



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

IMPORTANT NOTICE

Medicaid fraud and abuse and any over-payment of Medicaid funds takes away scarce resources from those who do provide necessary and appropriate care. The purpose of this notice is to draw your attention to two provisions of Florida law that were amended during the 2009 Legislative Session. Senate Bill 1986 amended, among other provisions, sections 409.913(27) and (30), Florida Statutes. I am bringing these changes to your attention as they may have a significant impact on how you and members of your organization conduct business with the Agency following notice of a Medicaid overpayment.

While the Agency has always had the authority to withhold Medicaid reimbursements as a tool for collection of overpayments, the changes to the law now **require** that we withhold all Medicaid reimbursements beginning 30 days following notice of an alleged overpayment. The law provides an exception to the withholding if a provider has made full repayment or established a satisfactory repayment agreement with the Agency. What this means for Medicaid providers is that involuntary withholds of full Medicaid reimbursements will be initiated following all final audit reports which allege that an overpayment has occurred.

We want providers to understand that the withholding of payment will be initiated more quickly following issuance of an overpayment notification. Additionally, the withholding will occur even where the provider has sought an administrative hearing to challenge the overpayment findings. Providers are encouraged to contact the Agency (contact information is included in the final audit reports) immediately following a notice of overpayment to arrange for repayment (either in full or via a repayment agreement) to avoid the involuntary withhold process.

Additionally, the Agency is now **required** to terminate a provider's participation in the Medicaid program if the provider fails to reimburse an overpayment within 35 days after the date of the final order, unless the provider and the Agency have entered into a repayment agreement. Such a termination is not subject to appeal. Providers who may have previously relied upon the withhold process to satisfy their debts to the Agency should be advised that an involuntary withhold does not satisfy the statutory obligation to repay in full or enter into a satisfactory repayment agreement. Thus, if the involuntary withhold results in the debt ultimately being satisfied, the provider will still be terminated from the program.

The Florida Medicaid program is fortunate that the vast majority of its providers are honest and provide high-quality care. Unfortunately, the few bad players create a need for bold efforts. This new law also provides the Agency with new tools to combat Medicaid fraud and abuse by adding penalties and the authority to impose sanctions and suspend or revoke licenses.

Important Notice

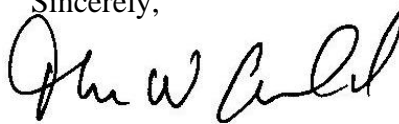


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Finally, the law creates a provision whereby persons who report Medicaid fraud may be entitled to a reward up to 25 percent of the amount recovered, up to a maximum of \$500,000 per case, if a criminal case results in a fine, penalty or a forfeiture of property. Tips about suspected fraud can be reported by calling the Attorney General's Fraud Hotline at 1-866-966-7226 or the Agency's Consumer Call Center at 1-888-419-3456. Other communication initiatives are in progress, including a mailing to Medicaid recipients to heighten awareness and encourage recipients to report fraud. Citizens may also report fraud online by visiting our Web site, <http://ahca.myflorida.com> and clicking the "Report Fraud" button. Attached here is link to the Medicaid Fraud Brochure and a Medicaid Fraud Poster for your use in promoting this effort: [AHCA: Inspector General: Complaints](#)

I hope you will join us in combating fraud and abuse by passing this important information along to everyone in your organization.

Sincerely,



Thomas W. Arnold
Secretary

