



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

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Contact: AHCA Communications Office

AHCACommunications@ahca.myflorida.com, 850-412-3623

Jenn Meale, AG's Office

Jennifer.Meale@myfloridalegal.com, 850-245-0150

Secretary Dudek, Attorney General Bondi Release Annual Medicaid Fraud and Abuse Prevention Summary of Efforts

TALLAHASSEE – Florida Agency for Health Care Administration (Agency) Secretary Liz Dudek and Florida Attorney General Pam Bondi jointly submitted the annual summary of *The State's Efforts to Combat Medicaid Fraud and Abuse 2012-13* during the New Year holiday. Florida's Medicaid program is the fourth largest in the nation serving more than 3.4 million recipients.

“This report is evidence of the continued dedication and corroboration between the Agency and the Attorney General's Office to safeguard Florida's Medicaid program from fraud and abuse,” said Secretary Liz Dudek. “In addition to current year activities, the Agency continues to be proactive in finding ways to incorporate new technologies, update processes and increase efficiencies. An example of this is the average number of days from audit open to paid in full time was reduced by 20 percent with no additional staff resources this year.”

“We will not allow those who engage in unscrupulous practices to defraud Florida's Medicaid program and essentially steal from Florida's taxpayers,” said Attorney General Pam Bondi. “Thanks to our strong partnerships, my Medicaid Fraud Control Unit recovered \$182 million on behalf of Floridians during fiscal year 2012-13. We will continue to work steadfastly toward the shared goal of ensuring that Medicaid dollars go to helping the needy rather than to those who defraud the system.”

A few of the highlights from the last year's effort include:

- **Funds recouped:** For fiscal year 2012-13, total collections, net of adjustments and refunds, approached \$81.9 million, which was nearly twice the total collections for FY 2011-12. The collections were: \$78.4 million in overpayments, \$212,000 in investigation costs, \$3 million in fines/sanctions and \$281,000 in interest. Additionally, Agency's Third Party Liability Unit recovered \$161 million. The Agency also prevented or avoided \$23.3 million dollars in unnecessary Medicaid payments.
- **High return on investment (ROI):** For FY 2012-13, the Agency's return on investment for recovery efforts is 7.6:1 and 3.1:1 for prevention efforts, totaling an overall ROI of 5.8:1. This means that for every \$1.00 spent to prevent fraud and abuse or to recover Medicaid funds due to fraud and abuse, the State of Florida gains \$5.80.



- **Terminated unscrupulous providers:** In 2013, the Agency terminated 361 providers from participation in the Medicaid program as a result of fraud and abuse. Additionally, there were 225 providers who were barred from enrolling or reenrolling as Medicaid providers due to suspected fraud and abuse or other shortcomings in the area of program integrity.

In addition to provider education and current year recoupment projects, the Agency also began making structural changes in preparation for the shift to Statewide Medicaid Managed Care. As the Agency transitions to SMMC, there will be a transition from fee-for-service (FFS) audits to managed care organization compliance and provider reviews. Although the Agency has authority to audit current FFS providers for a five-year look back period, it is expected that recoveries and prevention figures will decrease in the coming years as a direct result of managed care implementation.

The Agency and MFCU use workgroups, policy changes and provider training opportunities to involve external partners, internal offices and other stakeholders in the prevention of fraud and abuse within the Medicaid program. Combined with a continuous analysis of the cost of Medicaid services provided, these joint initiatives help maintain the integrity of the Medicaid program and resulted in substantial growth of recoupment figures and cost savings for the State of Florida.

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. Anyone can report fraud online by visiting the Agency's Web site at www.ahca.myflorida.com and clicking the "Report Fraud" button.

Click [here](#) to view the 2012-13 Florida Medicaid Fraud and Abuse Annual Report, which is also available on the Agency's homepage at www.AHCA.MyFlorida.com.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 45,000 health care facilities and 37 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook ([AHCAFlorida](#)), Twitter ([@AHCA_FL](#)) and YouTube ([/AHCAFlorida](#)).

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