YEAR-END REPORT - 2022

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Health Policy Tracking Service - Issue Briefs
Medicaid
Medicaid Reimbursement

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I. OVERVIEW

This year continues last year's efforts to ensure that providers are adequately reimbursed during the coronavirus pandemic, although at a slower pace. Some states also introduced supplemental payments for services, including transportation and certain long-term care facilities.

States are also focusing on fraud and abuse in the Medicaid system. Some have targeted in high-risk services, while others have acted through more general measures.

II. 2022 Activity

Selected Activities

A. General Reimbursement

Alaska

The Department of Health and Social Services has adopted regulation changes dealing with Medicaid Coverage and Payment Rates, Behavioral Health Services Rates, Autism Services. See 2022 AK REG TEXT 559398 (NS).

Colorado

• 2022 CO S.B. 236 (NS), enrolled May 25, concerning the review of Medicaid provider rates.

• 2022 CO H.B. 1268 (NS), engrossed April 26, concerning a reporting of Medicaid reimbursement rates paid to mental health providers.

• The purpose of this emergency regulation is to require carriers to provide access to COVID-19 vaccines without cost-sharing during the state's COVID-19 recovery. This emergency regulation also sets COVID-19 vaccine administration reimbursement requirements. See 2022 CO REG TEXT 589264 (NS).

• The Department of Health Care Policy and Financing intends to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to update the payment amount for the University of Colorado School of Medicine Supplemental Payment for Physicians and Professional Services rendered to Health First Colorado beneficiaries effective July 1, 2022. For State Fiscal Year 2022 (July 01, 2022 - June 30, 2023) total funds is expected to be $183,603,554. This supplemental payment is limited by an Upper Payment Limit (UPL), the Medicare Equivalent of the Average Commercial Rate. See 2022 CO REG TEXT 617575 (NS).

• The Department of Health Care Policy and Financing intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to revise the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) and Hospital Quality Incentive Payment (HQIP) supplemental payments effective Oct. 1, 2022. See 2022 CO REG TEXT 623950 (NS).

• The Department of Health Care Policy and Financing (Department) intends to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to make the first Maternity Bundled Payment program's lumpsum incentive payment to providers in October 2022 with an appropriate Federal Medicaid Assistance Percentage (FMAP) matching rate, effective October 1,

2022. The incentive payment is derived from the total savings generated by participating providers that managed to lower their average episode cost during the first program year. See 2022 CO REG TEXT 623951 (NS).

• The Department of Health Care Policy and Financing intends to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to enroll Federally Qualified Health Centers (FQHC) into the Alternative Payment Methodology 2 (APM 2) chronic conditions program, effective October 1, 2022. See 2022 CO REG TEXT 624959 (NS).

Connecticut

2022 CT H.B. 5341 (NS), amended/substituted March 28, to require the Commissioner of Social Services to pay providers of in-patient mental health services in eastern Connecticut the same rates as such providers in other areas of the state.

Delaware

• Delaware Health and Social Services / Division of Medicaid and Medical Assistance (DMMA) initiated proceedings to amend Title XIX Medicaid State Plan regarding Ambulatory Surgical Center Services, specifically, to add a reimbursement methodology for an ambulatory surgical center being used to provide dental services. See 2021 DE REG TEXT 589819 (NS).

• Delaware Health and Social Services ('Department') / Division of Medicaid and Medical Assistance initiated proceedings to amend Title XIX Medicaid State Plan regarding Ambulatory Surgical Center Services regarding adjusting the reimbursement methodology. The Department's proceedings to amend its regulations were initiated pursuant to 29 Del.C. s.10114 and its authority as prescribed by 31 Del.C. s.512. See 2022 DE REG TEXT 623246 (NS).

District of Columbia

• The Director of the Department of Health Care Finance (DHCF or the Department) hereby gives notice of an amendment to Section 995 (Medicaid Physician and Specialty Services Rate Methodology) of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR). See 2022 DC REG TEXT 601583 (NS).

• The Director of the District of Columbia Department of Health Care Finance (DHCF) hereby gives notice of the adoption a new chapter, Chapter 103 (Medicaid Reimbursement for Housing Supportive Services), to Title 29 (Public Welfare), of the District of Columbia Municipal Regulations (DCMR). See 2022 DC REG TEXT 609380 (NS).

• The Director of the Department of Health Care Finance (DHCF) hereby gives notice of the adoption, on an emergency basis, of a new Chapter 112 (Medicaid Reimbursement for Doula Services), of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR), and of the intent to adopt these rules as a final rulemaking in not less than thirty (30) days after the date of publication of this notice in the District of Columbia Register. See 2022 DC REG TEXT 625966 (NS).

Florida

• 2022 FL H.B. 1333 (NS), amended/substituted February 28, authorizes AHCA to pay for donor human milk bank services as optional Medicaid service; specifies coverage requirements; adds donor human milk bank services to list of Medicaid services authorized for reimbursement on fee-for-service basis; adds donor human milk bank services to list of minimum benefits required to be covered by Medicaid managed care plans.

• 2022 FL S.B. 1950 (NS), enrolled March 11, requiring, rather than authorizing, that the reimbursement method for provider service networks be on a prepaid basis; deleting a requirement that the Agency for Health Care Administration provide the opportunity for public feedback on a certain waiver application; revising requirements relating to the databook published by the agency consisting of Medicaid utilization and spending data; deleting procedures for plan procurements when no provider service networks submit bids; providing that cancer hospitals meeting certain criteria are statewide essential providers, etc.

Hawaii

2021 HI S.B. 2073 (NS), amended/substituted March 3, clarifies reimbursement for services provided through telehealth via an interactive telecommunications system. Defines ‘interactive telecommunications system.’ Clarifies that, for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include audio-only communication in certain circumstances.

Illinois

• 2021 IL S.B. 2967 (NS), introduced December 15, removes language providing that, on and after July 1, 2012, the Department of Public Health shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by the Act or the Illinois Public Aid Code to reduce any rate of reimbursement for services or other payments in accordance with specified provisions of the Illinois Public Aid Code.

• 2021 IL S.B. 3659 (NS), introduced January 21, provides that midwifery services shall be covered under the medical assistance program, subject to appropriation, for persons who are otherwise eligible for medical assistance under the Code. Requires the Department of Healthcare and Family Services to consult with midwives on formulating rules concerning reimbursement rates for midwifery services. Provides that reimbursement rates for certain related services shall be increased by 6% for dates of service on and after January 1, 2023. Effective immediately.

• 2021 IL S.B. 3660 (NS), introduced January 21, provides that midwifery services shall be covered under the medical assistance program, subject to appropriation, for persons who are otherwise eligible for medical assistance under the Code. Provides that reimbursement rates for certain related services shall be increased by 6% for dates of service on and after January 1, 2023. Effective immediately.

• 2021 IL S.B. 3760 (NS), introduced January 21, requires the Department of Healthcare and Family Services to update its fee schedule for complex rehabilitation technology products and associated services to 100% of Medicare (2022) rural rates for such products and services. Provides that for claims submitted by providers of complex rehabilitation technology products and associated services, the Department shall implement use of the 'KU' modifier and associated Medicare payment rates in accordance with the Further Consolidated Appropriations Act, 2020.

• 2021 IL S.B. 3916 (NS), introduced January 21, requires managed care organizations (MCOs) to pay a clean claim (rather than claim) within 30 days of receiving a claim. Defines 'clean claim' as a claim that contains all the essential information needed to adjudicate the claim or a claim for which a managed care organization does not request within 30 days of receipt any additional information to adjudicate the claim. Contains provisions concerning MCO reports to providers on the receipt and payment of claims; and related provisions.

• 2021 IL S.B. 3959 (NS), introduced January 21, in a provision requiring the Department of Healthcare and Family Services to pay the DCFS per diem rate for inpatient psychiatric stays at free-standing psychiatric hospitals or hospitals with a pediatric or adolescent inpatient psychiatric unit, removes language making the provision operative only through July 1, 2023.

• 2021 IL H.B. 4387 (NS), introduced January 21, provides that beginning July 1, 2022 for State Fiscal Year 2023 and for every State fiscal year thereafter, the Medicaid add-on payment for mental health intensive outpatient services - child program provided under the S 9480 code shall increase by $35.58 per service unit, for a total add-on payment of $71.16 per service unit. Effective immediately.

• 2021 IL H.B. 4619 (NS), introduced January 21, provides that due to the undue burden placed upon nonprofit organizations providing Medicaid behavioral health services to low-income, complex vulnerable populations, the Department of Healthcare and Family Services shall reimburse providers of Medicaid behavioral health services for the cost of increased staff exclusively dedicated to the sole purpose of pursuing Medicaid managed care claims improperly denied for services offered to Medicaid beneficiaries.

• 2021 IL H.B. 4661 (NS), introduced January 21, in a provision requiring the Department of Healthcare and Family Services to pay the DCFS per diem rate for inpatient psychiatric stays at free-standing psychiatric hospitals or hospitals with a pediatric or adolescent inpatient psychiatric unit, removes language making the provision operative only through July 1, 2023.

• 2021 IL H.B. 4701 (NS), introduced January 21, requires the Department of Healthcare and Family Services to update its fee schedule for complex rehabilitation technology products and associated services to 100% of Medicare (2022) rural rates for such products and services. Provides that for claims submitted by providers of complex rehabilitation technology products and associated services, the Department shall implement use of the 'KU' modifier and associated Medicare payment rates in accordance with the Further Consolidated Appropriations Act, 2020.

• 2021 IL H.B. 4743 (NS), filed January 24, requires the Department of Healthcare and Family Services to update its practitioner fee schedule for molecular pathology tests and make reimbursement rates equal to 60% of the rate amounts established on the Medicare Clinical Laboratory Fee Schedule.

• 2021 IL H.B. 4930 (NS), filed January 25, provides that beginning July 1, 2020 and ending on December 31, 2025, a hospital that would have qualified for the rate year beginning October 1, 2020 and was designated a federal rural referral center under a specified provision of the Code of Federal Regulations as of October 1, 2020 shall be a Safety-Net Hospital. Effective immediately.

• 2021 IL H.B. 5013 (NS), introduced January 27, provides that in order to maximize the accessibility of preventive prenatal and perinatal health care services, the Department of Healthcare and Family Services shall amend its managed care contracts such that an managed care organization must pay for preventive prenatal and perinatal healthcare services rendered by a non-affiliated provider, for which the health plan would pay if rendered by an affiliated provider, at the same rate the Department would pay for such services exclusive of disproportionate share payments and Medicaid percentage adjustments, unless a different rate was agreed upon by the health plan and the non-affiliated provider. Effective January 1, 2023.

• This rule will be repealed in conjunction with the repeal of 77 Ill. Adm. Code 2030 and the amendments to 77 Ill. Adm. Code 2060. This repealer is necessary to allow Medicaid certification and the substance use disorder licensure process to be combined and will eliminate outdated requirements and reimbursement limits. See 2022 IL REG TEXT 604473 (NS).

Indiana

• 2022 IN S.B. 5 (NS), engrossed February 24, requires the office of Medicaid policy and planning to review methods of calculating outlier payments in relation to final reimbursement amounts. Establishes a procedure to grant licenses and certificates to practice certain health care professions in Indiana.

• 2022 IN S.B. 266 (NS), engrossed February 25, requires the office of Medicaid policy and planning to review methods of calculating outlier payments in relation to final reimbursement amounts and other provisions.

• 2022 IN H.B. 1095 (NS), introduced January 4, requires a provider to include the service facility location in order to obtain Medicaid reimbursement from the office of the secretary of family and social services or a managed care organization. Requires health care providers to include the address of the service facility location on submitted reimbursement forms. Establishes penalties.

• 2022 IN H.B. 1112 (NS), adopted March 15, requires, beginning July 1, 2023, the office of the secretary of family and social services (office of the secretary) and a managed care organization to reimburse under Medicaid an emergency medical services provider organization that is a Medicaid provider at a rate comparable to the federal Medicare reimbursement rate for the service.

