#### FIRST REGULAR SESSION

# HOUSE BILL NO. 805

## **100TH GENERAL ASSEMBLY**

#### INTRODUCED BY REPRESENTATIVE NEELY.

1732H.01I

3

4 5

8 9

10 11

12

13

14

DANA RADEMAN MILLER, Chief Clerk

### **AN ACT**

To amend chapter 191.913, RSMo, by adding thereto one new section relating to MO HealthNet.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 191.913, RSMo, is amended by adding thereto one new section, to be known as section 191.913, to read as follows:

- 191.913. 1. Any person or entity reviewing, adjusting, approving, or otherwise handling claims for health care on behalf of or in connection with a medical assistance program who makes a false claim statement or representation to the medical assistance program shall have his, her, or its contract with the state terminated.
- 2. For the purposes of this section, "making a false claim statement or representation" is defined as knowingly and with intent to defraud engaging in a pattern of making, presenting, submitting, offering, or causing to be made, presented, submitted, or offered:
- (1) Any false or fraudulent claim for payment for any good, service, item, facility, or accommodation for which payment may be made, in whole or in part, under the medical assistance program, whether or not the claim is allowed or allowable;
- (2) Any false or fraudulent statement or representation for use in determining payments which may be made, in whole or in part, under the medical assistance program, whether or not the claim is allowed or allowable;
- 15 (3) Any false or fraudulent report or filing which is or may be used in computing 16 or determining a rate of payment for any good, service, item, facility, or accommodation, 17 for which payment may be made, in whole or in part, under the medical assistance 18 program, whether or not the claim is allowed or allowable;

HB 805

(4) Any false or fraudulent statement or representation made in connection with any report or filing which is or may be used in computing or determining a rate of payment for any good, service, item, facility or accommodation for which payment may be made, in whole or in part, under the medical assistance program, whether or not the claim is allowed or allowable;

- (5) Any statement or representation for use by another in obtaining any good, service, item, facility, or accommodation for which payment may be made, in whole or in part, under the medical assistance program, knowing the statement or representation to be false, in whole or in part, by commission or omission, whether or not the claim is allowed or allowable;
- (6) Any wholly or partially false or fraudulent book, record, document, data, or instrument which is required to be kept or which is kept as documentation for any goods, service, item, facility, or accommodation or of any cost or expense claimed for reimbursement for any good, service, item, facility, or accommodation for which payment is, has been, or can be sought, in whole or in part, under the medical assistance program, whether or not the claim is allowed or allowable;
- (7) Any wholly or partially false or fraudulent book, record, document, data, or instrument to any properly identified law enforcement officer, any properly identified employee or authorized representative of the attorney general, or to any properly identified employee or agent of the department of social services in connection with any audit or investigation involving any claim for payment or rate of payment for any goods, service, item, facility, or accommodation payable, in whole or in part, under the medical assistance program; or
- (8) Any false or fraudulent statement or representation made with the intent to influence any act or decision of any official, employee, or agent of a state or federal agency having regulatory or administrative authority over the medical assistance program.

./