



Appropriations Conference Chairs

Bump Issues

**Senate Health and Human Services/House Health Care
Appropriations**

**SENATE OFFER 1
Implementing Bill**

**Sunday, March 3, 2024
212 Knott Building**

**Health Care Appropriations Subcommittee / Appropriations Committee on Health and Human Services
Implementing Bill - BUMP Senate Offer #1**

		House Bill 5003	House Offer #1	BUMP Senate Offer #1	Senate Bill 2502	
Row	Section Number	Description			Section Number	Description
1	4	STATEWIDE MEDICAID MANAGED CARE REALIGNMENT-AHCA/DOH. Authorizes the Agency for Health Care Administration (AHCA) to submit a budget amendment to realign funding between the AHCA and the Department of Health (DOH) for the Children’s Medical Services (CMS) Network for the implementation of the Statewide Medicaid Managed Care program, to reflect actual enrollment changes due to the transition from fee-for-service into the capitated CMS Network.	House	Accept House Offer 1		
3	6	AHCA BUDGET AMENDMENTS FOR MEDICAID REALIGNMENT - CURRENT YEAR (FY 2023-24). Authorizes the AHCA to submit a budget amendment to realign funding within the Medicaid program appropriation categories to address any projected surpluses and deficits. The realignment shall not provide funds to increase managed care rates beyond amounts adopted at the January 8, 2024 Social Services Estimating Conference.	House	Accept House Offer 1		
4	7	BUDGET AMENDMENTS FOR FLORIDA KIDCARE. Authorizes the AHCA and the DOH to each submit a budget amendment to realign funding within the Florida KidCare program appropriation categories, or to increase budget authority in the Children’s Medical Services Network category, to address projected surpluses and deficits within the program or to maximize the use of state trust funds. A single budget amendment must be submitted by each agency in the last quarter of Fiscal Year 2024-2025.	House	Accept House Offer 1	10	BUDGET AMENDMENTS FOR FLORIDA KIDCARE. Authorizes the AHCA to submit a budget amendment to realign funding within the Florida KidCare program appropriation categories to address projected surpluses and deficits within the program or to maximize the use of state trust funds. A single budget amendment must be submitted by each agency in the last quarter of Fiscal Year 2024-2025.
9	12	AHCA BUDGET AMENDMENT- SUPPLEMENTAL PAYMENT PLAN FOR CANCER HOSPITALS. Authorizes AHCA to submit a budget amendment for a Supplemental Payment Plan for Florida cancer hospitals.	Senate	Accept House Offer 1	15	AHCA BUDGET AMENDMENT- SUPPLEMENTAL PAYMENT PLAN FOR CANCER HOSPITALS. Authorizes AHCA to submit a budget amendment for a Supplemental Payment Plan for Florida cancer hospitals.
10	13	AHCA BUDGET AMENDMENT - LOW INCOME POOL. Authorizes AHCA to submit a budget amendment to implement the Low Income Pool Program.	House	Accept House Offer 1	16	AHCA BUDGET AMENDMENT - LOW INCOME POOL. Authorizes AHCA to submit a budget amendment to implement the Low Income Pool Program.

**Health Care Appropriations Subcommittee / Appropriations Committee on Health and Human Services
Implementing Bill - BUMP Senate Offer #1**