Iowa

• 2021 IA H.F. 736 (NS), engrossed April 6, relating to limitations on activities related to paid claims under the Medicaid program, and including effective date provisions.

• 2021 IA S.F. 2331 (NS), introduced February 17, relating to reimbursement of psychiatric intensive inpatient care under the Medicaid program.

• 2021 IA H.F. 2546 (NS), introduced March 2, relating to reimbursement of psychiatric intensive inpatient care under the Medicaid program.

Kansas

• The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan to increase the behavioral health reimbursement rates. See 2022 KS REG TEXT 617427 (NS).

• The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan to revise the reimbursement methodology for low profile G-tubes and accompanying extension sets. See 2022 KS REG TEXT 622597 (NS).

• The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. CMS informed the state that they have changed the Medicare Part B fee schedule calculations. The Physician Administered Drugs (PADS) reimbursement methodology will be revised to incorporate this change. See 2022 KS REG TEXT 628644 (NS).

• The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Repair rates for maintenance of DMEPOS (durable medical equipment, prosthetics, orthotics, and supplies) equipment will be increased to 65% of the Medicare fee schedule. See 2022 KS REG TEXT 628645 (NS).

• The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Oncologic PET scans will be covered for all Medicaid beneficiaries for oncological indications. Reimbursements will be covered at 85% of Medicare. See 2022 KS REG TEXT 628646 (NS).

• The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Long-acting reversible contraceptives (LARCs) are no longer included in the Diagnosis Related Group (DRG) rates. LARCs will be reimbursed on a fee-for-service basis. See 2022 KS REG TEXT 628647 (NS).

Kentucky

Department for Medicaid Services Division of Fiscal Management 907 KAR 10:815. Per diem inpatient hospital reimbursement. As Amended. Effective 1-13-2022. See 2022 KY REG TEXT 592803 (NS).

Louisiana

• 2022 LA S.C.R. 28 (NS), engrossed April 21, requests the Louisiana Department of Health and Louisiana commercial health insurance payors to increase reimbursement rates for autism therapy services.

• 2022 LA S.B. 59 (NS), engrossed April 7, provides relative to prepayment reviews conducted by Medicaid managed care organizations.

• 2022 LA H.C.R. 88 (NS), introduced April 25, urges and requests the La. Department of Health to utilize increased collections from pharmacy rebates to increase rates for primary care providers in the Medicaid program.

• 2022 LA H.C.R. 111 (NS), engrossed May 18, requests the Louisiana Department of Health to examine options to improve reimbursement rates for residential substance abuse treatment facilities in the state.

Maine

2021 ME H.P. 1377 (NS), adopted April 20, to codify MaineCare rate system reform.

Massachusetts

• Chapter 130 CMR 455.000 governs MassHealth providers of urgent care clinic services and provides program requirements and conditions of payment for the provision of such services to MassHealth members. See 2022 MA REG TEXT 594207 (NS).

• Chapter 130 CMR 409.000 governs MassHealth providers of durable medical equipment and supplies (DME) and provides program requirements and conditions of payment for the provision of DME to MassHealth members. See 2022 MA REG TEXT 609231 (NS).

• Chapter 101 CMR 614.00 governs Health Safety Net payments and funding, including payments to Acute Hospitals and Community Health Centers and payments from Acute Hospitals and Surcharge Payers. See 2022 MA REG TEXT 629832 (NS).

Minnesota

• 2021 MN S.F. 2853 (NS), introduced February 3, relating to payment rates modification for ambulance services; Emergency Medical Services Regulatory Board authority temporary modification and appropriation.

• 2021 MN S.F. 3565 (NS), introduced February 28, relating to medical assistance capitation payment withhold related to verification of coverage establishment.

• 2021 MN H.F. 3585 (NS), introduced February 17, medical assistance capitation payment withhold related to verification of coverage established.

• 2021 MN S.F. 3865 (NS), introduced March 9, relating to a medical assistance encounter rate change for dually certified organization under the Indian Health Care Improvement Act.

• 2021 MN S.F. 3866 (NS), introduced March 9, relating to a medical assistance encounter rate change for dually certified organization under the Indian Health Care Improvement Act.

• 2021 MN S.F. 3910 (NS), introduced March 10, to establish a separate medical assistance reimbursement for long-acting reversible contraceptives.

• 2021 MN H.F. 4705 (NS), introduced March 30, telemedicine reimbursement rates reduced and capitation rate modified.

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2021 MN REG TEXT 602710 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 605721 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 606640 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 611229 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 613704 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 613705 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 617731 (NS).

• This notice is published pursuant to Code of Federal Regulations, title 42, part 447, section 205 (42 CFR s. 447.205), which requires publication of a notice when there is any significant proposed change in the methods and standards for setting payment rates for Medicaid services. See 2022 MN REG TEXT 618758 (NS).

Mississippi

• 2022 MS H.B. 83 (NS), introduced January 4, to revise the Medicaid calculation of reimbursement for durable medical equipment (DME).

• 2022 MS H.B. 542 (NS), introduced January 12, relating to Medicaid to revise certain provisions regarding managed care providers and payments during appeals.

• 2022 MS H.B. 657 (NS), adopted April 19, to delete the provision that prohibits the Division of Medicaid's rates of reimbursement, services, charges and fees from being increased, decreased or otherwise changed unless they are authorized by an amendment to this section by the Legislature; to establish a procedure for the Medicaid committees of the House and Senate to review proposed

changes in provider rates of reimbursement or payment methodologies by the Division of Medicaid before the changes will take effect and related provisions.

• 2022 MS H.B. 658 (NS), amended/substituted February 10, to delete the provision in the Medicaid services section that freezes Medicaid provider rates of reimbursement at the levels n effect on July 1, 2021, and related provisions.

• 2022 MS H.B. 785 (NS), introduced January 17, to remove provision that freezes Medicaid provider reimbursement rates unless authorized by legislative amendment.

• 2022 MS S.B. 2658 (NS), amended/substituted February 9, relating to Medicaid to delete language that required rates of reimbursement to not be changed unless amended by Legislature.

Missouri

• 2022 MO S.B. 933 (NS), introduced January 5, prohibits Medicaid payments to health care providers for services for non-Missouri residents.

• 2022 MO S.B. 1021 (NS), introduced January 5, modifies provisions relating to MO HealthNet managed care reimbursement.

• This emergency amendment provides for the calculation of the Outpatient Direct Medicaid payments made on or after July 1, 2022. The division is removing the calculation of the Inpatient Direct Medicaid Payment. See 2022 MO REG TEXT 619347 (NS).

• This amendment provides for the calculation of the Outpatient Direct Medicaid payments made on or after July 1, 2022. The division is removing the calculation of the Inpatient Direct Medicaid Payment. See 2022 MO REG TEXT 619365 (NS).

Montana

In the matter of the amendment of ARM 37.85.104, 37.85.105, 37.85.106, and 37.86.3607 pertaining to updating Medicaid and non-Medicaid provider rates, fee schedules, and effective dates. See 2022 MT REG TEXT 613414 (NS).

Nebraska

• 2021 NE L.R. 390 (NS), introduced March 28, the purpose of this resolution is to propose an interim study to review the current Medicaid reimbursement model and processes for Nebraska's critical access hospitals and to determine if changes should be made to strengthen the financial position of these rural hospitals.

• 2021 NE L.R. 417 (NS), introduced March 29, relating to an interim study to review the current Medicaid reimbursement rates and processes for difficult to place patients in Nebraska's acute care hospitals.

New Hampshire

2021 NH S.B. 408 (NS), adopted August 15, directing the department of health and human services to make adjustments to the facility fee reimbursement schedule for freestanding birthing centers.

New Jersey

• 2022 NJ S.B. 1068 (NS), introduced January 31, increases Medicaid reimbursement rates for certain evidence-based behavioral health services.

• 2022 NJ S.B. 1895 (NS), introduced March 3, increases Medicaid reimbursement for in-person partial care behavioral health and substance use disorder treatment services, and associated transportation services, for adults.

• 2022 NJ S.B. 1896 (NS), introduced March 3, extends COVID-19 Medicaid per diem rate, and requires Medicaid coverage without prior authorization, for certain partial care behavioral health and substance use disorder treatment services.

• 2022 NJ S.B. 2049 (NS), amended/substituted June 27, establishes minimum Medicaid reimbursement rates for brain injury services.

• 2022 NJ A.B. 2764 (NS), introduced February 28, ‘Mental Health Access Act;’ increases Medicaid reimbursement rates for certain evidence-based behavioral health services.

• 2022 NJ S.B. 2792 (NS), amended/substituted June 23, increases Medicaid reimbursement rates for primary care and mental health services according to Medicare payment rates for same services.

• 2022 NJ S.B. 2946 (NS), introduced June 29, establishes minimum Medicaid reimbursement rate of $200 for basic life support emergency ambulance transportation services.

• 2022 NJ A.B. 3110 (NS), adopted July 29, establishes minimum Medicaid reimbursement rates for brain injury services.

• 2022 NJ A.B. 3792 (NS), amended/substituted October 13, increases Medicaid reimbursement for in-person partial care behavioral health and substance use disorder treatment services, and associated transportation services, for adults.

• 2022 NJ A.B. 3794 (NS), introduced May 2, extends COVID-19 Medicaid per diem rate, and requires Medicaid coverage without prior authorization, for certain partial care behavioral health and substance use disorder treatment services.

• 2022 NJ A.B. 4017 (NS), introduced May 16, establishes minimum NJ FamilyCare reimbursement rate for traumatic brain injury special care nursing facilities; establishes enhanced NJ FamilyCare reimbursement rate for nursing facilities under certain circumstances; makes an appropriation.

New York

• 2021 NY S.B. 7023 (NS), amended/substituted May 24, directs the commissioner of health to conduct a study on the rates of reimbursement made through the New York state Medicaid durable medical equipment, orthotics, prosthetics and supplies program for rate adequacy and patient access.

• 2021 NY A.B. 7892 (NS), amended/substituted May 24, directs the commissioner of health to conduct a study on the rates of reimbursement made through the New York state Medicaid durable medical equipment, orthotics, prosthetics and supplies program for rate adequacy and patient access.

• 2021 NY S.B. 8639 (NS), introduced March 23, relates to reimbursement for early and periodic screening, diagnosis and treatment.

• 2021 NY S.B. 8967 (NS), introduced May 2, establishes a work group to set reimbursement rates for doulas in the state Medicaid program and address other criteria related to their practice.

• 2021 NY A.B. 9475 (NS), introduced March 7, relates to reimbursement for early and periodic screening, diagnosis and treatment.

• 2021 NY A.B. 10364 (NS), introduced May 13, establishes a 14 member doula Medicaid reimbursement work group within the department of health to set reimbursement rates for doulas in the state Medicaid program and address other criteria related to their practice; requires the work group to conduct a study and evaluate the costs, benefits and issues that may be associated with Medicaid reimbursement for doulas and for providing doula care to Medicaid recipients; makes related provisions.

Oklahoma

• 2021 OK S.B. 1314 (NS), introduced February 7, relating to the state Medicaid program; requiring Oklahoma Health Care Authority to provide certain reimbursement subject to specified condition; requiring provider to refer certain individuals for appropriate services; directing promulgation of rules; providing for codification; providing an effective date; and declaring an emergency.

• 2021 OK S.B. 1337 (NS), adopted May 26, directing Health Care Authority to enter into capitated contracts to transform Medicaid delivery system for certain Medicaid populations; modifying various provisions of the Ensuring Access to Medicaid Act; repealers. Effective date. Emergency. Conditional effect.

Oregon

• The Department is amending OAR chapter 411, division 027 to continue the temporary COVID-19 rate increase authorized by the Executive Branch and Legislature through March 31, 2022 and to increase the Legislatively approved Medicaid rates effective July 1, 2021. Other changes may be made to OAR 411-027-0170 to correct grammatical errors, ensure consistent terminology, address issues identified during the public comment period, and to improve the accuracy, structure and clarity of the rule. See 2021 OR REG TEXT 590721 (NS).

