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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; directing the Agency for Health  
7 Care Administration to adopt certain rules;  
8 providing an effective date.  
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10 Be It Enacted by the Legislature of the State of Florida:

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12 Section 1. Paragraph (d) of subsection (12) of section  
13 409.908, Florida Statutes, 1996 Supplement, is amended to  
14 read:

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

1 making any other adjustments necessary to comply with the  
2 availability of moneys and any limitations or directions  
3 provided for in the General Appropriations Act, provided the  
4 adjustment is consistent with legislative intent.

5 (12)

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

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1           The Agency for Health Care Administration shall adopt  
2 rules within chapter 467, F.S., for appropriate insurance  
3 coverage by such licensees. Prior to the issuance and renewal  
4 of an active license, or reactivation of an inactive license  
5 for midwives licensed under chapter 467, F.S., such licensees  
6 shall submit proof of coverage with each application.

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

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