

205.8483 Toll-free hotline for receiving reports of fraud and abuse -- Annual report.

- (1) The Office of the Inspector General in the Cabinet for Health and Family Services shall establish, maintain, and publicize a twenty-four (24) hour toll-free hotline for the purpose of receiving reports of alleged fraud and abuse by Medical Assistance Program recipients and participating providers.
- (2) The Office of the Inspector General in the Cabinet for Health and Family Services shall prepare a written description of the reported information and immediately make a written referral to:
 - (a) The state Medicaid Fraud Control Unit and to the Office of the Attorney General of all reports of alleged fraud and abuse by providers or recipients participating in the Medical Assistance Program; and
 - (b) Other agencies and licensure boards of all reports relevant to their jurisdiction.
- (3) The Office of the Inspector General in the Cabinet for Health and Family Services, jointly with the state Medicaid Fraud Control Unit and the Office of the Attorney General, shall prepare a Medicaid fraud and abuse report, for the prior fiscal year, categorized by types of fraud and abuse and by recipient and provider group. This report shall be submitted no later than July 1 of each year to the Legislative Research Commission, the Interim Joint Committee on Appropriations and Revenue, and the Interim Joint Committee on Health and Welfare and shall identify:
 - (a) The number and type of reports received in the Office of the Inspector General in the Cabinet for Health and Family Services, from the Medicaid fraud and abuse hotline categorized by recipient and provider groups;
 - (b) The number and type of alleged Medicaid fraud and abuse reports which were discovered by, received by, or referred to the Office of the Attorney General, the state Medicaid Fraud Control Unit, the Office of the Inspector General, and the Department for Medicaid Services; the number and type of reports which were opened for investigation by the Office of the Attorney General, the state Medicaid Fraud Control Unit, the Department for Medicaid Services, or the Office of the Inspector General and their disposition including:
 1. Administrative actions taken;
 2. Criminal penalties and civil payments received;
 3. The amount of state and federal funds involved in the alleged fraud and abuse;
 4. The cost of administering the hotline; and
 5. Recommendations for legislative action to prevent, detect, and prosecute medical assistance abuse and fraud in the Commonwealth.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 287, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 234, effective July 15, 1998. -- Created 1994 Ky. Acts ch. 96, sec. 17, effective July 15, 1994; and ch. 316, sec. 17, effective July 15, 1994.