• The legislature approved new rates effective 7-1-2021 and the current rule references rates effective the previous year 7-1-2020. The date needs to be updated to indicate the rate change and the new table will be attached. See 2022 OR REG TEXT 599504 (NS).

• This is a rule for a new program that makes supplemental payments for qualifying applicable services offered through a CCO Program created under HB 4030 (2016) that passed state legislation, along with authority of the 42 CFR Section 438.6 (c) Preprint forms approved by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). See 2021 OR REG TEXT 601676 (NS).

• A temporary rule is needed to allow health care providers and workers' compensation insurers to use 2022 medical billing codes on and after Jan. 1, 2022. See 2021 OR REG TEXT 602488 (NS).

• The Department is amending OAR chapter 411, division 027 to continue the temporary COVID-19 rate increase authorized by the Executive Branch and Legislature through June 30, 2023, and to increase the Legislatively approved Medicaid rates effective July 1, 2022. Other changes may be made to OAR 411-027-0170 to correct grammatical errors, ensure consistent terminology, address issues identified during the public comment period, and to improve the accuracy, structure, and clarity of the rule. See 2022 OR REG TEXT 616524 (NS).

Pennsylvania

2021 PA S.R. 352 (NS), introduced October 11, directing the Joint State Government Commission to study and issue a report on the specific data, calculations and mechanisms that the Department of Human Services utilizes to determine the amount of Medical Assistance capitation funding that is ultimately paid to drug and alcohol addiction treatment providers within this Commonwealth.

Rhode Island

• 2022 NJ S.B. 2049 (NS), introduced March 3, establishes minimum Medicaid reimbursement rates for brain injury services.

• 2021 RI S.B. 2073, introduced January 25, would raise Rhode Island Medicaid primary care payment rates to not less than federal Medicare rates for the same service.

• 2021 RI S.B. 2200 (NS), introduced February 8, would require the executive office of health and human services (EOHHS) with the assistance of a twenty-four (24) person advisory committee to provide expert review and recommendations for the process for rate setting and ongoing review of rate setting for all medical and clinical service programs contracted by, or with or licensed by the state or any department of the state as well as Medicaid.

• 2021 RI S.B. 2471 (NS), introduced March 1, increases the rate of reimbursement for in-network behavioral health care services below the medial commercial reimbursement rate and also Rhode Island Medicaid shall increase the rate of reimbursement.

• 2021 RI S.B. 2472 (NS), introduced March 1, to increase the rate of reimbursement for in-network behavioral health care services below the medial commercial reimbursement rate and also Rhode Island Medicaid shall increase the rate of reimbursement.

• 2021 RI S.B. 2546 (NS), introduced March 1, directs the executive office of health and human services to increase Medicaid rates for the Early Intervention and First Connections programs allowing for payment of competitive wages for qualified professionals.

• 2021 RI S.B. 2588 (NS), introduced March 10, would require the EOHHS to submit to the Secretary of the US Department of Health and Human Services, a state plan amendment to Medicaid dental and chiropractic rates as follows: (1) Mobile dentistry rate of one hundred eighty dollars ($180); and (2) Chiropractic rates of one hundred fifteen dollars ($115) for exams, fifty-five dollars ($55.00) for manipulation, thirty-five dollars ($35.00) for physiotherapy and electric muscle simulation, and forty-five dollars ($45.00) for therapeutic exercises.

• 2021 RI S.B. 2884 (NS), introduced April 22, would increase managed care hospital rates for obstetrician deliveries at one hundred ten percent (110%) of the Medicaid fee for service (FFS) rate. The rates in subsequent years would be no less than one hundred ten percent (110%) of the 2021 Medicaid fee for service (FFS) rate. The act would also require policies that permit doulas as part of the care team.

• 2021 RI H.B. 6648 (NS), introduced January 6, would direct that services provided by school social workers and certified school psychologists would be included as health care related services eligible for federal Medicaid reimbursement.

• 2021 RI H.B. 7628 (NS), introduced March 2, directs the executive office of health and human services to increase Medicaid rates for the Early Intervention and First Connections programs allowing for payment of competitive wages for qualified professionals.

• 2021 RI H.B. 7756 (NS), introduced March 2, to require the EOHHS to submit to the Secretary of the US Department of Health and Human Services a state plan amendment to Medicaid dental and chiropractic rates.

• 2021 RI H.B. 7861 (NS), introduced March 4, increases the rate of reimbursement for in-network behavioral health care services below the medial commercial reimbursement rate and also Rhode Island Medicaid shall increase the rate of reimbursement.

South Dakota

• 2022 SD H.B. 1103 (NS), enrolled February 14, to provide a reimbursement schedule for chiropractic, dental, and optometric services under the Medicaid program.

• The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to update provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services. See 2022 SD REG TEXT 612820 (NS).

• The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to implement inflationary rate increases appropriated by the state legislature during the 2022 Legislative Session, effective July 1, 2022. The updated fee schedules will be posted at https://dss.sd.gov/medicaid/providers/feeschedules/. South Dakota Medicaid providers should continue to submit claims and bill South Dakota Medicaid as they did prior to July 1, 2022. See 2022 SD REG TEXT 617788 (NS).

• The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to implement inflationary rate increases appropriated by the state legislature during the 2022 Legislative Session, effective July 1, 2022. See 2022 SD REG TEXT 617789 (NS).

Texas

The purpose of proposed amendments to the Texas State Plan is to add the following so patient-site telemedicine services may be reimbursed to Federal Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC) for the originating site facility fee as an alternative payment methodology for a health care provider to a Medicaid recipient at an RHC or an FQHC. See 2022 TX REG TEXT 617654 (NS).

Utah

• 2022 UT S.B. 247 (NS), introduced February 23, specifies how a Medicaid accountable care organization must use an increase in funding from the Medicaid program; sets a minimum reimbursement rate for certain services provided by a Medicaid accountable care organization; requires a Medicaid accountable organization to annually report changes in the amounts the Medicaid accountable care

organization pays to providers of services and benefits for Medicaid enrollees; and requires the department to forward the report to the Social Services Appropriations.

• The Department has decided that this rule continues to be necessary because it implements physical therapy and occupational therapy for Medicaid members and implements reimbursement to service providers. Therefore, this rule should be continued. See 2022 UT REG TEXT 603647 (NS).

Vermont

2021 VT S.B. 244 (NS), introduced January 12, proposes to require health insurance plans and Medicaid to reimburse health care providers the same amounts for care delivered in person and by audio-only telephone.

Virginia

• 2022 VA H.B. 241 (NS), enrolled March 21, requires the State Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance of up to $7,500 for the initial purchase of durable medical equipment consisting of manual and power wheelchair bases and related accessories for patients who reside in nursing facilities and up to $7,500 for the replacement of durable medical equipment consisting of manual and power wheelchair bases and related provisions.

• 2022 VA H.B. 680 (NS), adopted August 4, directs the Board of Medical Assistance Services to update the state plan for medical assistance services to include a provision for the payment of medical assistance for targeted case management services for individuals with severe traumatic brain injury.

• The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the Methods and Standards for Establishing Payment Rate; Other Types of Care (12VAC30-80). See 2022 VA REG TEXT 620825 (NS).

Washington

• 2021 WA H.B. 1959 (NS), introduced January 12, relating to managed health care system rate review; and amending RCW 74.09.522.

• The health care authority is revising this section to allow for payment of office visits for clients under the alien emergency medical (AEM) program when the visit is specifically for the assessment and treatment of the COVID-19 virus. See 2022 WA REG TEXT 571418 (NS).

• The agency is amending WAC 182-550-4550 to provide hospitals an administrative day rate for days in which a postpartum parent does not meet criteria for acute inpatient level of care, but their infant is still an inpatient being observed for potential post-in-utero exposure to substances that may lead to physiologic dependence and continuous care by the postpartum parent, is the appropriate first line treatment. See 2022 WA REG TEXT 587367 (NS).

• The health care authority (HCA) amended these sections to add qualifying criteria for and reflect an extension of the current rate increase for sole community hospitals. ESSB 5092, section 211(46) extends the rate increase through June of 2023. HCA also implemented ESSB 5092, section 215(66) to adjust rates paid for long-term civil commitments. Hospitals may now submit costs not included in their Medicare cost report to be evaluated by the agency for a potential rate increase. See 2022 WA REG TEXT 589967 (NS).

• The agency amended these rules to extend the program through December 31, 2023. Additionally, the agency removed age limits and dual eligibility exclusions. The enhanced rate includes an additional adult prophylaxis, an additional fluoride varnish application, two periodic exams, and two silver diamine fluoride treatments. See 2022 WA REG TEXT 596803(NS).

• The health care authority intends to submit Medicaid SPA 22-0014 to update the fee schedule effective dates for several Medicaid programs and services. This is a regular, budget neutral update to keep rates and billing codes in alignment with the coding and coverage changes from the Centers for Medicare and Medicaid Services, the state, and other sources. These changes are routine and do not reflect significant changes to policy or payment. See 2022 WA REG TEXT 612395 (NS).

• The health care authority (HCA) intends to submit Medicaid SPA 22-0018 because the Washington state legislature recently passed ESSB 5693 directing HCA to implement changes to payments to hospitals meeting the following criteria. See 2022 WA REG TEXT 614632 (NS).

• The health care authority (HCA) intends to submit Medicaid SPA 22-0006 in order to implement a new PCCMe program for American Indian and Alaska Native Medicaid beneficiaries. This program will expand options for Indian health care providers (IHCPs) looking to provide and be adequately reimbursed for provision of the following limited case management benefits. See 2022 WA REG TEXT 614635 (NS).

• The health care authority (HCA) intends to submit Medicaid SPA 22-0013 because the Washington state legislature recently passed ESSB 5693 directing HCA to implement changes to payments to hospitals meeting the following criteria. See 2022 WA REG TEXT 614637 (NS).

• The health care authority (HCA) intends to submit Medicaid SPA 22-0013 because the Washington state legislature recently passed ESSB 5693 directing HCA to implement changes to payments to hospitals meeting the following criteria. See 2022 WA REG TEXT 614638 (NS).

• The health care authority (HCA) intends to submit Medicaid SPA 22-0027 to update the fee schedule effective dates for several Medicaid programs and services. This is a regular, budget neutral update to keep rates and billing codes in alignment with the coding and coverage changes from the Centers for Medicare and Medicaid Services, the state, and other sources. These changes are routine and do not reflect significant changes to policy or payment. See 2022 WA REG TEXT 618595 (NS).

• The health care authority (HCA) in conjunction with the aging and long-term support administration (ALTSA) of the department of social and health services (DSHS) intend to submit Medicaid SPA 22-0029 in order to increase daily rates for adult family homes, assisted living facilities, adult day health, agency providers, and individual providers. This amendment will also amend the private duty nursing methodology, nursing facility methodology, swing bed rate, and budget dial. See 2022 WA REG TEXT 619700 (NS).

• The health care authority (HCA) intends to submit Medicaid SPA 22-0033 to update the fee schedule effective dates for several Medicaid programs and services. This is a regular, budget-neutral update to keep rates and billing codes in alignment with the coding and coverage changes from the Centers for Medicare and Medicaid Services, the state, and other sources. These changes are routine and do not reflect significant changes to policy or payment. See 2022 WA REG TEXT 626695 (NS).

B. Abortion Services

TBA

C. Dental Services

Alaska

The Department of Health and Social Services has adopted regulation changes dealing with Medicaid Dental Services Coverage and Payment. See 2022 AK REG TEXT 576290 (NS).

Connecticut

2022 CT S.B. 191 (NS), introduced February 24, to revise provisions regarding payments to federally qualified health centers and set limitations on nonemergency dental visits at such centers.

Illinois

• 2021 IL S.B. 3026 (NS), introduced January 5, in a provision concerning dental services for children and adults under the medical assistance program, lists the codes for certain dental procedures that shall be reimbursed at specified amounts.

