

By Senator Latvala

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1 A bill to be entitled  
2 An act relating to pharmacies; amending s. 465.188,  
3 F.S.; revising requirements for the audit of Medicaid-  
4 related pharmacy records; authorizing third-party  
5 payor and third-party administrator audits of  
6 pharmacies; providing that claims containing certain  
7 errors are not subject to financial recoupment under  
8 certain circumstances; specifying that certain audit  
9 criteria apply to third-party claims submitted after a  
10 specified date; prohibiting certain accounting  
11 practices used for calculating the recoupment of  
12 claims; prohibiting the audit criteria from requiring  
13 the recoupment of claims except under certain  
14 circumstances; providing procedures for the audit of  
15 third-party payor and third-party administrator  
16 audits; prohibiting a third-party payor or state  
17 agency from requiring the delivery by mail of pharmacy  
18 provider services and prescription drugs; authorizing  
19 a third-party payor or state agency to offer an  
20 incentive program for the delivery of prescription  
21 drugs by mail; providing an effective date.

22  
23 Be It Enacted by the Legislature of the State of Florida:

24  
25 Section 1. Section 465.188, Florida Statutes, is amended to  
26 read:

27 465.188 Financial Medicaid audits of pharmacies.—

28 (1) Notwithstanding any other provision of law, when an  
29 audit of ~~the~~ Medicaid-related, third-party payor, or third-party

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30 administrator records of a pharmacy permittee ~~licensed~~ under  
31 this chapter ~~465~~ is conducted, such audit must be conducted as  
32 provided in this section.

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

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

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

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

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

58 (f) Each pharmacy shall be audited under the same standards

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59 and parameters.

60 (g) A pharmacist must be allowed at least 10 days in which  
61 to produce documentation to address any discrepancy found during  
62 an audit.

63 (h) The period covered by an audit may not exceed 1  
64 calendar year.

65 (i) An audit may not be scheduled during the first 5 days  
66 of any month due to the high volume of prescriptions filled  
67 during that time.

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

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

82 (1) The audit criteria may not subject a claim to financial  
83 recoupment except in those circumstances when recoupment is  
84 required by law.

85 (2) The Agency for Health Care Administration, in the case  
86 of a Medicaid-related audit, or the third-party payor or third-  
87 party administrator contracting with the pharmacy, in the case

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

106 (3) This section does not apply to investigative audits  
107 conducted by the Medicaid Fraud Control Unit of the Department  
108 of Legal Affairs.

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

114 Section 2. Notwithstanding any other provision of law, a  
115 third-party payor or state agency may not require, by contract,  
116 administrative rule, or condition of participation in a pharmacy

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117 provider network, the delivery of pharmacy provider services and  
118 prescription drugs by mail. However, a third-party payor or  
119 state agency may offer an incentive program for the delivery of  
120 prescription drugs by mail.

121 Section 3. This act shall take effect July 1, 2012.