	COMMITTEE/SUBCOMMITTEE ACTION
	ADOPTED (Y/N)
	ADOPTED AS AMENDED (Y/N)
	ADOPTED W/O OBJECTION (Y/N)
	FAILED TO ADOPT (Y/N)
	WITHDRAWN (Y/N)
	OTHER
1	Committee/Subcommittee hearing bill: Health & Human Services
2	Committee
3	Representative Pigman offered the following:
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5	Amendment (with title amendment)
6	Between lines 255 and 256, insert:
7	Section 2. Subsection (17) of section 409.910, Florida
8	Statutes, is amended to read:
9	409.910 Responsibility for payments on behalf of Medicaid-
10	eligible persons when other parties are liable
11	(17) (a) A recipient or his or her legal representative or
12	any person representing, or acting as agent for, a recipient or
13	the recipient's legal representative, who has notice, excluding
14	notice charged solely by reason of the recording of the lien

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pursuant to paragraph (6)(c), or who has actual knowledge of the

agency's rights to third-party benefits under this section, who

covered illness or injury, is required either to pay the agency,

receives any third-party benefit or proceeds therefrom for a

within 60 days after receipt of settlement proceeds, the full

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amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in an interest-bearing a trust account for the benefit of the agency pending an judicial or administrative determination of the agency's right thereto under this subsection. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the agency the full amount required by this section or to hold the full amount of third-party benefits or proceeds in the interest-bearing trust account pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(b) A recipient may contest the amount designated as recovered medical expense damages payable to the agency pursuant to paragraph (11)(f) by filing a petition under chapter 120 within 21 days after the date of payment of funds to the agency or placing the full amount of the third-party benefits in the trust account for the benefit of the agency pursuant to paragraph (a). The petitions shall be filed with the Division of

Administrative Hearings. For purposes of chapter 120, the payment of funds to the agency or placing the full amount of the third-party benefits in the trust account for the benefit of the agency constitutes final agency action and notice thereof. This procedure constitutes the exclusive method by which the amount of third-party benefits payable to the agency may be challenged. In order to successfully challenge the amount payable to the agency, the recipient must prove, by clear and convincing evidence, that a lesser portion of the total recovery should be allocated as reimbursement for past and future medical expenses than that amount calculated by the agency pursuant to paragraph (11) (f) or that Medicaid provided a lesser amount of medical assistance than that determined by the agency. The Division of Administrative Hearings has final order authority for proceedings under this section.

- (c) The agency's provider processing system reports are admissible as prima facie evidence in substantiating the agency's claim.
- (d) Venue for all administrative proceedings pursuant to paragraph (a) shall be in Leon County, at the discretion of the agency. Venue for all appellate proceedings arising from the administrative proceeding pursuant to paragraph (a) shall be at the First District Court of Appeal, at the discretion of the agency.
- (e) Each party shall bear its own attorney fees and costs for any proceeding conducted pursuant to paragraph (a) or paragraph (b).

 $\underline{\text{(f)}}$ In cases of suspected criminal violations or fraudulent activity, the agency may take any civil action permitted at law or equity to recover the greatest possible amount, including, without limitation, treble damages under ss. 772.11 and 812.035(7).

(g) (b) The agency may is authorized to investigate and may to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 414.39 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(h) (e) In carrying out duties and responsibilities related to Medicaid fraud control, the agency may subpoen witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(i) (d) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the agency takes final agency action;

- 2. Until such time as the Department of Legal Affairs refers the case for criminal prosecution;
- 3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or
 - 4. At all times if otherwise protected by law.

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TITLE AMENDMENT

Remove line 12 and insert:

screening; amending s. 409.910, F.S.; revising provisions relating to settlements of Medicaid claims against third parties; providing procedures for a Medicaid recipient to contest the amount of recovered medical expense damages; amending s. 409.913, F.S.; increasing the