• 2021 IL H.B. 4370 (NS), introduced January 5, in a provision concerning dental services for children and adults under the medical assistance program, lists the codes for certain dental procedures that shall be reimbursed at specified amounts.

Minnesota

• 2021 MN S.F. 4301 (NS), introduced March 28, rebasing of dental payment under medical assistance and MinnesotaCare requirement.

• 2021 MN H.F. 4478 (NS), introduced March 21, to require MinnesotaCare and medical assistance dental payment rate rebase.

Rhode Island

• 2021 RI S.B. 2588 (NS), introduced March 10, would require the EOHHS to submit to the Secretary of the US Department of Health and Human Services, a state plan amendment to Medicaid dental and chiropractic rates as follows: (1) Mobile dentistry rate of one hundred eighty dollars ($180); and (2) Chiropractic rates of one hundred fifteen dollars ($115) for exams, fifty-five dollars ($55.00) for manipulation, thirty-five dollars ($35.00) for physiotherapy and electric muscle simulation, and forty-five dollars ($45.00) for therapeutic exercises.

• 2021 RI S.B. 2693 (NS), introduced March 17, increases the Medicaid rate of reimbursement for in-network dental care services.

• 2021 RI H.B. 7756 (NS), introduced March 2, to require the EOHHS to submit to the Secretary of the US Department of Health and Human Services a state plan amendment to Medicaid dental and chiropractic rates.

South Dakota

2022 SD H.B. 1103 (NS), enrolled February 14, to provide a reimbursement schedule for chiropractic, dental, and optometric services under the Medicaid program.

Vermont

2021 VT H.B. 571 (NS), introduced January 11, proposes to increase Medicaid reimbursement rates for dentists participating in the Medicaid program.

D. Home- and Community-Based Services

Connecticut

• 2022 CT H.B. 5338 (NS), introduced March 3, to increase the rate of Medicaid reimbursement for home care services.

• 2022 CT H.B. 5340 (NS), introduced March 3, to (1) provide the same Medicaid payment rates to family caregivers providing the same services as professional caregivers, (2) authorize retroactive Medicaid coverage for home care if federally permissible, and (3) not delay a Medicaid eligibility determination due to an asset discovered after the application or an asset that cannot be liquidated within thirty days.

Georgia

2021 GA S.B. 610 (NS), adopted May 9, to require the Department of Community Health to conduct a comprehensive review of provider reimbursement rates for home- and community-based services covered by the waiver programs.

Hawaii

• 2021 HI S.R. 4 (NS), adopted April 5, requesting the Department of Human Services to study to feasibility of increasing the Medicaid reimbursement rates for community care foster family homes, expanded adult residential care homes and other types of home- and community-based service care providers and services.

• 2021 HI S.C.R. 10 (NS), amended/substituted April 4, requesting the Department of Human Services to study to feasibility of increasing the Medicaid reimbursement rates for community care foster family homes, expanded adult residential care homes and other types of home- and community-based service care providers and services.

• 2021 HI S.B. 3236 (NS), amended/substituted April 29, appropriates funds to provide enhanced payments to state-licensed skilled nursing facilities, community care foster family homes, and expanded adult residential care homes that are caring for Medicaid patients; provided that the Department of Human Services shall obtain the maximum amount of federal matching funds available for this expenditure.

Illinois

• 2021 IL S.B. 3607 (NS), introduced January 19, requires the Department of Human Services to establish reimbursement rates that build toward livable wages for front-line personnel in residential and day programs and service coordination agencies serving persons with intellectual and developmental disabilities. Also includes related provisions.

• 2021 IL S.B. 3935 (NS), introduced January 21, provides that the purpose of the Act is to preserve and expand access to Medicaid community mental health care in Illinois to prevent unnecessary hospitalizations and avoid the criminalization of mental health conditions. Establishes add-on payments for the following community mental health services to be paid beginning with State Fiscal Year 2023 and continuing for each State fiscal year thereafter: individual therapy services; community support-individual services; case management services; and assertive community treatment, etc.

• 2021 IL S.B. 4030 (NS), introduced January 21, provides that rates for homemaker services shall be increased to $26.52 beginning July 1, 2022 to sustain a minimum wage of $16 per hour for direct service workers. Provides that rates in subsequent State fiscal years shall be no lower than the rates in effect on July 1, 2022. Provides that providers of in-home services shall be required to certify to the Department on Aging that they remain in compliance with the mandated wage increase for direct service workers and related provisions.

• 2021 IL H.B. 4238 (NS), introduced January 5, creates the Rebuild Illinois Mental Health Workforce Act. Provides that the purpose of the Act is to preserve and expand access to Medicaid community mental health care in Illinois to prevent unnecessary hospitalizations and avoid the criminalization of mental health conditions. Establishes add-on payments for the following community mental health services to be paid beginning with State Fiscal Year 2023 and continuing for each State fiscal year thereafter: individual therapy services; community support-individual services; case management services; and assertive community treatment.

• 2021 IL H.B. 4616 (NS), introduced January 21, requires the Department of Human Services to establish reimbursement rates that build toward livable wages for front-line personnel in residential and day programs and service coordination agencies serving persons with intellectual and developmental disabilities and related provisions.

• 2021 IL H.B. 5137 (NS), introduced January 27, provides that rates for homemaker services shall be increased to $26.52 beginning July 1, 2022 to sustain a minimum wage of $16 per hour for direct service workers. Provides that rates in subsequent State fiscal years shall be no lower than the rates in effect on July 1, 2022. Provides that providers of in-home services shall be required to certify to the Department on Aging that they remain in compliance with the mandated wage increase for direct service workers and related provisions.

• This rulemaking increases rates for CCP in-home service and adult day service providers as approved and provided for by the federal Centers for Medicare and Medicaid Services (CMS). See 2022 IL REG TEXT 603943 (NS).

Massachusetts

• The Executive Office of Health and Human Services (EOHHS) recognizes that a strong direct care and support workforce is essential to any effort to strengthen, enhance, and expand Home- and Community-based Services (HCBS) and behavioral health outpatient and

diversionary services. Accordingly, as part of its implementation of increased funding available under Section 9817 of the American Rescue Plan Act (ARPA) and by using additional Medicaid funding, EOHHS provided immediate time-limited rate enhancements from July through December 2021, to support HCBS and behavioral health workforce development. EOHHS later extended these rate enhancements through June 30, 2022, through Managed Care Entity (MCE) Bulletin 86 (https://www.mass.gov/doc/managed-care-entity-bulletin-86-extension-of-and-updates-to-the-temporary-rate-increases-due-to-the-american-rescue-plan-act-home-and-community-based-services-and-temporary-rate-increases-for-behavioral-health-services-0/download). Now, EOHHS is extending these rate enhancements through December 31, 2022, by using Medicaid funding. These investments are aimed at strengthening and stabilizing the state's HCBS and behavioral health workforce in response to the COVID-19 public health emergency. See MA Bulletin No. 10-7-2022 (#1) (October 7, 2022) and MA Bulletin No. 10-7-2022 (#2) (October 7, 2022).

• Chapter 130 CMR 403.000 governs MassHealth providers of home health agency services and provides program requirements and conditions of payment for the provision of home health agency services to MassHealth members. See 2022 MA REG TEXT 576692 (NS).

• Chapter 101 CMR 352.00 governs the rates to be used by all governmental units for certain children's behavioral health services provided by community service agencies and other eligible providers. These CBHI services are an array of home and community-based services for MassHealth members under 21 years of age with significant behavioral, emotional, and mental health needs. Effective January 1, 2022, the proposed amendments update and increase the rates for Intensive Care Coordination (ICC), Family Support and Training (FS&T), Therapeutic Mentoring (TM), In-Home Behavioral (IHBS) and Mobile Crisis Intervention (MCI) services. See 2021 MA REG TEXT 595305 (NS).

• Chapter 130 CMR 419.000 governs MassHealth providers of Day Habilitation (DH) services and provides program requirements and conditions of payment for the provision of DH services to MassHealth members. See 2022 MA REG TEXT 621459 (NS).

Minnesota

• 2021 MN S.F. 3507 (NS), introduced February 28, relating to a home care services medical assistance increase authorization.

• 2021 MN H.F. 3840 (NS), introduced February 28, increases home care services medical assistance rates.

Mississippi

• 2022 MS H.B. 212 (NS), introduced January 4, relating to telehealth services provided by FQHCs, rural health clinics and community mental health centers reimbursed at same rate as face-to-face encounters.

• 2022 MS H.B. 454 (NS), introduced January 5, to increase reimbursement rate for providers of assisted living services.

• 2022 MS S.B. 2345 (NS), introduced January 17, to revise Medicaid reimbursement for telehealth services for community health centers.

• 2022 MS S.B. 2657 (NS), introduced January 17, relating to Medicaid reimbursement for certain home services; impose moratorium on new providers.

Montana

In the matter of the amendment of ARM 37.85.104 and 37.85.105 pertaining to updating Medicaid and non-Medicaid provider rates, fee schedules, and effective dates. See 2022 MT REG TEXT 621377 (NS).

New Jersey

• 2022 NJ S.B. 1449 (NS), introduced February 10, establishes minimum Medicaid reimbursement rates for private duty nursing services.

• 2022 NJ S.B. 2362 (NS), introduced March 21, requires hourly reimbursement rate for home health aide services provided through Statewide Respite Care Program and Jersey Assistance for Community Caregiving Program to be no less than Medicaid fee-for-service rate for personal care services and makes appropriation.

• 2020 NJ S.B. 2561 (NS), amended/substituted December 16, establishes minimum Medicaid reimbursement rate for adult medical day care services.

• 2022 NJ S.B. 3144 (NS), introduced October 3, relates to a supplemental appropriation of $3.6 million to DHS to increase adult medical day care Medicaid per diem rate from $86.10 to $89.54.

• 2022 NJ S.B. 3146 (NS), introduced October 3, increases Medicaid reimbursement rates for private duty nursing services by $4.

• 2022 NJ A.B. 3585 (NS), amended substituted November 14, establishes a program for certain individuals to become certified as homemaker-home health aides and provide private duty nursing services to certain Medicaid enrollees under increased reimbursement rates.

• 2022 NJ A.B. 3999 (NS), introduced May 16, establishes requirements for incentive-based value payment system for home health agencies and health care service firms.

• 2022 NJ A.B. 4002 (NS), introduced May 16, establishes program for certain individuals to become certified nursing assistants and provide private duty nursing services to certain Medicaid and Medicare enrollees under increased reimbursement rates.

• 2022 NJ A.B. 4701 (NS), introduced October 3, relates to a supplemental appropriation of $3.6 million to DHS to increase adult medical day care Medicaid per diem rate from $86.10 to $89.54.

• 2020 NJ A.B. 4238 (NS), amended/substituted December 16, establishes minimum Medicaid reimbursement rate for adult medical day care services.

• 2022 NJ A.B. 4747 (NS), introduced October 11, increases Medicaid reimbursement rates for private duty nursing services by $4.

New York

• 2021 NY A.B. 293 (NS), amended/substituted January 27, provides increases in the rates of payment for certified home health agencies; directs the commissioner of health to establish minimum standards and a minimum benchmark for home care service payments by any Medicaid payor.

• 2022 NJ S.B. 1456 (NS), introduced February 10, establishes minimum Medicaid reimbursement rate for pediatric special care nursing facilities; makes an appropriation.

• 2021 NY S.B. 5374 (NS), amended/substituted January 4, to provide minimum wages for home care aides; requires at least 150% of minimum wage or other set minimum; directs the commissioner of health to set regional minimum rates of reimbursement for home care aids under Medicaid and managed care plans.

• 2021 NY A.B. 6329 (NS), amended/substituted December 29, enacts provisions to provide minimum wages for home care aides; requires at least 150% of minimum wage or other set minimum; directs the commissioner of health to set regional minimum rates of reimbursement for home care aids under Medicaid and managed care plans.