		House Bill 5003	House Offer #1	BUMP Senate Offer #1	Senate Bill 2502	
Row	Section Number	Description			Section Number	Description
11	14	AHCA BUDGET AMENDMENT - SUPPLEMENTAL PAYMENT PLAN FOR PHYSICIANS. Authorizes AHCA to submit a budget amendment to implement a Supplemental Payment Plan for physicians and subordinate licensed health care practitioners employed with a medical or dental school, or a public hospital.	Senate	Accept House Offer 1	17	AHCA BUDGET AMENDMENT - SUPPLEMENTAL PAYMENT PLAN FOR PHYSICIANS. Authorizes AHCA to submit a budget amendment to implement a Supplemental Payment Plan for physicians and subordinate licensed health care practitioners employed with a medical or dental school, or a public hospital.
16	19	DCF BUDGET AMENDMENT - SELECT FEDERAL GRANTS. Allows DCF to submit budget amendments to increase funding for the following federal grants: Supplemental Nutrition Assistance Program (SNAP) American Rescue Plan (ARP) Grant, State Opioid Response Grant, Substance Abuse Prevention and Treatment Block Grant, and Mental Health Block Grant.	Identical	Senate Modified	21	DCF BUDGET AMENDMENT - SELECT FEDERAL GRANTS. Section 21. In order to implement Specific Appropriations 287 through 384 of the 2024-2025 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Children and Families may submit budget amendments, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to increase budget authority to support the following federal grant programs: the Supplemental Nutrition Assistance Grant Program, the Pandemic Summer Electronic Benefit Transfer, the American Rescue Plan Grant, the State Opioid Response Grant, the Substance Use Prevention and Treatment Block Grant, and the Mental Health Block Grant. This section expires July 1, 2025.
20			Senate	Accept House Offer 1	25	DOH PEDIATRIC RARE DISEASE RESEARCH GRANT PROGRAM. Allows the balance of any General Revenue appropriation which has not been disbursed but that is obligated to be expended by June 30 of the year appropriated, to be carried forward for up to 5 years after the effective date of the original appropriation.
21	23	FLORIDA MEDICAID MANAGEMENT INFORMATION SYSTEM. Requires AHCA to replace the current Florida Medicaid Management Information System and provides requirements of the system. This section also establishes the executive steering committee (ESC) membership, duties and the process for ESC meetings and decisions. Provides requirements for deliverables-based fixed price contracts.	Senate	Senate Modified (See attachment)	26	FLORIDA MEDICAID MANAGEMENT INFORMATION SYSTEM. Requires AHCA to replace the current Florida Medicaid Management Information System and provides requirements of the system. This section also establishes the executive steering committee (ESC) membership, duties and the process for ESC meetings and decisions. Provides requirements for deliverables-based fixed price contracts.

**Health Care Appropriations Subcommittee / Appropriations Committee on Health and Human Services
Implementing Bill - BUMP Senate Offer #1**

		House Bill 5003	House Offer #1	BUMP Senate Offer #1	Senate Bill 2502	
Row	Section Number	Description			Section Number	Description
24	26	HOME AND COMMUNITY BASED SERVICES FOR PERSONS WITH DISABILITIES REALIGNMENT- AHCA/APD. Authorizes APD, in consultation with AHCA, to submit a budget amendment to realign funding between the AHCA and APD for the implementation of Medicaid Home and Community Based Services Program of the Agency for Persons with Disabilities.	Senate	Accept House Offer 1	7	HOME AND COMMUNITY BASED SERVICES FOR PERSONS WITH DISABILITIES REALIGNMENT- AHCA/APD. Authorizes AHCA to submit a budget amendment at least three days before the effective date of the action to increase budget authority to support the implementation of Medicaid Home and Community Based Services Program of the Agency for Persons with Disabilities.
25			Senate	Accept House Offer 1	29	VETERANS' NURSING HOME DIRECT CARE STAFFING. Provides that FDVA, subject to LBC approval, may request authority to establish positions in excess of the number authorized by the Legislature, increase appropriations from the Operations and Maintenance Trust Fund, or provide necessary salary rate sufficient to provide for essential staff for veterans' nursing homes, if FDVA projects that additional direct care staff are needed to meet its staffing ratios.
26			Senate	Accept House Offer 1	30	COUNTY CONTRIBUTIONS TO MEDICAID. Provides that notwithstanding 409.915, F.S., the state Medicaid expenditures shall exclude the specially assessed funds for the Directed Payment Program.
26a		DCF Managing Entities Carry Forward. Provides that funding appropriated to the Managing Entities from the Opioid Settlement Trust Fund in Fiscal Year 2023-2024 shall be exempt from the 8 percent carry forward threshold pursuant to s. 394.9082(9)(a), F.S.	House New	Accept House Offer 1		
26b				Senate New		ADULT CARE FOOD PROGRAM. Section XX. In order to implement Specific Appropriation 403 of the 2024-2025 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Elder Affairs may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to increase budget authority for the U.S. Department of Agriculture's Adult Care Food Program if additional federal revenues will be expended in the 2024-2025 fiscal year. This section expires July 1, 2025.

**Health Care Appropriations Subcommittee / Appropriations Committee on Health and Human Services
Implementing Bill - BUMP Senate Offer #1**

		House Bill 5003	House Offer #1	BUMP Senate Offer #1	Senate Bill 2502	
Row	Section Number	Description			Section Number	Description
26c				Senate New		<p>DIRECTED PAYMENT PROGRAM - REGION 5. Section XX. Effective upon becoming a law, and in order to implement Specific Appropriations 208, 211, and 215 of the 2024-2025 General Appropriations Act, and notwithstanding s. 409.908(1)(a), Florida Statutes, executed Letters of Agreement for Fiscal Year 2023-2024 shall be provided to the Agency for Health Care Administration by June 1, 2024, to support the state share of payments for the Directed Payment Program for hospitals in Statewide Medicaid Managed Care Region 5. This section expires October 1, 2024.</p>
26d				Senate New		<p>STATE VETERAN NURSING HOME COLLIER COUNTY. Section XX. In order to implement Specific Appropriation 587A of the 2024-2025 General Appropriations Act, the Department of Veterans' Affairs may submit budget amendment pursuant to chapter 216 Florida Statutes, subject to federal approval, requesting additional spending authority to support the development and construction of a new State Veterans Nursing Home and Adult Day Health Care Center in Collier County. This section expires July 1, 2025.</p>
26e				Senate New (See attachment)		<p>FX FISCAL AGENT CONTRACT. Revision made to s. 409.912(6), F.S., to allow the fiscal agent contract to be extended through December 31, 2027.</p>

