2017 SESSION

1	17104161D
	HOUSE BILL NO. 2417
2	Offered January 19, 2017
2 3	A BILL to amend and reenact § 2.2-4348 of the Code of Virginia and to amend the Code of Virginia
4	by adding a section numbered 32.1-319.1, relating to Department of Medical Assistance Services;
5	fraud prevention; prepayment analytics.
6	
	Patrons—Landes and Albo
7	
8	Referred to Committee on Health, Welfare and Institutions
9	
10	Be it enacted by the General Assembly of Virginia:
11	1. That § 2.2-4348 of the Code of Virginia is amended and reenacted and that the Code of Virginia
12	is amended by adding a section numbered 32.1-319.1 as follows:
13	§ 2.2-4348. Exemptions.
14	The provisions of this article shall not apply to (i) the late payment provisions contained in any
	nublic utility foritte proceribad by the Ntota Corporation Commission or (11) naviments for savueas
15	public utility tariffs prescribed by the State Corporation Commission or (ii) payments for services
16	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or
16 17	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such
16 17 18	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated.
16 17 18 19	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments.
16 17 18 19 20	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to providers
16 17 18 19 20 21	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to providers of services furnished under the state plan for medical assistance who commit fraud, abuse, or errors.
16 17 18 19 20 21 22	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to providers of services furnished under the state plan for medical assistance who commit fraud, abuse, or errors. Such program shall include the use of predictive modeling, provider profiling, trend analysis, and other
16 17 18 19 20 21 22 23	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to providers of services furnished under the state plan for medical assistance who commit fraud, abuse, or errors. Such program shall include the use of predictive modeling, provider profiling, trend analysis, and other prepayment analytics to identify providers with a high likelihood of fraud, abuse, or error and prevent
16 17 18 19 20 21 22 23 24	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to providers of services furnished under the state plan for medical assistance who commit fraud, abuse, or errors. Such program shall include the use of predictive modeling, provider profiling, trend analysis, and other prepayment analytics to identify providers with a high likelihood of fraud, abuse, or error and prevent payments on potentially fraudulent claims from being made until such claims have been validated.
16 17 18 19 20 21 22 23	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until such time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to providers of services furnished under the state plan for medical assistance who commit fraud, abuse, or errors. Such program shall include the use of predictive modeling, provider profiling, trend analysis, and other prepayment analytics to identify providers with a high likelihood of fraud, abuse, or error and prevent
16 17 18 19 20 21 22	provided under the state plan for medical assistance identified as potentially fraudulent, abusive, or erroneous in accordance with the program established pursuant to § 32.1-319.1 and delayed until succ time as the claim can be validated. § 32.1-319.1. Department to establish program to mitigate risk of improper payments. A. The Department shall establish a program to mitigate the risk of improper payments to provider of services furnished under the state plan for medical assistance who commit fraud, abuse, or errors Such program shall include the use of predictive modeling, provider profiling, trend analysis, and other

INTRODUCED