• 2021 NY A.B. 8671 (NS), introduced January 10, provides increased rates for private duty nursing services that are provided to medically fragile adults to ensure adequate access to such services; applies to private duty nursing services provided to medically fragile adults by fee-for-service private duty nursing services providers who enroll and participate in the applicable provider directory.

• 2021 NY S.B. 2117 (NS), amended/substituted January 26, provides increases in the rates of payment for certified home health agencies, directs the commissioner of health to establish minimum standards and a minimum benchmark for home care service payments by any Medicaid payor.

• 2021 NY A.B. 9148 (NS), introduced January 31, relates to home care services and to rates of reimbursement under Medicaid for home care services.

Pennsylvania

In accordance with 55 Pa. Code s. 1150.61(a) (relating to guidelines for fee schedule changes), the Department of Human Services announces the addition of the following procedure codes to the Medical Assistance (MA) Program Fee Schedule for the provision of personal care services (PCS), which are provided through Home Health Agencies (HHAs) rendered to MA beneficiaries under 21 years of age, effective with dates of service on and after May 1, 2022. See 2022 PA REG TEXT 612145 (NS).

Rhode Island

2021 RI H.B. 7446 (NS), introduced February 11, would provide for Medicaid home care, home nursing care and hospice base rate adjustments for services delivered by professionals and paraprofessionals to meet the increasing demand for services for medically-complex and rural patients and to meet the need to grow and sustain the workforce. This act would support the state's long-term care rebalancing goals by keeping high-acuity or high medical necessity patients out of skilled nursing facilities and hospitals and remain safe at home and in the community with highly trained and stable long-term services and support.

South Dakota

The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan regarding a one-time supplemental payment to providers of Home and Community Based Services (HCBS). Section 9817 of the American Rescue Plan Act of 2021 (ARPA) provides states with a temporary 10 percentage point increase in federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS. Federal funds attributable to the increased FMAP must be used to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. See 2021 SD REG TEXT 601289 (NS).

Texas

The purpose of this amendment is to allow certain home health supplies, equipment and appliances to be added to the pharmacy formulary. If the item is available in Texas Medicaid as a medical benefit, pharmacies will be reimbursed the same rates other providers are paid as listed in the Texas Medicaid fee schedule for medical benefits. See 2022 TX REG TEXT 626586 (NS).

Utah

2022 UT S.B. 240 (NS), adopted March 24, enacts provisions related to the Medicaid program; prohibits the Medicaid program from paying for home health services unless the provider of the services has liability insurance and appropriates money.

Washington

2021 WA H.B. 1645 (NS), introduced January 11, concerning Medicaid assisted living payment methodology.

E. Hospice Care

Colorado

The Department intends to submit a State Plan Amendment, effective October 1, 2022, to increase Hospice provider rates by 2.0% in accordance with the Department's appropriated budget. Hospice services are reimbursed in accordance with federal CMS guidelines based on the hospice wage index and are regionally adjusted for Routine Care and Continuous Home Care. See 2022 CO REG TEXT 624958 (NS).

Massachusetts

• Pursuant to 101 CMR 343.00: Hospice Services, the Executive Office of Health and Human Services (EOHHS) has updated the hospice service rates for MassHealth hospice providers to coincide with the Medicaid hospice rates for federal fiscal year (FFY) 2022 established by the Centers for Medicare & Medicaid Services (CMS). See 2022 MA REG TEXT 604146 (NS).

• Chapter 101 CMR 343.00 governs payment rates for hospice services provided to publicly aided individuals by governmental units. See 2022 MA REG TEXT 615393 (NS).

Montana

In the matter of the adoption of New Rule I, the amendment of ARM 37.40.801, 37.40.805, 37.40.806, 37.40.808, 37.40.815, 37.40.816, 37.40.825, and 37.40.830, and the repeal of 37.40.807 pertaining to Medicaid hospice fee reimbursement and care program. See 2022 MT REG TEXT 617697 (NS).

New York

To authorize Medicaid rate of payment to increase the Hospice Residence reimbursement rates by 10 percent. See 2022 NY REG TEXT 584718 (NS).

Rhode Island

• 2021 RI S.B. 2306 (NS), introduced February 15, would provide for Medicaid home care, home nursing care and hospice base rate adjustments for services delivered by professionals and paraprofessionals to meet the increasing demand for services for medically-complex and rural patients and to meet the need to grow and sustain the workforce. This act would support the state's long-term care rebalancing goals by keeping high-acuity or high medical necessity patients out of skilled nursing facilities and hospitals and remain safe at home and in the community with highly trained and stable long-term services and support.

• 2021 RI H.B. 7446 (NS), introduced February 11, would provide for Medicaid home care, home nursing care and hospice base rate adjustments for services delivered by professionals and paraprofessionals to meet the increasing demand for services for medically-complex and rural patients and to meet the need to grow and sustain the workforce. This act would support the state's long-term care rebalancing goals by keeping high-acuity or high medical necessity patients out of skilled nursing facilities and hospitals and remain safe at home and in the community with highly trained and stable long-term services and support.

F. Long-Term Care

Colorado

• 2022 CO H.B. 1247 (NS), engrossed April 5, concerning requirements for additional supplemental senate payments for nursing facility providers and making an appropriation.

• The Department of Health Care Policy and Financing intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to issue supplemental payments to nursing facilities, pursuant to Colorado House Bill 22-1247, and House Bill 22-1333, based on discharges and staff wages, effective July 1, 2022. See 2022 CO REG TEXT 617573 (NS).

Connecticut

• 2022 CT S.B. 281 (NS), amended/substituted March 28, to authorize civil penalties for nursing home facilities that fail to use rate increases earmarked for staff wage increases for that purpose.

• 2022 CT H.B. 5313 (NS), amended/substituted March 28, concerning registration of temporary nursing services agencies and maximum rates for temporary nursing services and nursing home facilities.

Hawaii

• 2021 HI H.B. 2394 (NS), amended/substituted February 9, appropriates moneys to provide one-time enhanced payments of fifteen per cent to any facility in the State licensed by Medicare to provide skilled nursing or intermediate care to Medicaid patients to assist with pandemic-related costs and lost revenues.

• 2021 HI S.B. 3236 (NS), amended/substituted April 29, appropriates funds to provide enhanced payments to state-licensed skilled nursing facilities, community care foster family homes, and expanded adult residential care homes that are caring for Medicaid patients;

provided that the Department of Human Services shall obtain the maximum amount of federal matching funds available for this expenditure.

Illinois

• 2021 IL S.B. 1040 (NS), adopted December 10, makes a technical change in a Section concerning Medicaid payment rates for nursing facility and ICF/DD services in nursing facilities.

• 2021 IL S.B. 3116 (NS), introduced January 11, declares that all changes to the existing nursing facility direct care reimbursement rate methodologies and to the bed assessment and collection procedures must be approached with caution, executed deliberately, and held to the highest of standards in order to protect nursing facility residents from disruption in care, protect workers from lost wages and jobs, and protect providers from the increased instability within the industry.

• 2021 IL H.B. 4443 (NS), introduced January 21, declares that all changes to the existing nursing facility direct care reimbursement rate methodologies and to the bed assessment and collection procedures must be approached with caution, executed deliberately, and held to the highest of standards in order to protect nursing facility residents from disruption in care, protect workers from lost wages and jobs, and protect providers from the increased instability within the industry.

• 2021 IL H.B. 4573 (NS), introduced January 21, provides that the Department of Healthcare and Family Services shall provide each managed care organization with the quarterly fee-for-service facility-specific nursing component (rather than facility-specific RUG-IV nursing component) per diem along with any add-ons for enhanced care services, support component per diem, and capital component per diem effective for each nursing home under contract with the managed care organization and related provisions.

Iowa

• 2021 IA H.F. 2171 (NS), adopted May 23, relating to the release of nursing facility reimbursement rates under the Medicaid program.

• 2021 IA S.F. 2258 (NS), introduced February 10, relating to the release of nursing facility reimbursement rates under the Medicaid program.

Louisiana

• 2022 LA H.C.R. 4 (NS), adopted May 25, increases Medicaid reimbursement to intermediate care facilities for resident leave of absence days.

• To amend the Louisiana Department of Health rule, LAC 50:VII.32913.A and C, which provides for Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual and developmental disabilities for resident leave of absence days, and to direct the office of the state register to print the amendments in the Louisiana Administrative Code. See 2022 LA REG TEXT 620112 (NS).

Maryland

2022 MD H.B. 981 (NS), introduced February 10, for the purpose of requiring the Maryland Medical Assistance Program to increase the reimbursement rate for Program long-term services and supports by a certain percentage and related provisions.

New Jersey

• 2022 NJ S.B. 1307 (NS), introduced February 3, establishes program for certain individuals to become certified nursing assistants and provide private duty nursing services to certain Medicaid enrollees under increased reimbursement rates.

• 2022 NJ S.B. 1449 (NS), introduced February 10, establishes minimum Medicaid reimbursement rates for private duty nursing services.

• 2022 NJ A.B. 3585 (NS), introduced March 14, establishes program for certain individuals to become certified nursing assistants and provide private duty nursing services to certain Medicaid enrollees under increased reimbursement rates.

• 2022 NJ A.B. 3739 (NS), introduced May 2, establishes commission to study impact of certain Medicaid reimbursement rate change on nursing homes.

New York

2021 NY S.B. 8295 (NS), introduced February 10, relates to home care services and to rates of reimbursement under Medicaid for home care services.

Ohio

• 2021 OH S.B. 325 (NS), introduced April 20, to require a fiscal year 2023 rebasing of nursing facility Medicaid payment rates.

• 2021 OH H.B. 625 (NS), introduced April 20, to require a fiscal year 2023 rebasing of nursing facility Medicaid payment rates, and to make an appropriation.

Oregon

Due to the extraordinary expenses incurred because of the COVID-19 crisis, the Legislature and the Executive Branch extended the five percent rate increase for nursing facilities from March 31, 2022, to June 30, 2023. The Department is amending OAR chapter 411, division 070 to include hemodialysis as a complex medical add-on service and extend increased rates to assist with extraordinary business costs associated with the COVID-19 pandemic. See 2022 OR REG TEXT 609376 (NS).

Pennsylvania

2021 PA H.B. 1420 (NS), amended/substituted July 7, mending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in general powers and duties of the Department of Public Welfare, providing for COVID-19 mental health public awareness campaign; in public assistance, further providing for eligibility and for medical assistance payments for institutional care and providing for resident care and related costs and for pharmacy benefits manager audit and obligations; in the aged, further providing for LIFE program and providing for agency with choice; in children and youth, further providing for limits on reimbursements to counties; in nursing facility assessments, further providing for time periods; in managed care organization assessments, further providing for assessment amount; providing for innovative health care delivery models; abrogating regulations; and making a related repeal.

Rhode Island

• 2021 RI S.B. 2306 (NS), introduced February 15, would provide for Medicaid home care, home nursing care and hospice base rate adjustments for services delivered by professionals and paraprofessionals to meet the increasing demand for services for medically-complex and rural patients and to meet the need to grow and sustain the workforce. This act would support the state's long-term care rebalancing goals by keeping high-acuity or high medical necessity patients out of skilled nursing facilities and hospitals and remain safe at home and in the community with highly trained and stable long-term services and support.

• 2021 RI S.B. 2598 (NS), introduced March 10, increases the daily rate of payments to nursing facilities by twenty percent (20%) for single occupancy rooms to include private bathrooms.

• 2021 RI S.B. 2618 (NS), introduced March 10, for purposes of rates of payment to nursing facilities under the ‘Medical Assistance’ chapter, adjust the elements to be developed by the executive office in determining Medicaid payment methods to nursing facilities.

• 2021 RI H.B. 7446 (NS), introduced February 11, would provide for Medicaid home care, home nursing care and hospice base rate adjustments for services delivered by professionals and paraprofessionals to meet the increasing demand for services for medically-complex and rural patients and to meet the need to grow and sustain the workforce. This act would support the state's long-term care rebalancing goals by keeping high-acuity or high medical necessity patients out of skilled nursing facilities and hospitals and remain safe at home and in the community with highly trained and stable long-term services and support.

