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

1	147788-1:n	:02/01/2013:FC/th LRS2013-545
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8	SYNOPSIS:	This bill would enact The Medicaid Fraud
9		Reduction Act of 2013.
10		Under existing law, certain designated
11		persons or entities are granted access information
12		in the Controlled Substances Prescription Database
13		of the Department of Public Health.
14		This bill would grant access to the database
15		to authorized representatives of the Medicaid
16		Agency investigating claims of potential fraud,
17		abuse, or misuse of controlled substances by
18		Medicaid recipients or providers.
19		Under existing law, a person who makes a
20		false statement or representation of material fact
21		in claim or application for payments on medical
22		benefits from the Medicaid Agency is guilty of a
23		felony. Prosecution for a felony offense is
24		required to be commenced within three years of the
25		offense and prosecution for a misdemeanor is
26		required to be commenced within 12 months of the
27		offense.

1 This bill would rewrite the above law and would expand the list of prohibited fraudulent conduct and would provide felony and misdemeanor 3 criminal penalties. The bill would also define "person" to include corporations and other entities and would provide that the statute of limitations

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Amendment 621 of the Constitution of Alabama of 1901, now appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as amended, prohibits a general law whose purpose or effect would be to require a new or increased expenditure of local funds from becoming effective with regard to a local governmental entity without enactment by a 2/3 vote unless: it comes within one of a number of specified exceptions; it is approved by the affected entity; or the Legislature appropriates funds, or provides a local source of revenue, to the entity for the purpose.

for all offenses under this law would be six years.

The purpose or effect of this bill would be to require a new or increased expenditure of local funds within the meaning of the amendment. However, the bill does not require approval of a local governmental entity or enactment by a 2/3 vote to become effective because it comes within one of the specified exceptions contained in the amendment.

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A BILL

TO BE ENTITLED

4 AN ACT

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Relating to Medicaid fraud; to enact The Medicaid Fraud Reduction Act of 2013; to amend Section 20-2-214, Code of Alabama 1975, relating to the Department of Public Health's Controlled Substances Prescription Database, to grant database access to certain authorized representatives of the Alabama Medicaid Agency investigating claims of potential fraud, abuse, or misuse of controlled substances by Medicaid recipients or providers; to amend Section 22-1-11 of the Code of Alabama 1975, relating to Medicaid fraud, to prohibit certain fraudulent conduct in obtaining medical benefits from the Medicaid Agency, to provide for a definition of person under the law, and to provide for a statute of limitations; and in connection therewith to have as its purpose or effect the requirement of a new or increased expenditure of local funds within the meaning of Amendment 621 of the Constitution of Alabama of 1901, now appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as amended.

24 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This bill shall be known and may be cited as The Medicaid Fraud Reduction Act of 2013.

Section 2. Sections 20-2-214 and 22-1-11 of the Code of Alabama 1975, are amended to read as follows:

3 "\$20-2-214.

"The following persons or entities shall be permitted access to the information in the controlled substances database, subject to the limitations indicated below:

- "(1) Authorized representatives of the certifying boards, provided, however, that access shall be limited to inquiries concerning the licensees of the certifying board.
- "(2) A licensed practitioner approved by the department who has authority to prescribe, dispense, or administer controlled substances, provided, however, that such access shall be limited to information concerning an assistant to physician with a Qualified Alabama Controlled Substances Registration Certificate over whom the practitioner exercises physician supervision and a current or prospective patient of the practitioner. Practitioners shall have no requirement or obligation to access or check the information in the controlled substances database prior to prescribing, dispensing, or administering medications or as part of their professional practice.
- "(3) A licensed assistant to physician approved by the department who is authorized to prescribe, administer, or dispense pursuant to a Qualified Alabama Controlled Substances Registration Certificate; provided, however, that such access

shall be limited to information concerning a current or prospective patient of the assistant to physician.

- "(4) A licensed pharmacist approved by the department, provided, however, that such access is limited to information related to the patient or prescribing practitioner designated on a controlled substance prescription that a pharmacist has been asked to fill. Pharmacists shall have no requirement or obligation to access or check the information in the controlled substances database prior to dispensing or administering medications or as part of their professional practices.
- "(5) State and local law enforcement authorities as authorized under Section 20-2-91, and federal law enforcement authorities authorized to access prescription information upon application to the department accompanied by an affidavit stating probable cause for the use of the requested information.
- "(6) Employees of the department and consultants engaged by the department for operational and review purposes.
- "(7) The prescription drug monitoring program of any of the other states or territories of the United States, if recognized by the Alliance for Prescription Drug Monitoring Programs under procedures developed by the United States Department of Justice or the Integrated Justice Information Systems Institute or successor entity subject to or consistent with limitations for access prescribed by this chapter for the Alabama Prescription Drug Monitoring Program.

