



Appropriations Conference Chairs

Bump Issues

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

SENATE OFFER #1

**SB 2518
Health Care**

**Wednesday, April 28, 2021
412 Knott Building**

**Appropriations Subcommittee on Health and Human Services
Conforming Bill Side by Side Senate BUMP Offer One**

	Senate Bill 2518			House Bill 5201				Senate BUMP Offer #1
Row	Section Number		Description	Section Number		Description	Notes	
1	1	296.37(1), (3)	DVA Personal Needs Allowance raises the income threshold above which a resident in a nursing facility would be required to contribute to his or her account	1	296.37(1), (3)	DVA Personal Needs Allowance raises the income threshold above which a resident in a nursing facility would be required to contribute to his or her account	Identical	
2	2	393.0661	Conforms a cross-reference due to amendment to s. 409.906 due to deletion of optional Medicaid services.				Different	House
3	3	400.179(2)(d)	Nursing Home Lease Bond Alternative decreases the collection threshold for the Medicaid nursing home lease bond alternative from \$25 million to \$10 million	2	400.179(2)(d)	Nursing Home Lease Bond Alternative decreases the collection threshold for the Medicaid nursing home lease bond alternative from \$25 million to \$10 million	Identical	
4				3	408.061	Data collection requires nursing homes and their home offices to annually submit to AHCA audited financial data using a uniform system of financial reporting	Different	House Modified See Attachment #1
5				4	408.07	Definitions defines the terms Florida Nursing Home Uniform Reporting System and Home Office	Different	House
6	4	409.903(3)	Eligibility group eliminates 19 and 20 year old optional child eligibility groups				Different	House
7				5	409.903(5)	Postpartum Eligibility Extension extends eligibility for postpartum women from federal rule (60 days) to 12 months	Different	House

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8	5	409.904(12)	Medicaid Retroactive Eligibility eliminates the retroactive eligibility period for nonpregnant adults in a manner that ensures that the modification provides for eligibility to continue to begin the first day of the month in which a nonpregnant adult applies for Medicaid	6	409.904(12)	Medicaid Retroactive Eligibility eliminates the retroactive eligibility period for nonpregnant adults in a manner that ensures that the modification provides for eligibility to continue to begin the first day of the month in which a nonpregnant adult applies for Medicaid	Substantively identical	
9	6	409.906	Optional services eliminates optional services including chiropractic, hearing, optometric, podiatric, and visual.				Different	House
10				7	409.908(2)(b)	Nursing Home Rates provides a methodology to spread the nursing home rate increase across all providers, even if the provider is held to the September 2016 rate	Different	Senate
11	7	409.908(23)	Medicaid Nursing Home Prospective Payment System clarifies the prospective pay system reimbursement for nursing home services will be governed by s. 409.908(2), and the GAA	7	409.908(23)	Medicaid Nursing Home Prospective Payment System clarifies the prospective pay system reimbursement for nursing home services will be governed by s. 409.908(2), and the GAA	Identical	
12	8	409.908(26)	Low Income Pool (LIP) program to include LIP payments and requires that the Letters of Agreement for LIP be received by AHCA by Oct 1 and the funds outlined in the LOAs be received by Oct 31.	7	409.908(26)	Low Income Pool (LIP) program to include LIP payments and requires that the Letters of Agreement for LIP be received by AHCA by Oct 1 and the funds outlined in the LOAs be received by Oct 31 and that essential providers contract with managed care plans to be eligible to receive supplemental payments, thereby making certain that those who receive supplemental payments treat Medicaid patients.	Different	House

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13	9	409.911(2), (10)	Disproportionate Share Hospital Program amends the audited date language to the three most recent years of data available and requires AHCA must distribute moneys to hospitals providing a disproportionate share of Medicaid or charity care services as provided in the GAA				Different	Senate
14	10	409.9113(3)	Disproportionate Share Hospital Program (teaching hospitals) AHCA must distribute moneys to hospitals providing a disproportionate share of Medicaid or charity care services as provided in the GAA				Different	Senate
15	11	409.9119(4)	Disproportionate Share Hospital Program (specialty teaching hospitals) AHCA must distribute moneys to hospitals providing a disproportionate share of Medicaid or charity care services as provided in the GAA				Different	Senate
16	12	409.968	Conforms a cross-reference due to amendment to s. 409.906 due to deletion of optional Medicaid services.				Different	House
17				8	409.975(1)(a)	Conforms a cross-reference due to an amendment to s. 408.07 due to the definitions of "FNHURS" and Home Offices.	Different	House
18	13	409.975(4)	Momcare network removes the requirement that the agency contract with an administrative organization.				Different	House

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19	14	430.502(1)	Memory disorder clinic redesignates the West Florida Regional Medical Center to the Medical Center Clinic in Pensacola				Different	Senate
20	15	624.91(5)(b)	Florida Healthy Kids Corporation Medical Loss Ratio requires Florida Healthy Kids Corp to validate and calculate a refund amount for Title XXI providers who achieve a Medical Loss Ratio below 85 percent. The refunds are deposited into GR, unallocated.	9	624.91(5)(b)	Florida Healthy Kids Corporation Medical Loss Ratio requires Florida Healthy Kids Corp to validate and calculate a refund amount for Title XXI providers who achieve a Medical Loss Ratio below 85 percent. The refunds are deposited into GR, unallocated.	Identical	
21	16	893.055(17)	Prescription Drug Monitoring Program prohibits the use of any settlement agreement funds for the program				Different	House
22	17		PACE Authorization Authorizes AHCA to contract with an organization that receives federal approval to be a site for the Program of All-Inclusive Care for the Elderly (PACE) for up to 200 enrollees in Escambia, Santa Rosa, and Okaloosa Counties.				Different	Senate
23	18		PACE Authorization Authorizes AHCA to contract with an organization that receives federal approval to be a site for the Program of All-Inclusive Care for the Elderly (PACE) for up to 100 enrollees in Northwest Miami-Dade County.				Different	Senate