• 2021 RI H.B. 7615 (NS), introduced March 2, would increase the daily rate of payments to nursing facilities by twenty percent.

• 2021 RI H.B. 7860 (NS), introduced March 4, requires the executive office of health and human services to adjust, once every three (3) years the per diem reimbursement to nursing facilities, by taking into consideration increases in direct and indirect care costs.

South Dakota

The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan to update provider lists and supplemental payment amounts for the inpatient and nursing facility providers that have a signed coordination agreement with Indian Health Services and have ensured access and proper coordination of care of health services. See 2022 SD REG TEXT 612820 (NS).

Virginia

2022 VA H.B. 241 (NS), amended/substituted March 3, requires the State Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance of up to $7,500 for the initial purchase of durable medical equipment consisting of manual and power wheelchair bases and related accessories for patients who reside in nursing facilities and up to $7,500 for the replacement of durable medical equipment consisting of manual and power wheelchair bases and related accessories for patients who reside in nursing facilities when such replacement is (i) determined to be medically necessary or (ii) in accordance with regulations establishing service limits and replacement schedules for such durable medical equipment. The bill also provides that recipients of medical assistance shall not be required to pay any deductible, coinsurance, or copayment for medical assistance pursuant to this subdivision.

Washington

The health care authority (HCA) is amending WAC 182-502-0110 to add that for long-term civil commitments, if Medicare and Medicaid cover the service, HCA pays the greater of Medicare's or Medicaid's allowed amount, minus what Medicare paid. Due to the amendment in WAC 182-502-0110, HCA is amending WAC 182-500-0065 to add a definition for long-term civil commitments. See 2022 WA REG TEXT 615593 (NS).

G. Pharmaceuticals

Colorado

The Department of Health Care Policy and Financing intends to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services to update the pricing methodology for hospital services utilizing certain specialty drugs delivered in the outpatient hospital setting, effective February 26, 2022. See 2022 CO REG TEXT 608451 (NS).

District of Columbia

The Director of the Department of Health Care Finance (DHCF) hereby gives notice of the adoption, on an emergency basis, of an amendment to Chapter 27 (Medicaid Reimbursement for Fee For Service Pharmacies) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR) and the intent to adopt these rules as a final rulemaking not less than thirty (30) days after the date of publication of this notice in the District of Columbia Register. See 2022 DC REG TEXT 628315 (NS).

Illinois

2021 IL H.B. 4430 (NS), engrossed March 3, provides that the definition of ‘practice of pharmacy’ includes the initiation, dispensing, or administration of drugs, laboratory tests, assessments, referrals, and consultations for human immunodeficiency virus pre-exposure prophylaxis and human immunodeficiency virus post-exposure prophylaxis. Provides that as applicable to the State's Medicaid program and other payers, patient care services ordered and administered by a pharmacist shall be covered and reimbursed at no less than 85% of the rate that the services are covered and reimbursed when ordered or administered by physicians. Provides that a pharmacist shall provide patient care services for human immunodeficiency virus pre-exposure prophylaxis and human immunodeficiency virus post-exposure prophylaxis to a patient after satisfying specified requirements. Amends the Illinois Public Aid Code. Provides that specified provisions concerning coverage of patient care services provided by a pharmacist shall apply to all patient care services provided by a pharmacist (rather than patient care services for hormonal contraceptives assessment and consultation only). Effective immediately.

Kansas

The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan to update Dispensed As Written (DAW1) reimbursement rates. This reimbursement change will be aligned with the 2016 Centers for Medicare and Medicaid Services (CMS) Coverage Outpatient Drug (COD) Rule, which requires an Actual Acquisition Cost methodology. Drug availability language will also be updated. See 2022 KS REG TEXT 613252 (NS).

Louisiana

• 2022 LA S.B. 82 (NS), engrossed April 7, relative to Medicaid reimbursement for pharmacy services; to provide for enhanced reimbursements using drug rebates; to provide for a state plan amendment; to provide for rulemaking; to provide for an effective date; and to provide for related matters.

• 2022 LA S.B. 83 (NS), engrossed April 7, relative to Medicaid pharmacy reimbursement; to provide for the Council on Medicaid Pharmacy Reimbursement; to provide for council membership; to provide for meetings; to provide for the duties and powers of the council; and to provide for related matters.

• 2022 LA H.C.R. 88 (NS), engrossed May 4, to request the Louisiana Department of Health to utilize increased collections from pharmacy rebates to reimburse pharmacists to acquire prescription drugs and then to increase rates for primary care providers in the Medicaid program.

• 2022 LA S.B. 296 (NS), engrossed April 28, provides relative to pharmacists; to provide for definitions; to provide relative to pharmacist clinical services; to provide relative to reimbursement for pharmacist clinical services in the Medicaid program; to provide for an effective date; and to provide for related matters.

Minnesota

• 2021 MN S.F. 61 (NS), engrossed March 29, medical assistance direct injectable drugs used for substance abuse disorder treatment reimbursement provisions modifications.

• 2021 MN H.F. 4008 (NS), engrossed March 24, pharmacist services equal coverage required, and medical assistance and MinnesotaCare requirements set for coverage and payment of pharmacy services.

New York

2021 NY S.B. 7909 (NS), introduced January 19, requires Medicaid managed care plans to reimburse retail pharmacies in an amount equal to the fee-for-service rate; allows retail pharmacies the opportunity to participate in another provider's network under the medical assistance program; prohibits pharmacy benefit managers from limiting an individual's option to receive medications from non-mail order pharmacies.

Oklahoma

These emergency revisions are necessary to clarify that reimbursement for long-acting reversible contraceptive (LARC) devices will be paid outside of the Federally Qualified Health Center's (FQHCs) encounter rate. See 2022 OK REG TEXT 606761 (NS).

Oregon

The Pharmaceutical Services program administrative rules (chapter 410, division 121) govern Division payments for services provided to certain clients. The Authority needs to implement changes to the Prior Authorization Guide and the Preferred Drug List to ensure the safe and appropriate use of cost-effective prescription drugs for the Oregon Health Plan's fee-for-service recipients. See 2022 OR REG TEXT 618160 (NS).

Texas

The purpose of this amendment is to allow certain home health supplies, equipment and appliances to be added to the pharmacy formulary. If the item is available in Texas Medicaid as a medical benefit, pharmacies will be reimbursed the same rates other providers are paid as listed in the Texas Medicaid fee schedule for medical benefits. See 2022 TX REG TEXT 626586 (NS).

Wisconsin

2021 WI S.B. 255 (NS), adopted December 3, relating to reimbursement of pharmacist services under the Medical Assistance program.

H. Transportation

Alabama

2022 AL H.B. 287 (NS), adopted March 10, relating to emergency medical transport providers, assessment imposed for the maintenance and expansion of emergency medical transport services through additional Medicaid enhancement payments, methodology for calculation of assessment and rate provided, and effective period for assessment provided, Secs 40-26B-90 to 40-26B-99, inclusive, added.

Idaho

2022 ID S.B. 1283 (NS), adopted March 17, adds to existing law to establish provisions regarding supplemental Medicaid reimbursement for ground emergency medical transportation.

Illinois

2021 IL H.B. 4944 (NS), introduced January 27, provides that on and after July 1, 2022, the Department of Healthcare and Family Services shall increase the base rate of reimbursement for both base charges and mileage charges for ground ambulance service providers for medical transportation services provided by means of a ground ambulance to a level not lower than 100% of the Medicare Ambulance Fee Schedule rates for urban areas, by designated Medicare Locality, in effect on January 1, 2022. Effective July 1, 2022.

Minnesota

• 2021 MN H.F. 3201 (NS), introduced February 7, relating to ambulance service payment rate modified, Emergency Medical Services Regulatory Board authority temporarily modified, and money appropriated.

• 2021 MN H.F. 3338 (NS), introduced February 14, relating to medical assistance reimbursement for protected transport services increased, protected transport start-up grants provided, and money appropriated.

• 2021 MN H.F. 4351 (NS), introduced March 17, increasing payment rates for nonemergency medical transportation.

Mississippi

• 2022 MS S.B. 2340 (NS), introduced January 17, to require the Division of Medicaid to establish a Medicare upper payment limits program or another allowable delivery system authorized by federal law for emergency ambulance transportation providers; to provide for the formula that the Division shall use for calculating ambulance service access payment amounts; to allow all ambulance service providers to be eligible for ambulance service access payments each state fiscal year; to require payments be made no less than on a quarterly basis; and related provisions.

New Jersey

2022 NJ A.B. 4505 (NS), introduced September 22, establishes minimum Medicaid reimbursement rate of $200 for basic life support emergency ambulance transportation services.

New York

• 2021 NY S.B. 8806 (NS), introduced April 19, relates to reimbursement of certain transportation costs under Medicaid.

• 2021 NY A.B. 9944 (NS), introduced April 19, relates to reimbursement of certain transportation costs under Medicaid.

Wisconsin

• The Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) will be implementing a rate adjustment to fee-for-service ambulance Medical Assistance (MA) maximum fee rates, effective January 1, 2022. See 2021 WI REG TEXT 601003 (NS).

• The Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) will be implementing a rate adjustment to fee-for-service ambulance Medical Assistance (MA) maximum fee rates, effective January 1, 2022. See 2021 WI REG TEXT 602840 (NS).

III. RECOVERY OF REIMBURSEMENTS

A. Fraud and Abuse Prevention

U.S. Medicaid Fraud Control Units Recovered $1.7 billion in FY 2021

(Regulatory Intelligence) - Fraud investigators recovered $1.7 billion through civil and criminal investigations into abuse in the state-federal low income health program, the Office of Inspector General for the U.S. Department of Health and Human Services said. [FN2]

The office on Tuesday announced fiscal 2021 results from state Medicaid Fraud Control Units.

Unit investigations resulted in $856.6 million in criminal recoveries, $826.2 million in civil recoveries, 1,105 convictions, 716 civil settlement and judgments. They also resulted in the exclusion of 540 individual or entities from federally-funded health programs.

Medicaid fraud control units investigate and prosecute Medicaid provider fraud and patient abuse or neglect in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. The units are jointly funded by the federal and state governments. The units often work in cooperation with other federal and state enforcement agencies.

Investigation results for FY 2021

Medicaid fraud control unit recoveries from criminal investigations ‘increased substantially from $173 million in FY 2020 to $857 million in FY 2021,’ the report said. Nearly 83% or $714 million of the criminal recoveries were the result of cases prosecuted by the Medicaid fraud control units in Virginia and Texas.

In one Virginia case, a doctor who ‘performed services that were not medically necessary, performed services without the consent of the patient, and billed for services that were not actually performed’ was ordered to pay $18.6 million in restitution and was sentenced to 59 years in prison.

In one Texas case, a corporate executive ‘who falsely informed patients with long-term, incurable diseases that they had less than 6 months to live’ so he could enroll them in hospice care was ordered to pay $120 million in restitution and was sentenced to 20 years in prison.

The total number of civil settlements and judgment decreased from '786 in FY 2020 to 716 in FY 2021.' More of the civil settlements and judgments ‘involved pharmaceutical manufacturers than any other provider type in FY 2021.’ The total recovery also decreased from ‘$855 million in FY 202 to $826 million in FY 2021.

Total convictions resulting from Medicaid fraud control unit investigations increased from 1,017 in FY2020 to 1,105 in FY 2021. Of the convictions in FY 2021, 780 were convictions for fraud and 325 were convictions for patient abuse or neglect. Personal care service attendants and agencies had the ‘highest number of fraud convictions' each year for the last five years and represented 42 percent of the convictions in FY 2021.

Medicaid fraud control units reported 155 convictions from drug diversion cases in FY 2021 with associated criminal recoveries totaling $1.87 million. These cases usually involve the fraudulent billing of Medicaid for ‘drugs diverted from legal and medically necessary uses' or fraudulent activities by Medicaid providers whether or not Medicaid was billing.