IMPLEMENTING BILL - BUMP SENATE OFFER #1

FLORIDA MEDICAID MANAGEMENT INFORMATION SYSTEM

Section 24. In order to implement Specific Appropriation 196 of the 2024-2025 General Appropriations Act:

(1) The Agency for Health Care Administration shall replace the current Florida Medicaid Management Information System (FMMIS) and fiscal agent operations with a system that is modular, interoperable, and scalable for the Florida Medicaid program that complies with all applicable federal and state laws and requirements. The agency may not include in the ~~project~~ program to replace the current FMMIS and fiscal agent contract:

(a) Functionality that duplicates any of the information systems of the other health and human services state agencies;

(b) Procurement for agency requirements external to Medicaid programs with the intent to leverage the Medicaid technology infrastructure for other purposes without legislative appropriation or legislative authorization to procure these requirements. The new system, the Florida Health Care Connection (FX) system, must provide better integration with subsystems supporting Florida's Medicaid program; uniformity, consistency, and improved access to data; and compatibility with the Centers for Medicare and Medicaid Services' Medicaid Information Technology Architecture (MITA) as the system matures and expands its functionality; or

(c) Any contract executed after July 1, 2022, not including staff augmentation services purchased off the Department of Management Services Information Technology staff augmentation state term contract that are not deliverables based fixed price contracts.

(2) For purposes of replacing FMMIS and the current Medicaid fiscal agent, the Agency for Health Care Administration shall:

(a) Prioritize procurements for the replacement of the

IMPLEMENTING BILL - BUMP SENATE OFFER #1

current functions of FMMIS and the responsibilities of the current Medicaid fiscal agent, to minimize the need to extend all or portions of the current fiscal agent contract.

(b) Comply with and not exceed the Centers for Medicare and Medicaid Services funding authorizations for the FX system.

(c) Ensure compliance and uniformity with the published MITA framework and guidelines.

(d) Ensure that all business requirements and technical specifications have been provided to all affected state agencies for their review and input and approved by the executive steering committee established in paragraph (g).

(e) Consult with the Executive Office of the Governor's working group for interagency information technology integration for the development of competitive solicitations that provide for data interoperability and shared information technology services across the state's health and human services agencies.

(f) Implement a data governance structure for the ~~project~~program to coordinate data sharing and interoperability across state health care entities.

(g) Establish a continuing oversight team for each contract ~~as required in~~pursuant to s. 287.057(26). The teams must provide quarterly reports to the executive steering committee summarizing the status of the contract, the pace of deliverables, the quality of deliverables, contractor responsiveness, and contractor performance.

~~(g)~~(h) Implement a ~~project~~program governance structure that includes an executive steering committee composed of:

1. The Secretary of Health Care Administration, or the executive sponsor of the ~~project~~program.

2. A representative of the Division of Health Care Finance and Data of the Agency for Health Care Administration, appointed by the Secretary of ~~Health Care Administration.~~

3. Two representatives from the Division of Medicaid Policy, Quality, and Operations of the Agency for Health Care

IMPLEMENTING BILL - BUMP SENATE OFFER #1

Administration, appointed by the Secretary of Health Care Administration.

4. A representative of the Division of Health Care Policy and Oversight of the Agency for Health Care Administration, appointed by the Secretary of Health Care Administration.

5. A representative of the Florida Center for Health Information and Transparency of the Agency for Health Care Administration, appointed by the Secretary of Health Care Administration.