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Row	Section Number		Description	Section Number		Description	Notes	
24	19		PACE Authorization Authorizes AHCA to contract with an organization that receives federal approval to be a site for the Program of All-Inclusive Care for the Elderly (PACE) for up to 500 enrollees in Hillsborough, Pasco, and Hernando counties.				Different	Senate
25	20		PACE Authorizations Authorizes AHCA to contract with an organization that receives federal approval to be a site for the Program of All-Inclusive Care for the Elderly (PACE) for up to 300 enrollees in Broward.				Different	Senate
26	21		PACE Authorizations Authorizes an existing PACE organization for up to 300 enrollees in Baker, Clay, Duval, Nassau, and St. Johns counties to expand the previous authorization into Alachua and Putnam counties, subject to a contract amendment with AHCA.				Different	Senate

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27	21a		PACE Authorizations Consolidates approval for the provision of services for up to 150 enrollees in the Program of All-inclusive Care for the Elderly (PACE) to serve frail elders who reside in Hospice Service Areas 7B (Orange and Osceola Counties) and 3E (Lake and Sumter Counties) as previously authorized by Chapter 2016-65, Section 29, LOF, with the approval for the provision of services for up to 150 initial enrollees in the PACE to serve frail elders who reside in Hospice Services Area 7C (Seminole County) as previously authorized by Chapter 2017-129, Section 22, LOF; with the consolidation providing for up to 300 initial enrollees in the PACE for frail elders who reside in Orange, Osceola, Lake, Sumter, and /or Seminole Counties, to be served by an organization that has demonstrated the ability to operate PACE centers in more than one state and that serves more than 500 eligible PACE participants.				Different	Senate New

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28	21b		<p>PACE Authorizations Authorizes a private organization, that owns and manages a health care organization that provides comprehensive long-term care services, including acute care services, independent living through federally-approved affordable housing, and care management, and has demonstrated the ability to operate PACE centers, in more than one state.</p> <p>This organization shall provide Program of All-inclusive Care for the Elderly services to elderly persons who reside in Seminole, Volusia, and Flagler Counties. The organization is exempt from the requirement of chapter 641, F.S. The agency, in consultation with the Department of Elderly Affairs and subject to an appropriation, shall approve up to 500 initial enrollees in the Program of All-inclusive Care for the Elderly established by this organization to serve elderly persons who reside in Seminole, Volusia, and Flagler Counties.</p>				Different	Senate New

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29	21c		PACE Authorizations Authorizes the Agency for Health Care Administration to contract with one public hospital system operating in the northern 2/3 of Broward County to provide comprehensive services to frail and elderly persons residing in northern 2/3 of Broward County. The public hospital system is exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elderly Affairs and subject to appropriations, shall approve up to 200 initial enrollees in the Program of All-inclusive Care for the Elderly established by this public hospital system to serve persons in the northern 2/3 of Broward County.				Different	Senate New
30	22			10	1011.52(2)(e)	Conforms a cross-reference due to an amendment to s. 408.07 due to the definitions of "FNHURS" and Home Offices.	Different	House

ATTACHMENT #1

Section 3. Subsections (5) through (13) of section 408.061, Florida Statutes, are renumbered as subsections (7) through (15), respectively, subsection (4) is amended, and new subsections (5) and (6) are added to that section, to read:

408.061 Data collection; uniform systems of financial reporting; information relating to physician charges; confidential information; immunity.—

(4) Within 120 days after the end of its fiscal year, each health care facility, excluding continuing care facilities, and hospitals operated by state agencies, ~~and nursing homes~~ as those terms are defined in s. 408.07, shall file with the agency, on forms adopted by the agency and based on the uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports which are certified to be complete and accurate by the provider. However, hospitals' actual financial experience shall be their audited actual experience. Every nursing home shall submit to the agency, in a format designated by the agency, a statistical profile of the nursing home residents. The agency, in conjunction with the Department of Elderly Affairs and the Department of Health, shall review these statistical profiles and develop recommendations for the types of residents who might more appropriately be placed in their homes or other noninstitutional settings.

(5) Within 120 days after the end of its fiscal year, each nursing home as defined in s. 408.07 shall file with the agency, on forms adopted by the agency and based on the uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports which are certified to be complete and accurate by the chief

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financial officer of the nursing home. This actual experience shall include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and shall be submitted to the agency in addition to the information filed in the uniform system of financial reporting. The financial statements shall tie to the information submitted in the uniform system of financial reporting and a crosswalk shall be submitted along with the financial statements.

(6) Within 120 days after the end of its fiscal year, the home office of each nursing home as defined in s. 408.07 shall file with the agency, on forms adopted by the agency and based on the uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports which are certified to be complete and accurate by the chief financial officer of the nursing home. This actual experience shall include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and shall be submitted to the agency in addition to the information filed in the uniform system of financial reporting. The financial statements shall tie to the information submitted in the uniform system of financial reporting and a crosswalk shall be submitted along with the audited financial statements.