Convictions of personal care aides or other home care aides accounted for 69 of the total 325 convictions for patient abuse or neglect or 21 percent of convictions in FY 2021. Other direct-care providers, including nurse's aides and nurses, were also responsible for a significant number of the patient abuse or neglect convictions.

The Office of Inspector General imposed a total of 1,689 exclusions from federal health programs on individual and entities in FY 2021. Medicaid fraud control units were responsible for 540 exclusions.

Georgia Medicaid Fraud Division Obtains Recoveries in Excess of $85 Million in Enforcement Efforts

Georgia Attorney General Chris Carr announced on April 5 that the office's Medicaid Fraud Division has obtained civil recoveries totaling more than $68 million since November 2016. Over this same time period, the Attorney General's Medicaid Fraud Division has prosecuted more than 60 people for Medicaid fraud and the abuse, neglect and exploitation of older adults, resulting in $17 million in restitution orders in criminal matters.

'Our Medicaid Fraud Division works hard each day to preserve the integrity of our Medicaid program and to protect taxpayer dollars no matter the amount,” said Carr. ‘This includes pursuing instances of fraud, abuse or exploitation committed by healthcare providers or those responsible for the care of elder or at-risk Georgians. This type of illegal and deceptive behavior is unacceptable and will not be tolerated, and we will continue to use all tools at our disposal to ensure those who engage in these practices are held accountable for their actions.”

Recent case highlights are included below:

On Dec. 22, 2021, Carr announced that the office's Medicaid Fraud Division had secured a guilty plea in DeKalb County involving one count of Medicaid Fraud. The defendant, Nourolzaman Tucker, owned a hospice company. Tucker was sentenced to five years to be served on probation, ordered to pay restitution totaling $5,681.86 and a fine of $5,000, and excluded from participation in both Medicaid and Medicare.

On Dec. 2, 2021, Carr announced that the office's Medicaid Fraud Division had secured a guilty plea in Houston County involving two felony counts of Medicaid Fraud. The defendant, Brenda Copeland, owned and operated a mental health services business primarily serving children covered by Georgia's Care Management Organizations. Copeland was sentenced to 10 years, including two years to be served in prison with the remainder on probation, and ordered to pay restitution totaling $631,843.

On Nov. 15, 2021, Carr joined with David Estes, U.S. Attorney for the Southern District of Georgia, to announce the largest civil settlement ever paid by an individual pharmacist for the alleged unlawful dispensation of controlled substances. Specifically, Willie C. 'Billy' Conley, Jr., the former owner of a Bryan County pharmacy, agreed to pay $275,000 to resolve allegations that he and his pharmacy violated their corresponding responsibility to fill only legitimate prescriptions and that they submitted false claims to Medicare and Medicaid for a highly dangerous combination of controlled substances, called the 'holy trinity," consisting of concurrent prescriptions for an opioid narcotic, a benzodiazepine and carisoprodol.

The prescriptions frequently originated from Dr. Frank H. Bynes, Jr., a convicted pill-mill doctor who was sentenced to 20 years in prison in February 2020 for dispensing massive amounts of controlled substances ? sometimes in return for cash or sex. Dr. Bynes was found guilty in October 2019 on 13 counts of Unlawful Dispensation of Controlled Substances and three counts of Health Care Fraud and was ordered to pay restitution totaling $615,145.06.

Florida Hospital System to Pay $20 million to Settle Allegations of Impermissible Medicaid Donations

(Regulatory Intelligence) - BayCare Health System Inc. and four of its affiliated hospitals have agreed to pay $20 million to resolve federal allegations that BayCare made donations to the Juvenile Welfare Board of Pinellas County, Florida to 'improperly fund' the state's share of Medicaid payments to the hospitals. BayCare Health System is based in Tampa Bay, Florida. The four affiliated hospitals are also based in Pinellas County. [FN3]

Between October 2013 and September 2015, BayCare allegedly made 'improper, non-bona fide cash donations" to the welfare board, the U.S. Justice Department said. In turn, the board would transfer a portion of BayCare's 'cash donations' to Florida's Agency for Health Care Administration for the state's Medicaid program. These transferred funds were then 'matched' by the federal government 'before being returned to the BayCare hospitals as Medicaid payments.'

Under federal law, a state's share of Medicaid payments must consist of state or local government funds and legitimate donations from private healthcare providers, such as hospitals. However, when a donation is made from a private provider to a government entity and is then returned to the private provider as the state's share of a Medicaid payment, it is considered a 'non-bona fide' donation.

As a result its donation scheme, the government alleged BayCare 'knowingly caused false claims for federal Medicaid matching funds' to be submitted to the United States. By submitting these claims for reimbursement, the hospital system was able to recoup not only most of its original donations to the juvenile welfare board as state Medicaid payments but also receive the federal Medicaid matching funds. According to the related whistleblower complaint, the juvenile welfare board retained 10 percent of the BayCare donation.

'When the federal government provides Medicaid matching funds, there must be a corresponding expenditure by the state or a local unit of government,' said Principal Deputy Assistant Attorney General Brian M. Boynton, head of the DOJ's Civil Division, said in a statement. 'When private parties make unlawful, non-bona fide donations to state or local governments, they undermine a key safeguard for ensuring the integrity of the Medicaid program."

The Medicaid program is a partnership between the federal government and state governments.

This settlement also resolves claims brought in a whistleblower lawsuit filed by Larry Bomar, a former hospital reimbursement manager in Florida. Bomar will receive $5 million as his share of the settlement.

The resolution obtained in this matter was the result of a coordinated effort between the DOJ's Civil Division, Commercial Litigation Branch, Fraud Section and the U.S. Attorney's Office for the Middle District of Florida, with assistance from the Department of Health and Human Services Office of Inspector General.

California AG Announces Settlement Resolving Medi-Cal Fraud Allegations Against Prism Enterprises

California Attorney General Rob Bonta announced on May 9 a settlement against Southern California medical provider Prism Enterprises, Inc. (Prism) for submitting false claims for payment to the Medi-Cal Program in relation to services for children and young adults with autism spectrum disorders. Prism contracted with several Medi-Cal managed care organizations to provide treatment services to children and young adults diagnosed with autism spectrum disorders, as well as to provide training sessions to the children's parents and caregivers. Under the settlement, Prism will pay a total of $650,000 to the state and federal governments, with California receiving a gross share of $390,000. The settlement is based on Prism's ability to pay.

'Prism had the important responsibility of supporting and caring for children and young adults with autism spectrum disorders," said Attorney General Rob Bonta. 'Instead of fulfilling its obligation to the families under its care, Prism is alleged to have filed false claims and misused state taxpayer money. These allegations are shameful and these families deserved respect and dignity, not to be used to cheat state resources. I am grateful to the U.S. Attorney's Office for their involvement in this investigation, which helped bring justice to these families and California taxpayers. My office will continue to hold accountable bad actors who hurt the health and well-being of Californians."

'Billing Government health care programs for services not rendered negatively impacts the entire health care system," said U.S. Attorney Randy S. Grossman. 'This settlement shows our continuing commitment to protect the integrity of government health care programs and other taxpayer-funded programs. We commend the whistleblower in this case for coming forward, and the team of federal and state agency partners and Assistant United States Attorneys for their work on this case."

The resolution stems from a 2019 lawsuit filed in the U.S. District Court for the Southern District of California under the qui tam or whistleblower provisions of the California and federal False Claims Acts. The acts permit private parties to file suit on behalf of both the State of California and the United States for false claims and to share in a portion of the governments' recoveries. The case, United States and the State of California, ex rel. Diana Mason v. Prism Autism Foundation, was filed by Mason, a licensed board-certified behavioral analyst, who was employed by Prism from March 2018 to June 2018 when she observed Prism's alleged fraudulent activities. Mason, who did not participate in the misconduct, quit working for Prism because the alleged fraudulent activities continued to occur even after she reported the problems to Prism's owner. She will receive $78,000 as her share from the California settlement.

After the whistleblower lawsuit was filed in 2019, a collaborative investigation by the California Department of Justice's Division of Medi-Cal Fraud and Elder Abuse (DMFEA) and the U.S. Attorney's Office for the Southern District of California identified 2,363 fraudulent claims that Prism submitted for canceled appointments, no-shows, and rescheduled appointments from September 2016 to December 2019. For example, Prism submitted claims for caregiver training sessions while the comment section in the patient's medical record noted that the autistic child's caregiver was out of the country on the dates the services were supposedly rendered. Training sessions are provided by a therapist to teach the parents and caregivers how to interact with their autistic children to promote social interaction skills, manage problem behaviors, and teach daily living skills and communication.

North Carolina Attorney General Announces $11.2 Million Multistate Medicaid Settlement

Attorney General Josh Stein announced on July 1 a settlement with Georgia-based SavaSeniorCare LLC, a company that owns and operates skilled nursing facilities in several states. The settlement with North Carolina and 22 other states resolves allegations that Sava billed Medicaid for medically unnecessary rehabilitation therapy services and offered grossly substandard skilled nursing services. Sava will pay the states and the federal government at least $11.2 million ? North Carolina will receive $192,045.19 in restitution and other recoveries.

'Health care providers have a responsibility to provide quality care for their patients and be responsible stewards of taxpayer resources," said Attorney General Josh Stein. 'When they fail to do so, I will hold them accountable on behalf of North Carolinians."

From October 2008 to September 2012, Sava allegedly engaged in a scheme to maximize billing that improperly caused some therapists to provide rehabilitation therapy to some Medicare and Medicaid beneficiaries. The therapy was either not reasonable and necessary, not skilled, or not covered by the Medicare Part A and Medicaid coinsurance benefits. In addition, this settlement also resolves allegations that from January 2008 through December 2018, some of the nursing services provided by Sava were grossly and materially substandard and/or worthless, partly because Sava failed to provide care that met federal requirements to some of its residents. Sava also failed to follow appropriate pressure ulcer protocols and appropriate falls protocols, and failed to appropriately administer medications to some of the residents to avoid medication errors in certain skilled nursing facilities. The government alleges that Sava's conduct violated the Federal False Claims Statute and the North Carolina False Claims Statute and resulted in the submission of false claims to the North Carolina Medicaid program.

This settlement results from four whistleblower lawsuits filed in the United States District Court for the Middle District of Tennessee and the Eastern District of Pennsylvania. A team from the National Association of Medicaid Fraud Control Units participated in the settlement negotiations on behalf of the states.

The Attorney General's MID investigates fraud and abuse by health care companies and providers, as well as patient abuse and neglect in facilities that are funded by Medicaid. Medicaid is a joint federal-state program that helps provide medical care for people with limited income. To date, the MID has recovered more than $900 million in restitution and penalties for North Carolina.

The Medicaid Investigations Division receives 75 percent of its funding from the U.S. Department of Health and Human Services under a grant award totaling $6,160,236 for Federal fiscal year (FY) 2022. The remaining 25 percent, totaling $2,053,412 for FY 2022, is funded by the State of North Carolina.

CMS Encourages States to Use Medicaid Payments to Nursing Homes to Drive Better Health Outcomes for Residents, Improve Staffing

On August 22, the Centers for Medicare & Medicaid Services (CMS) issued an informational bulletin detailing actions that states can take using existing Medicaid authorities to drive better health outcomes for nursing home residents and improve staff pay, training, and retention efforts. The informational bulletin ? issued by CMS' Centers for Medicaid and CHIP Services (CMCS) ? also provides examples of current state Medicaid initiatives to support this work.

Earlier this year, President Biden announced a comprehensive set of reforms to improve the safety and quality of nursing home care, hold nursing homes accountable for the care they provide, and make the quality of care and facility ownership more transparent so potential residents and their loved ones can make informed decisions. As part of the implementation of these reforms, CMS is working to support state Medicaid agencies in ensuring the best care possible for beneficiaries living in nursing homes.