6. The Chief Information Officer of the Agency for Health Care Administration, or his or her designee.

~~7. The state chief information officer, or his or her designee.~~

~~8. Two representatives of the Department of Children and Families, appointed by the Secretary of Children and Families.~~

~~9. A representative of the Department of Health, appointed by the State Surgeon General.~~

~~10. A representative of the Agency for Persons with Disabilities, appointed by the director of the Agency for Persons with Disabilities.~~

~~11. A representative from the Florida Healthy Kids Corporation.~~

~~12. A representative from the Department of Elderly Affairs, appointed by the Secretary of Elderly Affairs.~~

~~13. A representative of the Department of Financial Services who has experience with the state's financial processes, including development of the PALM system, appointed by the Chief Financial Officer.~~

(3) (a) The Secretary of Health Care Administration or the executive sponsor of the ~~project-program~~ shall serve as chair of the executive steering committee, and the committee shall take action by a vote of at least ~~105~~ affirmative votes with the chair voting on the prevailing side. A quorum of the executive steering committee consists of at least ~~115~~ members.

IMPLEMENTING BILL - BUMP SENATE OFFER #1

(b)1. The chair shall establish a program finance and contracting working group composed of:

a. The FX program director.

b. A representative from the agency's Office of the General Counsel.

c. A representative from the agency's Division of Administration.

d. Representatives from each continuing oversight team.

e. The FX program strategic roadmap manager.

f. The FX program project managers.

g. The FX program risk manager.

h. Any other personnel deemed necessary by the chair.

2. The working group shall meet at least monthly to review the program status and all contract and program operations, policies, risks and issues related to the budget, spending plans and contractual obligations, and shall develop recommendations to the executive steering committee for improvement. The working group shall review all change requests that impact the program's scope, schedule, or budget related to contract management and vendor payments and submit those recommended for adoption to the executive steering committee. The chair shall request input from the working group on agenda items for each scheduled meeting. The program shall make available program staff to the group, as needed, for the group to fulfill its duties.

(c)1. The chair shall establish a state agency stakeholder working group composed of:

a. The executive sponsor of the FX program.

b. A representative of the Department of Children and Families, appointed by the Secretary of Children and Families.

c. A representative of the Department of Health, appointed by the State Surgeon General.

d. A representative of the Agency for Persons with Disabilities, appointed by the director of the Agency for Persons with Disabilities.

IMPLEMENTING BILL - BUMP SENATE OFFER #1

e. A representative from the Florida Healthy Kids Corporation.

f. A representative from the Department of Elder Affairs, appointed by the Secretary of Elder Affairs.

g. The state chief information officer, or his or her designee.

h. A representative of the Department of Financial Services who has experience with the state's financial processes, including development of the PALM system, appointed by the Chief Financial Officer.

2. The working group shall meet at least quarterly to review the program status and all program operations, policies, risks and issues that may impact the operations external to the Agency for Health Care Administration FX program, and shall develop recommendations to the executive steering committee for improvement. The chair shall request input from the working group on agenda items for each scheduled meeting. The program shall make available program staff to the group to provide system demonstrations and any program documentation, as needed, for the group to fulfill its duties.

(4) The executive steering committee has the overall responsibility for ensuring that the ~~project~~program to replace FMMIS and the Medicaid fiscal agent meets its primary business objectives and shall:

(a) Identify and recommend to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the modular replacement to standardize, to the fullest extent possible, the state's health care data and business processes.

(b) Review and approve any changes to the ~~project~~program's scope, schedule, and budget ~~which do not conflict with the requirements of subsections (1) and (2).~~

IMPLEMENTING BILL - BUMP SENATE OFFER #1

(c) Review and approve any changes to the program's strategic roadmap.

(d) Review and approve change requests that impact the program's scope, schedule, or budget recommended for adoption by the program finance and contracting working group.

(e) Review recommendations provided by the program working groups.

(f) Review vendor scorecards, reports, and notifications produced by the continuing oversight teams.

(ge) Ensure that adequate resources are provided throughout all phases of the ~~project~~program.

(hd) Approve all major ~~project~~program deliverables.

(ie) Review and verify that all procurement and contractual documents associated with the replacement of the current FMMIS and Medicaid fiscal agent align with the scope, schedule, and anticipated budget for the ~~project~~program.

IMPLEMENTING BILL - BUMP SENATE OFFER #1

FX FISCAL AGENT CONTRACT

Section 1. Subsection (6) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. s. 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain

IMPLEMENTING BILL - BUMP SENATE OFFER #1

populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers are not entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(6) Notwithstanding the provisions of chapter 287, the agency may, at its discretion, renew a contract or contracts for

IMPLEMENTING BILL - BUMP SENATE OFFER #1

fiscal intermediary services one or more times for such periods as the agency may decide; however, all such renewals may not combine to exceed a total period longer than the term of the original contract, with the exception of the fiscal agent contract scheduled to end December 31, 2024, which may be extended by the agency through December 31, 2027.

Section 2. The amendment to s. 409.912(6), Florida Statutes, by this act expires July 1, 2025, and the text of that subsection shall revert to that in existence on June 30, 2024, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.