5 requirements and application under Amendment 621, now 6 7 appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as amended, because the 8 bill defines a new crime or amends the definition of an 9 10 existing crime. 11

Section 7. This act shall become effective immediately upon its passage and approval by the Governor, or its otherwise becoming law.

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3	House of Representatives
4 5 6 7 8	Read for the first time and referred to the House of Representatives committee on State Government
9 10 11	Read for the second time and placed on the calendar 1 amendment
12 13 14	Read for the third time and passed as amended 21-FEB-13 Yeas 99, Nays 0, Abstains 0
15 16 17 18	Jeff Woodard Clerk