1 A bill to be entitled 2 An act relating to regional perinatal intensive care centers; amending s. 383.19, F.S.; 3 4 providing that the Department of Health may 5 designate additional qualified centers as the 6 department considers necessary; providing that, 7 beyond a specified number of such centers, any additional center, and physicians' services 8 9 performed in such additional centers, are 10 ineligible for funding under s. 409.9112, F.S.; directing the department to develop a needs 11 12 assessment methodology; requiring expansion of the program to be based on certain criteria; 13 14 providing an effective date.

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

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Section 1. Subsection (2) of section 383.19, Florida Statutes, is amended to read:

383.19 Standards; funding; ineligibility.--

(2)(a) The Department $\underline{\text{of Health}}$ shall designate at least one regional perinatal intensive care center to serve a geographic area representing each region of the state in which at least 10,000 live births occur per year, but in no case may there be more than 11 regional perinatal intensive care centers established unless specifically authorized in the appropriations act or in this subsection. The department may designate additional regional perinatal intensive care centers as the department considers necessary; however, if more than 11 centers are designated, any additional centers are ineligible for funding under s. 409.9112, and a physician who

works in any such additional center is ineligible for funding under s. 409.9112 for the services that he or she provides in connection with that center. The department shall develop a needs assessment methodology based on criteria that assesses that a need exists. Notwithstanding the requirement to designate one regional perinatal intensive care center for each area in which at least 10,000 live births occur each year, any expansion of the program shall be based on criteria as developed by the department.

(b) Medicaid reimbursement <u>must</u> shall be made for services provided to patients who are Medicaid recipients. Medicaid reimbursement for in-center obstetrical physician services <u>must</u> shall be based upon the obstetrical care group payment system. Medicaid reimbursement for in-center neonatal physician services <u>must</u> shall be based upon the neonatal care group payment system. These prospective payment systems, developed by the department, must place patients into homogeneous groups based on clinical factors, severity of illness, and intensity of care. Outpatient obstetrical services and other related services, such as consultations, <u>must</u> shall be reimbursed based on the usual Medicaid method of payment for outpatient medical services.

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

********** HOUSE SUMMARY Provides that the Department of Health may designate as many qualified regional perinatal intensive care centers as the department considers necessary; however, any additional centers that are designated beyond a total of 11 in this state, and any physicians' services performed in such additional centers, are ineligible for funding under s. 409.9112, F.S. Directs the department to develop a needs assessment methodology. Requires any expansion of the program to be based on criteria developed by the department.