



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

DATE: January 24, 2022 **TRANSMITTAL NO.:** I-22-01-0001

TO: Economic Self-Sufficiency Operations Managers
Economic Self-Sufficiency Program Office
Benefit Investigations Supervisors

FROM: Tonyaleah Veltkamp, Chief, Program Policy
Bridget Royster, Chief, Benefit Investigations
(Signatures on File)

SUBJECT: Suspected Medicaid Fraud or Abuse Temporary Policies and
Procedures due to Coronavirus Disease (COVID-19)

EFFECTIVE: Upon Receipt

This transmittal provides additional information on the temporary policies and procedures regarding Medicaid closures and implementing provisions of the Families First Coronavirus Relief Act (H.R.3201) signed by President Trump on March 18, 2020.

Background

To ensure continued Medicaid coverage through the last day of the month of the Public Health Emergency (PHE); no full coverage Medicaid assistance group, individual meeting their Share of Cost (SOC), or Emergency Medicaid for Aliens (EMA) may be closed unless one of the following conditions is met:

- requests a voluntary termination of eligibility,
- ceases to be a resident of Florida, or
- the recipient is deceased.

New Policy: Suspected Fraud or Abuse

Additional federal guidance was issued by the Centers for Medicare and Medicaid Services (CMS) that allows states to close Medicaid coverage if there is fraud or abuse. Medicaid coverage is permitted to be closed during the PHE if the individual was determined eligible for Medicaid in error because the individual provided inaccurate or insufficient information.

If it is determined through an investigation or fraud conviction that the individual was incorrectly determined eligible for Medicaid as a result of fraud or abuse, the Medicaid **can** be closed.

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Procedure:

Eligibility Staff:

If staff suspect fraud or abuse occurred and an individual received or is currently receiving Medicaid benefits, they were not entitled to during the PHE period (March 2020 until further notice), refer the case to the Office of Public Benefits Integrity, Benefit Investigations (BI) via the FLORIDA AIFP screen and **do not** close or take adverse action on the Medicaid benefits. Add a detailed CLRC entry indicting the reason for the referral.

Benefit Investigations Staff: BI will investigate the case and determine if the individual was eligible to receive Medicaid benefits based on their last Medicaid application or redetermination. If the individual was eligible at any point during the PHE, the Medicaid benefits **cannot** be closed. If fraud or abuse is confirmed and the individual was not eligible at any point during the PHE, BI will take the appropriate action to close the Medicaid coverage using reason codes **530** – Your case was opened in error and has now been closed and **892** – The agency approved your benefits in error. BI will refer the case via the FLORIDA BVBR screen to the Division of Public Assistance Fraud (DPAF) for the consideration of investigation and possible prosecution.

Regional Program Offices with policy related question related to this transmittal should submit them through the Policy Technical Assistance Request page. Procedure related questions should be directed to Timothy Duggan at Timothy.Duggan@myflfamilies.com.

cc: Assistant Secretary for Economic Self-Sufficiency (Maggie Mickler)
Assistant Secretary for the Office of Child Welfare (Stefanie Camfield)
Assistant Secretary for the Office of Substance Abuse and Mental Health (Erica Floyd Thomas)
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