



**Appropriations Conference Committee on
Subcommittee on Health and Human Services/Health Care**

**Senate Offer #1
Medicaid Conforming Bill**

**Tuesday, June 9, 2015
4:30 p.m.
212 Knott Building**

**HOUSE HEALTH CARE APPROPRIATIONS / SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
MEDICAID CONFORMING BILL – FISCAL YEAR 2015-16**

	House Bill 9-A	Senate Offer #1	SB 2508-A
1	Section 1. (s. 395.602(2)(e), F.S.) Revises definition of “rural hospital” by deleting the provision allowing a hospital to qualify as a rural hospital by being classified as a sole community hospital having up to 340 licensed beds. Also extends expiration date of certain rural hospitals until July 2021 instead of July 2015.	Accept House Offer (identical language)	Section 1. (s. 395.602(2)(e), F.S.) Revises definition of “rural hospital” by deleting the provision allowing a hospital to qualify as a rural hospital by being classified as a sole community hospital having up to 340 licensed beds. Also extends expiration date of certain rural hospitals until July 2021 instead of July 2015.
2		Pending LIP Proposal	Section 2. (s. 409.908(1), F.S.) Effective upon becoming law, consolidates authority for AHCA to accept and use IGTs for hospital IP and OP rates into new paragraph under parameters of current law. Also directs AHCA to seek waiver authority to use IGTs for the general advancement of Medicaid, both in FFS and SMMC, in ways that incent IGT donations and that do not penalize IGT-donating providers when Medicaid cost limits are calculated.
3	Section 2. (s. 409.908(23), F.S.) Removes ICF/DDs from the list of providers for which AHCA is required to set rates at levels that ensure no increase in statewide expenditures resulting from changes in unit costs.	Accept House Offer (identical language)	Section 3. (s. 409.908(23), F.S.) Removes ICF/DDs from the list of providers for which AHCA is required to set rates at levels that ensure no increase in statewide expenditures resulting from changes in unit costs.
4		Pending LIP Proposal	Section 4. (s. 409.909, F.S.) Revises several parameters of the Statewide Medicaid Residency Program (SMRP) and creates a GME startup bonus program to incent hospitals to target physician shortage specialties with new residency slots.
5	Section 3, part 1. (s. 409.911(2)(a), F.S.) Revises and updates the years of data that AHCA uses to measure hospitals’ Medicaid and charity care for the DSH programs, so that the average of the audited data from 2006, 2007, and 2008 is used.	Accept House Offer (Senate language)	Section 5. (s. 409.911(2)(a), F.S.) Revises and updates the years of data that AHCA uses to measure hospitals’ Medicaid and charity care for the DSH programs, so that the average of the audited data from 2007, 2008, and 2009 is used.
6	Section 3, part 2. (s. 409.911(4)(d), F.S.) Extends for another year the provision that any non-state-owned or operated hospital that was eligible for public-hospital DSH payments on July 1, 2011, remains eligible for public-hospital DSH during the 2015-2016 fiscal year. Under current law, that provision is limited to 2014-2015.	Accept House Offer (House language)	
7	Section 4. (s. 409.967, F.S.) Revises provisions of Statewide Medicaid Managed Care. For the Achieved Savings Rebate, provides that funds returned to the state by managed care plans will be transferred into GR unallocated. For Medical Loss Ratio, provides that funds donated to the state by managed care plans will be deposited into the Grants and Donations Trust Fund.	Accept House Offer (House language)	
8	Section 5. (s. 409.975(4)(a), F.S.) Repeals provision within Statewide Medicaid Managed Care for AHCA to support MOMCARE with certified public expenditures of GR appropriated for Healthy Start services and any earned federal match.	Accept House Offer (House language)	

**HOUSE HEALTH CARE APPROPRIATIONS / SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
MEDICAID CONFORMING BILL – FISCAL YEAR 2015-16**

	House Bill 9-A	Senate Offer #1	SB 2508-A
9	Section 6. (s. 409.983(6), F.S.) Provides that LTC managed care plans will have their “pass-through” nursing home payments reconciled based on changes in NH per diem rates, not on NH bed-days experienced by the plans.	Accept House Offer (identical language)	Section 7. (s. 409.983(6), F.S.) Provides that LTC managed care plans will have their “pass-through” nursing home payments reconciled based on changes in NH per diem rates, not on NH bed-days experienced by the plans.
10	Section 7. Repeals s. 409.97, F.S.	Accept House Offer (identical language)	Section 6. Repeals s. 409.97, F.S.
11	Section 8. Modified language to create an undesignated section of law regarding the Medicaid fiscal agent. <u>Effective upon this act becoming a law, the Agency for Health Care Administration (AHCA) may partner with any other state or territory for the purposes of providing Medicaid fiscal agent operations only if any resulting agreement or contract provides for termination if the State of Florida decides it is not in the best interest of the state. Any such agreement or contract shall not impact Florida’s current Medicaid Management Information System and each state or territory shall deal directly with the federal Centers for Medicare & Medicaid Services independently regarding any billing and or matching requirements.</u>	Accept House Offer (modified language)	
12		Accept House Offer (Senate language)	Section 8. (s. 408.07(43), F.S.) Corrects a cross-reference pertaining to the change in the definition of rural hospital under Section 1 of the bill.
13		Accept House Offer (no language)	Sections 9 through 25, 27, and 28 pertain to the creation of the Florida Health Insurance Affordability Exchange program.
14		Accept House Offer (Senate language)	Section 26. (s. 18, ch. 2012-33, LOF) Amends authorization granted in 2012 for a PACE organization to expand into Broward County with up to 150 PACE slots. The bill allows those Broward slots to also be used in Miami-Dade County.
15	Section 9. Except as otherwise provided, the bill takes effect July 1, 2015.	Accept House Offer (identical language)	Section 29. Except as otherwise provided, the bill takes effect July 1, 2015.

**HOUSE HEALTH CARE APPROPRIATIONS / SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
MEDICAID CONFORMING BILL – FISCAL YEAR 2015-16**

New Issues Offered by House for Medicaid Conforming Bill			
16	New Section. (s.409.9082(2), F.S.) Revises the date by which AHCA shall collect the quality assessment imposed upon each nursing home from the 15 th to the 20 th of each month.	Accept House Offer	
17	New Section. <u>If any law amended by this act was also amended by a law enacted at the 2015 Regular Session of the Legislature, such laws shall be construed as if they had been enacted at the same session of the Legislature, and full effect shall be given to each if possible.</u>	Accept House Offer	
18	New Section. (s.393.067(15), F.S.) Provides that effective July 1, 2015, the requirements of the subsection shall not apply to facilities with fifty percent or greater Medicaid care.	Bump	
19	New Section. (s.393.18(5), F.S.) Provides that comprehensive transitional education programs initially licensed after July 1, 2015, with fifty percent or greater Medicaid care, the total number of persons who are being provided with services may not exceed 15 residents.	Bump	
20	New Section. (s.409.908(1)(e), F.S.) Clarifies existing law related to reimbursement provisions, provider notification requirements, and the administrative challenge process for Medicaid inpatient and outpatient hospital rates.	Bump	
New Issues Offered by Senate for Medicaid Conforming Bill			
21		New language	Kidcare Eligibility for Lawfully Residing Children: An undesignated section of law requiring the Florida Kidcare Program to offer health and dental coverage to lawfully residing children who are eligible under section 214 of the federal Children’s Health Insurance Program Reconciliation Act of 2009, as amended, and who are otherwise eligible for Kidcare under state laws and regulations.