

HB 793

2013

1 A bill to be entitled
2 An act relating to cost-effective purchasing of health
3 care; amending s. 409.912, F.S.; extending the
4 authorization period for the Agency for Health Care
5 Administration to enter into contracts on a prepaid or
6 fixed-sum basis with appropriately licensed prepaid
7 dental health plans to provide dental services;
8 limiting agency authorization for the provision of
9 prepaid dental health programs to Miami-Dade County;
10 providing an effective date.

11
12 Be It Enacted by the Legislature of the State of Florida:

13
14 Section 1. Paragraphs (a) and (b) of subsection (41) of
15 section 409.912, Florida Statutes, are amended to read:

16 409.912 Cost-effective purchasing of health care.—The
17 agency shall purchase goods and services for Medicaid recipients
18 in the most cost-effective manner consistent with the delivery
19 of quality medical care. To ensure that medical services are
20 effectively utilized, the agency may, in any case, require a
21 confirmation or second physician's opinion of the correct
22 diagnosis for purposes of authorizing future services under the
23 Medicaid program. This section does not restrict access to
24 emergency services or poststabilization care services as defined
25 in 42 C.F.R. part 438.114. Such confirmation or second opinion
26 shall be rendered in a manner approved by the agency. The agency
27 shall maximize the use of prepaid per capita and prepaid
28 aggregate fixed-sum basis services when appropriate and other

HB 793

2013

29 | alternative service delivery and reimbursement methodologies,
30 | including competitive bidding pursuant to s. 287.057, designed
31 | to facilitate the cost-effective purchase of a case-managed
32 | continuum of care. The agency shall also require providers to
33 | minimize the exposure of recipients to the need for acute
34 | inpatient, custodial, and other institutional care and the
35 | inappropriate or unnecessary use of high-cost services. The
36 | agency shall contract with a vendor to monitor and evaluate the
37 | clinical practice patterns of providers in order to identify
38 | trends that are outside the normal practice patterns of a
39 | provider's professional peers or the national guidelines of a
40 | provider's professional association. The vendor must be able to
41 | provide information and counseling to a provider whose practice
42 | patterns are outside the norms, in consultation with the agency,
43 | to improve patient care and reduce inappropriate utilization.
44 | The agency may mandate prior authorization, drug therapy
45 | management, or disease management participation for certain
46 | populations of Medicaid beneficiaries, certain drug classes, or
47 | particular drugs to prevent fraud, abuse, overuse, and possible
48 | dangerous drug interactions. The Pharmaceutical and Therapeutics
49 | Committee shall make recommendations to the agency on drugs for
50 | which prior authorization is required. The agency shall inform
51 | the Pharmaceutical and Therapeutics Committee of its decisions
52 | regarding drugs subject to prior authorization. The agency is
53 | authorized to limit the entities it contracts with or enrolls as
54 | Medicaid providers by developing a provider network through
55 | provider credentialing. The agency may competitively bid single-
56 | source-provider contracts if procurement of goods or services

HB 793

2013

57 results in demonstrated cost savings to the state without
58 limiting access to care. The agency may limit its network based
59 on the assessment of beneficiary access to care, provider
60 availability, provider quality standards, time and distance
61 standards for access to care, the cultural competence of the
62 provider network, demographic characteristics of Medicaid
63 beneficiaries, practice and provider-to-beneficiary standards,
64 appointment wait times, beneficiary use of services, provider
65 turnover, provider profiling, provider licensure history,
66 previous program integrity investigations and findings, peer
67 review, provider Medicaid policy and billing compliance records,
68 clinical and medical record audits, and other factors. Providers
69 are not entitled to enrollment in the Medicaid provider network.
70 The agency shall determine instances in which allowing Medicaid
71 beneficiaries to purchase durable medical equipment and other
72 goods is less expensive to the Medicaid program than long-term
73 rental of the equipment or goods. The agency may establish rules
74 to facilitate purchases in lieu of long-term rentals in order to
75 protect against fraud and abuse in the Medicaid program as
76 defined in s. 409.913. The agency may seek federal waivers
77 necessary to administer these policies.

78 (41) (a) The agency shall contract on a prepaid or fixed-
79 sum basis with appropriately licensed prepaid dental health
80 plans to provide dental services. This paragraph expires October
81 1, 2017 ~~2014~~.

82 (b) Notwithstanding paragraph (a) ~~and for the 2012-2013~~
83 ~~fiscal year only~~, the agency is authorized to provide a Medicaid
84 prepaid dental health program in Miami-Dade County. ~~For all~~

HB 793

2013

85 ~~other counties, the agency may not limit dental services to~~
86 ~~prepaid plans and must allow qualified dental providers to~~
87 ~~provide dental services under Medicaid on a fee-for-service~~
88 ~~reimbursement methodology. The agency may seek any necessary~~
89 ~~revisions or amendments to the state plan or federal waivers in~~
90 ~~order to implement this paragraph. The agency shall terminate~~
91 ~~existing contracts as needed to implement this paragraph. This~~
92 ~~paragraph expires July 1, 2013.~~

93 Section 2. This act shall take effect July 1, 2013.