"(8) Authorized representatives of the Medicaid

Agency solely for the purpose of inquiries concerning possible

fraud, abuse, or misuse related to controlled substances by

Medicaid recipients or providers.

"\$22-1-11.

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"(a) Any person who, 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 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 quilty 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

1	qualification of the person to receive medical benefits from
2	the Medicaid Agency.
3	b. Fail to disclose a change in circumstances in
4	order to obtain or continue to receive any medical benefits
5	from the Medicaid Agency to which he or she is not entitled or
6	in an amount larger than that to which he or she is entitled.
7	"c. Aid and abet another person in the commission of
8	the prohibitions enumerated in subdivisions (a) (1) a. and
9	<u>(a) (1)b.</u>
10	"d. Use, transfer, acquire, traffic, alter, forge,
11	possess, attempt to use, attempt to transfer, attempt to
12	acquire, attempt to traffic, attempt to alter, attempt to
13	forge, attempt to possess, or aid and abet another person in
14	the use, transfer, acquisition, traffic, alteration, forgery,
15	or possession of a Medicaid identification card in any manner
16	not authorized by law.
17	"e. File, attempt to file, or aid and abet in the
18	filing of a claim for services to a recipient of medical
19	benefits from the Medicaid Agency for services that were not
20	rendered.
21	"f. File a false claim for items or services to the
22	Medicaid Agency.
23	"q. Bill the recipient of medical benefits from the
24	Medicaid Agency, or his or her family, for an amount in excess
25	of that provided for by law or regulation.

1	"h. Fail to credit the state or its agents for
2	payments received from Social Security, insurance, or other
3	sources.
4	"i. In any way receive, attempt to receive, or aid
5	and abet in the receipt of unauthorized payments or other
6	unauthorized public assistance or authorization or
7	identification to obtain medical benefits from the Medicaid
8	Agency.
9	"(2)a. A person who violates this subsection, and
10	the amount of the fraud is five hundred dollars (\$500) or
11	more, shall be quilty of a Class C felony.
12	"b. A person who violates this subsection, and the
13	amount of the fraud is less than five hundred dollars (\$500),
14	shall be quilty of a Class A misdemeanor.
15	"c. Notwithstanding any other law to the contrary, a
16	provider of Medicaid services who violates this subsection,
17	regardless of the amount, shall be excluded from participating
18	in any program administered by the Medicaid Agency for a
19	minimum of three years.
20	"(3) For the purposes of this section, the term
21	"fraud" includes, but is not limited to, the introduction of
22	fraudulent records into a computer system, the unauthorized
23	use of computer facilities, the intentional or deliberate
24	alteration or destruction of computerized information or
25	files, and the stealing of financial instruments, data, and
26	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 against the profile
18	to identify cases that have a potential for error or fraud.
19	Each case identified as having a potential for error or fraud
20	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 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 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, or
the records necessary to disclose fully all income and
expenditures upon which rates of payment were based, for a
period of not less than six years following the date on which
payment was received.

"(2) Any person or provider who fails to keep the records required by this subsection or who knowingly destroys the records within six 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.

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

1	"(h) Notwithstanding any other provisions of law,
2	prosecution of an offense under this section must be commenced
3	within six years after the commission of the offense."
4	Section 3. The provisions of this act are severable.
5	If any section, portion, or provision of this act is declared
6	unconstitutional, that declaration shall not affect the
7	remaining sections, portions, or provisions of this bill.
8	Section 4. All laws or parts of laws which conflict
9	with this act are repealed.
10	Section 5. Although this bill would have as its
11	purpose or effect the requirement of a new or increased
12	expenditure of local funds, the bill is excluded from further
13	requirements and application under Amendment 621, now
14	appearing as Section 111.05 of the Official Recompilation of
15	the Constitution of Alabama of 1901, as amended, because the
16	bill defines a new crime or amends the definition of an
17	existing crime.
18	Section 6. This act shall become effective
19	immediately upon its passage and approval by the Governor, or
20	its otherwise becoming law.