

1                                   A bill to be entitled  
 2           An act relating to audits of pharmacy records;  
 3           amending s. 465.188, F.S.; revising requirements for  
 4           the audit of Medicaid-related pharmacy records;  
 5           authorizing audits of third-party payor and third-  
 6           party administrator records of pharmacy permittees;  
 7           providing that claims containing certain clerical or  
 8           recordkeeping errors are not subject to financial  
 9           recoupment under certain circumstances; specifying  
 10          that certain audit criteria apply to third-party  
 11          claims submitted after a specified date; prohibiting  
 12          certain accounting practices used for calculating the  
 13          recoupment of claims; prohibiting the audit criteria  
 14          from requiring the recoupment of claims except under  
 15          certain circumstances; providing procedures for review  
 16          and appeal of third-party payor and third-party  
 17          administrator audits; providing an effective date.

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 19   Be It Enacted by the Legislature of the State of Florida:

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 21           Section 1.   Section 465.188, Florida Statutes, is amended  
 22   to read:

23           465.188   Financial Medicaid ~~audits~~ audits of pharmacies.—

24           (1)   Notwithstanding any provision of ~~other~~ law, when an  
 25   audit of ~~the~~ Medicaid-related, third-party payor, or third-party  
 26   administrator records of a pharmacy permittee ~~licensed~~ under  
 27   this chapter ~~465~~ is conducted, such audit must be conducted as  
 28   provided in this section.

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29 (a) The agency or other entity conducting the audit must  
30 give the pharmacist at least 1 week's prior notice of the  
31 initial audit for each audit cycle.

32 (b) An audit must be conducted by a pharmacist licensed in  
33 this state.

34 (c) Any clerical or recordkeeping error, such as a  
35 typographical error, scrivener's error, or computer error  
36 regarding a document or record required under the third-party  
37 payor, third-party administrator, or Medicaid program does not  
38 constitute a willful violation and, without proof of intent to  
39 commit fraud, is not subject to criminal penalties ~~without proof~~  
40 ~~of intent to commit fraud~~. A claim is not subject to financial  
41 recoupment if, except for such typographical, scrivener's,  
42 computer, or other clerical or recordkeeping error, the claim is  
43 an otherwise valid claim.

44 (d) A pharmacist may use the physician's record or other  
45 order for drugs or medicinal supplies written or transmitted by  
46 any means of communication for purposes of validating the  
47 pharmacy record with respect to orders or refills of a legend or  
48 narcotic drug.

49 (e) A finding of an overpayment or underpayment must be  
50 based on the actual overpayment or underpayment and may not be a  
51 projection based on the number of patients served having a  
52 similar diagnosis or on the number of similar orders or refills  
53 for similar drugs.

54 (f) Each pharmacy shall be audited under the same  
55 standards and parameters.

56 (g) A pharmacist must be allowed at least 10 days in which

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57 | to produce documentation to address any discrepancy found during  
58 | an audit.

59 | (h) The period covered by an audit may not exceed 1  
60 | calendar year.

61 | (i) An audit may not be scheduled during the first 5 days  
62 | of any month due to the high volume of prescriptions filled  
63 | during that time.

64 | (j) The audit report must be delivered to the pharmacist  
65 | within 90 days after conclusion of the audit. A final audit  
66 | report shall be delivered to the pharmacist within 6 months  
67 | after receipt of the preliminary audit report or final appeal,  
68 | as provided for in subsection (2), whichever is later.

69 | (k) The audit criteria set forth in this section apply  
70 | ~~applies~~ only to audits of Medicaid claims submitted for payment  
71 | after subsequent to July 11, 2003, and to third-party claims  
72 | submitted for payment after July 1, 2011. Notwithstanding any  
73 | ~~other~~ provision of in this section, the agency or other entity  
74 | conducting the audit shall not use the accounting practice of  
75 | extrapolation in calculating penalties or recoupment for  
76 | Medicaid, third-party payor, or third-party administrator  
77 | audits.

78 | (1) The audit criteria may not subject a claim to  
79 | financial recoupment except in those circumstances when  
80 | recoupment is required by law.

81 | (2) The Agency for Health Care Administration, in the case  
82 | of a Medicaid-related audit, or the third-party payor or third-  
83 | party administrator contracting with the pharmacy, in the case  
84 | of a third-party payor or third-party administrator audit, shall

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85 | establish a process under which a pharmacist may obtain a  
86 | preliminary review of an audit report and may appeal an  
87 | unfavorable audit report without the necessity of obtaining  
88 | legal counsel. The preliminary review and appeal may be  
89 | conducted by an ad hoc peer review panel, appointed by the  
90 | agency, in the case of a Medicaid-related audit, or appointed by  
91 | the third-party payor or third-party administrator contracting  
92 | with the pharmacy, in the case of a third-party payor or third-  
93 | party administrator audit, which consists of pharmacists who  
94 | maintain an active practice. If, following the preliminary  
95 | review, the ~~agency or~~ review panel finds that an unfavorable  
96 | audit report is unsubstantiated, the agency, in the case of a  
97 | Medicaid-related audit, or the third-party payor or third-party  
98 | administrator contracting with the pharmacy, in the case of a  
99 | third-party payor or third-party administrator audit, shall  
100 | dismiss the audit report without the necessity of any further  
101 | proceedings.

102 | (3) This section does not apply to investigative audits  
103 | conducted by the Medicaid Fraud Control Unit of the Department  
104 | of Legal Affairs.

105 | (4) This section does not apply to any investigative audit  
106 | conducted by the Agency for Health Care Administration when the  
107 | agency has reliable evidence that the claim that is the subject  
108 | of the audit involves fraud, willful misrepresentation, or abuse  
109 | under the Medicaid program.

110 | Section 2. This act shall take effect upon becoming a law.