



General Assembly

January Session, 2013

Raised Bill No. 6514

LCO No. 3669



Referred to Committee on PROGRAM REVIEW AND INVESTIGATIONS

Introduced by:
(PRI)

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING MEDICAID PAYMENT INTEGRITY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) On January 1, 2014, and
2 annually thereafter, the Commissioner of Social Services, in
3 consultation with the Chief State's Attorney and the Attorney General,
4 shall submit a joint report, in accordance with the provisions of section
5 11-4a of the general statutes, to the General Assembly on the state's
6 efforts in the previous fiscal year to prevent and control fraud, abuse
7 and errors in the Medicaid payment system and to recover Medicaid
8 overpayments, except as otherwise required. The joint report shall
9 include a final reconciled and unduplicated accounting of identified,
10 ordered, collected and outstanding Medicaid recoveries from all
11 sources.

12 (b) The Department of Social Services shall provide information,
13 including, but not limited to:

14 (1) Data related to Medicaid audits conducted by the department,
15 including: (A) The number of such audits completed by provider type;
16 (B) the amount of overpayments identified due to such audits; (C) the
17 amount of avoided costs identified due to such audits; (D) the amount
18 of overpayments recovered due to such audits; and (E) the number of
19 such audits resulting in referral to the office of the Chief State's
20 Attorney;

21 (2) Data related to Medicaid program integrity investigations
22 conducted by the department, including: (A) The number of
23 complaints received by source type and reason; (B) the number of
24 investigations, with outcomes for each investigation, completed by
25 source type and provider type; (C) the amount of overpayments
26 identified due to investigations; (D) the amount of overpayments
27 collected due to investigations; (E) the number of investigations
28 resulting in a referral to the office of the Chief State's Attorney; (F) the
29 number of investigations resulting in suspension of Medicaid
30 payments by provider type; and (G) the number of investigations
31 resulting in provider exclusion from the Medicaid program by
32 provider type; and

33 (3) The amount of overpayments collected by recovery contractors
34 by type of contractor.

35 (c) The Chief State's Attorney shall provide Medicaid information
36 including, but not limited to: (1) The number of investigations opened
37 by source type; (2) a summary of allegations by provider type; (3) the
38 length of time between case opening and closing; (4) the final
39 disposition of closed cases; (5) the monetary recovery sought and
40 realized by action, including (A) criminal charges, (B) settlements, and
41 (C) judgments; and (6) the number of referrals declined and reason.

42 (d) The Attorney General shall provide Medicaid information
43 including, but not limited to: (1) The number of investigations opened
44 by source type; (2) a summary of allegations by provider type; (3) the

45 length of time between case opening and closing; (4) the final
46 disposition of closed cases; (5) the monetary recovery sought and
47 realized by action, including (A) civil monetary penalties, (B)
48 settlements, and (C) judgments; and (6) the number of referrals
49 declined and reason.

50 (e) The joint report shall include third party liability recovery
51 information for the previous five-year period by fiscal year, including,
52 but not limited to: (1) The total number of claims selected for billing by
53 commercial health insurance and Medicare; (2) the total amount billed
54 for such claims; (3) the number of claims where recovery occurred; (4)
55 the actual amount collected; (5) the number of files updated with third
56 party insurance information; and (6) the estimated cost avoidance in
57 the future related to updated files.

58 (f) The joint report shall include: (1) Detailed and unit specific
59 performance standards, benchmarks and metrics; (2) projected cost
60 savings for the following fiscal year; (3) new initiatives taken to
61 prevent and detect overpayments; and (4) policy recommendations
62 necessary to prevent or recover overpayments and deter and detect
63 fraud. All such policy recommendations shall include a detailed fiscal
64 analysis, including estimated (A) implementation costs, (B) savings,
65 and (C) return on investment.

66 (g) The Commissioner of Social Services, in consultation with the
67 Chief State's Attorney and the Attorney General, shall submit the joint
68 report, in accordance with the provisions of section 11-4a of the general
69 statutes, to the joint standing committees of the General Assembly
70 having cognizance of matters relating to human services and
71 appropriations and the budgets of state agencies.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Statement of Purpose:

To implement the recommendations of the Program Review and Investigations Committee regarding the establishment of annual reporting on Medicaid payment system integrity efforts.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]