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Secretary Elizabeth Dudek and Attorney General Pam Bondi Release Annual Report Outlining Medicaid Fraud and Abuse Prevention Efforts

TALLAHASSEE – Florida Agency for Health Care Administration (Agency) Secretary Liz Dudek and Florida Attorney General Pam Bondi have jointly submitted the annual summary of *The State's Efforts to Combat Medicaid Fraud and Abuse 2013-14*.

"Each year, this report serves as a reminder of the tireless dedication and steadfast commitment of the Agency and the Attorney General's Office to protect Florida's Medicaid program from fraud and abuse," said Secretary Liz Dudek. "The Agency and the Attorney General's Office constantly seek out new ways to build on our already successful efforts to fight Medicaid fraud. Our success is clear: over \$56m in funds recouped last year and for every dollar spent on prevention, identification and recovery of overpayments, \$7.20 has been returned to the State of Florida."

"Our collaboration with the Florida Agency for Health Care Administration is key to protecting the integrity of the Medicaid program," said Attorney General Pam Bondi. "My Medicaid Fraud Control Unit has recovered more than \$471 million in settlements and judgments since 2011. We will continue to fight Medicaid fraud on all fronts and protect taxpayers' money."

Highlights from last year's effort include:

- **Funds recouped:** For fiscal year 2013-14, total collections, net of adjustments and refunds, approached \$56.2 million. The collections were: \$53 million in overpayments, \$215,000 in investigation costs, \$2.4 million in fines/sanctions and \$555,000 in interest. Additionally, the Agency's Third Party Liability Unit recovered over \$170 million.
- **High return on investment (ROI):** For FY 2013-14, the Agency's return on investment for recovery efforts is 7.3:1 and 6.7:1 for prevention efforts, totaling an overall ROI of 7.2:1. 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 \$7.20.



- **Terminated unscrupulous providers:** In 2014, the Agency terminated 269 providers from participation in the Medicaid program as a result of fraud and abuse. Additionally, there were 199 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.

The Agency and Florida's Medicaid Fraud Control Unit (MFCU) use workgroups, policy changes and provider training opportunities to involve external partners 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 website at www.ahca.myflorida.com and clicking the "Report Fraud" button.

To view the 2013-14 Florida Medicaid Fraud and Abuse Report please visit <http://ahca.media/2015FraudReport>.

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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