

By Representatives Dockery, Rodriguez-Chomat, Brown, Brennan, Heyman, Murman, Ogles, Dawson-White, Tobin, Fischer, Silver, Kelly, Chestnut, Cosgrove, Bullard, Frankel, Bloom, King, Argenziano, Putnam, Melvin, Casey, Diaz de la Portilla, Miller, Littlefield, Lacasa, Wallace, Burroughs and Wise

1 A bill to be entitled
2 An act relating to social and economic
3 assistance; amending s. 409.908, F.S.; deleting
4 a provision relating to the reimbursement for
5 midwives who provide services to Medicaid
6 recipients; providing an effective date.
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8 Be It Enacted by the Legislature of the State of Florida:
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10 Section 1. Paragraph (d) of subsection (12) of section
11 409.908, Florida Statutes, 1996 Supplement, is amended to
12 read:

13 409.908 Reimbursement of Medicaid providers.--Subject
14 to specific appropriations, the agency shall reimburse
15 Medicaid providers, in accordance with state and federal law,
16 according to methodologies set forth in the rules of the
17 agency and in policy manuals and handbooks incorporated by
18 reference therein. These methodologies may include fee
19 schedules, reimbursement methods based on cost reporting,
20 negotiated fees, competitive bidding pursuant to s. 287.057,
21 and other mechanisms the agency considers efficient and
22 effective for purchasing services or goods on behalf of
23 recipients. Payment for Medicaid compensable services made on
24 behalf of Medicaid eligible persons is subject to the
25 availability of moneys and any limitations or directions
26 provided for in the General Appropriations Act or chapter 216.
27 Further, nothing in this section shall be construed to prevent
28 or limit the agency from adjusting fees, reimbursement rates,
29 lengths of stay, number of visits, or number of services, or
30 making any other adjustments necessary to comply with the
31 availability of moneys and any limitations or directions

1 provided for in the General Appropriations Act, provided the
2 adjustment is consistent with legislative intent.

3 (12)

4 (d) Notwithstanding paragraph (b), reimbursement fees
5 to physicians for providing total obstetrical services to
6 Medicaid recipients, which include prenatal, delivery, and
7 postpartum care, shall be at least \$1,500 per delivery for a
8 pregnant woman with low medical risk and at least \$2,000 per
9 delivery for a pregnant woman with high medical risk. However,
10 reimbursement to physicians working in Regional Perinatal
11 Intensive Care Centers designated pursuant to chapter 383, for
12 services to certain pregnant Medicaid recipients with a high
13 medical risk, may be made according to obstetrical care and
14 neonatal care groupings and rates established by the agency.
15 Nurse midwives licensed under chapter 464 or midwives licensed
16 under chapter 467 shall be reimbursed at no less than 80
17 percent of the low medical risk fee. ~~However, midwives~~
18 ~~licensed under chapter 467 shall not receive Medicaid~~
19 ~~reimbursement for home deliveries conducted for Medicaid~~
20 ~~recipients, but shall be reimbursed for prenatal and~~
21 ~~postpartal care provided to such recipients.~~The agency shall
22 by rule determine, for the purpose of this paragraph, what
23 constitutes a high or low medical risk pregnant woman and
24 shall not pay more based solely on the fact that a caesarean
25 section was performed, rather than a vaginal delivery. The
26 agency shall by rule determine a prorated payment for
27 obstetrical services in cases where only part of the total
28 prenatal, delivery, or postpartum care was performed.

29 Section 2. This act shall take effect July 1, 1997.

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SENATE SUMMARY

Deletes a provision that provides for midwives to be reimbursed for prenatal and postnatal care of Medicaid recipients and which prohibits reimbursement for home deliveries.