'Our loved ones living in nursing homes deserve the highest quality of care, dignity, and respect," said Health and Human Services (HHS) Secretary Xavier Becerra. 'At HHS, we're taking another critical step to implement President Biden's bold set of reforms to improve our nation's nursing homes. We call on all states to work with us and ensure everyone has access to the high-quality care they deserve."

'Today's action is an important step toward accomplishing the Administration's goals of strengthening the quality of care, accountability, and transparency in our country's nursing homes for Medicaid enrollees. States can implement a number of initiatives described in this guidance immediately," said CMS Administrator Chiquita Brooks-LaSure. 'Medicaid enrollees residing in nursing homes will only experience better care through collaboration between states, CMS, providers, and other partners, and we look forward to working closely with them on this important effort."

To ensure nursing homes are adequately resourced and staffed, CMS is urging states to tie Medicaid payments to quality measures that will improve the safety and quality of care.

'We know that low wages for staff can contribute to frequent turnover and dangerous staffing shortages at nursing homes, so we encourage states to work with these facilities to find solutions for training and improving staffing," said Administrator Brooks-LaSure.

In addition to this informational bulletin, CMS continues to encourage states strongly to achieve a more equitable balance between the share of spending and use of services and supports delivered in home and community-based settings relative to institutional care like nursing homes. As another key priority of the Biden-Harris Administration, CMS is committed to strengthening the availability of Medicaid-covered home and community-based services (HCBS) as an alternative to institutional care. As a result of the American Rescue Plan, states are planning to invest $25 billion to expand, enhance, and strengthen HCBS, the largest investment ever in HCBS.

Citizen of Jamaica Sentenced to Prison for Defrauding Medicaid

The U.S. Department of Justice announced that Marvel Johnson, 50, a citizen of Jamaica residing in Derby, Connecticut, was sentenced on September by U.S. District Judge Jeffrey A. Meyer in New Haven to 12 months of imprisonment, followed by three years of supervised release, for making false statements to receive Medicaid benefits.

According to court documents and statements made in court, between approximately 2008 and 2020, Johnson used false social security numbers to enroll and maintain his enrollment in the Connecticut Medicaid health care benefits program known as 'Husky." In November 2015, called Access Health CT, the agency responsible for administering Medicaid/Husky enrollment for Connecticut, and provided false social security numbers in an attempt to receive retroactive insurance coverage for his recently-born son. Johnson did not receive the retroactive coverage for his son, but he and his family continued to remain enrolled in Husky. In 2018, following a verification request by Access Health CT for a citizenship document, Johnson mailed a false New Jersey birth certificate bearing his name. Johnson was, in fact, born in Jamaica.

Judge Meyer ordered Johnson to pay restitution of $150,380.83

Johnson was arrested on November 19, 2020. On April 28, 2022, he pleaded guilty to making false statements in health care matters.

Johnson, who is released on a $50,000 bond, is required to report to prison on December 1.

Former CEO of Louisiana Health Clinic Convicted of Medicaid Fraud

A federal jury convicted a former CEO of a health clinic for defrauding the Louisiana Medicaid Program over several years, the U.S. Department of Justice announced on September 26.

According to court documents and evidence presented at trial, Victor Clark Kirk, 73, of Baton Rouge, Louisiana, was the CEO of St. Gabriel Health Clinic Inc. (St. Gabriel), a Louisiana nonprofit corporation that provided health care services to Medicaid recipients and others. St. Gabriel was a federally qualified health center (FQHC) that contracted with the Iberville Parish School Board to provide medical services within the school district. As a FQHC, St. Gabriel could provide primary care services to students as well as services related to the diagnosis and treatment of mental illnesses ? provided that such services were medically necessary ? among other requirements.

Evidence at trial showed that St. Gabriel practitioners, at Kirk's direction, provided character development and other educational programs to entire classrooms of students during regular class periods. Kirk then caused the fraudulent billing of these programs to Medicaid as group psychotherapy. To facilitate the fraudulent scheme, Kirk directed that St. Gabriel practitioners falsely diagnose students with mental health disorders. From 2011 through 2015, Kirk caused over $1.8 million in fraudulent claims for purported group psychotherapy services.

Kirk was convicted of conspiracy to commit health care fraud and five counts of health care fraud. He is scheduled to be sentenced on Jan. 12, 2023, and faces a maximum penalty of 10 years in prison per count. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.

North Carolina Attorney General's Medicaid Investigations Division Surpasses $1 Billion in Recoveries

North Carolina Attorney General Josh Stein announced on October 10 that his Medicaid Investigations Division (MID) has surpassed $1 billion in recoveries and restitution since the beginning of the division's creation in 1979. Since its creation, MID has won 673 criminal convictions and 510 civil recoveries.

'I am so proud of our Medicaid Investigations team for their hard work on behalf of North Carolina's taxpayers," said Attorney General Josh Stein. 'This team is smart and dogged in their efforts to protect North Carolinians' wallets. I thank all of them for their hard work. I'm also grateful for our state and federal partners who are crucial to helping us win these cases and the conscientious people who report Medicaid fraud concerns to our office."

The Attorney General's MID investigates and prosecutes health care providers that defraud the Medicaid program. MID also investigates and prosecutes patient abuse of any patient in a facility that receives Medicaid funding, and misappropriation of any patients' private funds in a nursing home that receives Medicaid funding. Medicaid is a joint federal-state program, so MID works closely with federal partners including the U.S. Department of Justice, the FBI, the IRS, the Office of Inspector General for the U.S. Department of Health and Human Services, and the U.S. Postal Inspection Service. MID also works closely with the NCDHHS Office of Compliance and Program Integrity and NCDHHS Information Technology Division.

Since Attorney General Stein took office in 2017, the MID has won or helped win more than $220 million in restitution and recoveries. Some notable matters include:

• Agape Healthcare Systems: Timothy and Latisha Harron exploited a Medicaid eligibility tool and searched obituaries to find recently deceased Medicaid patients. They then back-billed Medicaid for fictitious home health services. In 2021, both Harrons were convicted of federal health care fraud offenses, sentenced to prison, and ordered to pay $13.3 million in restitution.

• A Perfect Fit For You: Shelley Bandy, the biller for a durable medical equipment provider in Morehead City, submitted fraudulent Medicaid claims for equipment and received millions of Medicaid dollars. In 2020, Bandy pleaded guilty to making false statements related to health care matters in federal court, was sentenced to 30 months imprisonment, and was ordered to pay restitution of $374,809.92. The company agreed to pay $10,069,361.35 in criminal restitution. MID and the U.S. Attorney's Office for the Eastern District of North Carolina pursued civil False Claims Act remedies against the company and its owner, Margaret Gibson, and reached a civil settlement in 2020 for $20 million.

• Operation 'You've Got Nerve": Operation You've Got Nerve is an ongoing effort by MID to find and take action against providers billing Medicaid fraudulently for nervous system testing. Through this operation, MID has settled three cases and won $860,000.

• Operation Root Canal: Operation Root Canal involves the MID review of billing practices for a wide variety of dental services, including dental cleanings, use of nitrous oxide, repetitive restorations on the same tooth, palliative care, and upcoding of patient examinations. Through this effort, MID has settled 15 cases of Medicaid fraud among dental providers and won more than $7.2 million in settlements.

Legislative and Regulatory Actions

Delaware

Delaware Health and Social Services ('Department') / Division of Medicaid and Medical Assistance initiated proceedings to amend Title XIX Medicaid State Plan regarding the Medicaid Recovery Audit Contractor (RAC) Program, specifically, to request an exception to the RAC contracting requirements. The Department's proceedings to amend its regulations were initiated pursuant to 29 Del.C. s.10114 and its authority as prescribed by 31 Del.C. s.512. See 2022 DE REG TEXT 623247 (NS).

Illinois

2021 IL S.B. 3890 (NS), introduced January 21, requires the Auditor General to conduct a performance audit on the Department of Healthcare and Family Services to review and assess the Department's protocols for detecting and preventing Medicaid fraud and abuse under the State's medical assistance program. Provides that the audit shall cover the Department's administration of the medical assistance program during State fiscal years 2020 through 2022 and related provisions.

Iowa

2021 IA H.F. 736 (NS), enrolled May 17, relating to recovery of an overpayment to a provider based on specified grounds under the Medicaid program.

Kentucky

Department for Medicaid Services Division of ProgramIntegrity 907 KAR 1:005. Nonduplication of payments. Amended Effective 3-10-2022. See 2022 KY REG TEXT 595726 (NS).

Minnesota

2021 MN H.F. 2781 (NS), introduced January 31, a resolution restoring patient protection laws; urging certain federal agencies to repeal waivers of antitrust, anti-fee-splitting, and anti-self-referral laws and urging an amendment to federal law to require that clinics and hospitals have freedom to contract or not contract for payment contingent on the volume of orders for care.

Mississippi

2022 MS H.B. 584 (NS), introduced January 13, to prohibit the making of false claims for Medicaid payments as well as for Medicaid benefits; to require the Division of Medicaid to initially determine if a credible allegation of fraud or abuse exists; to provide that allegations of waste do not rise to the level of an allegation of fraud or abuse; and for related provisions.

New York

2021 NY S.B. 9166 (NS), introduced May 11, relates to the recovery of improperly expended medical assistance program funds.

South Dakota

The Department of Social Services intends to make changes to the South Dakota Medicaid State Plan concerning the establishment of a Medicaid Recovery Audit Contractor Program. Pursuant to Section 1902(a)(42)(B)(i) of the Social Security Act, the State is required to establish a program under which it will contract with one or more recovery audit contractors to identify underpayments and overpayments of Medicaid claims. See 2022 SD REG TEXT 628934 (NS).

Washington

The health care authority (HCA) intends to submit Medicaid SPA 22-0030 in order to request a full exception to establish a Medicaid recovery audit contractor program. HCA believes it has appropriate resources in place to identify and recover improper payments related to Medicaid fraud, waste, and abuse. See 2022 WA REG TEXT 626697 (NS).

B. Estate Recovery

Illinois

2021 IL H.B. 4343 (NS), engrossed March 3, requires the Department of Healthcare and Family Services to waive estate recovery under specified provisions of the Code where recovery would not be cost-effective, would work an undue hardship, or for any other just reason. Provides that when an estate is not valued at a minimum of $25,000, it is not cost-effective to pursue recovery.

Mississippi

2022 MS H.B. 40 (NS), introduced January 4, to require division to promptly sell or lease residence of deceased recipient obtained through estate recovery.

New Jersey

2022 NJ A.B. 4466 (NS), introduced September 15, revises procedures for processing incomplete Medicaid applications; exempts asset transfers of up to $500 per month during look back period for determining eligibility for long-term care services.

Wisconsin

2021 WI A.B. 774 (NS), introduced December 9, regarding limitation of estate recovery for the cost of long-term Medical Assistance to only a recipient's probate estate.

C. Subrogation

Delaware

Effective for services provided on and after September 1, 2022 DHSS/DMMA proposes to amend Delaware Health and Social Services (DHSS)/Division of Medicaid regarding third party liability. See 2022 DE REG TEXT 615993 (NS).

Louisiana

2022 LA H.B. 896 (NS), introduced April 4, relative to recoverable past medical expenses; to provide for amounts payable by insurance, Medicare, or Medicaid; to provide for exemptions; and to provide for related matters.

Vermont

2021 VT S.B. 257 (NS), introduced January 14, proposes to prohibit a hospital from having a lien on a patient's recovery for damages based on injuries suffered in an accident if the patient is covered by Medicare, Medicaid, or a health insurance plan under which the hospital is a participating provider. The bill would require the hospital to pay a pro rata share of the legal and administrative expenses incurred in obtaining the damages and would limit the amount of a hospital lien to not more than 25 percent of the net amount received by the patient.

[FN2]

Melissa D. Berry, U.S. Medicaid fraud control units recovered $1.7 billion in FY 2021, Thomson Reuters Regulatory Intelligence (March 16, 2022).

[FN3]

Melissa D. Berry, Florida hospital system to pay $20 million to settle allegations of impermissible Medicaid donations, Thomson Reuters Regulatory Intelligence (April 13, 2022).