Amendment No. ____ (for drafter's use only)

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5	ORIGINAL STAMP BELOW
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11	Representative(s) Albright offered the following:
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13	Amendment (with title amendment)
14	On page 10, between lines 18 and 19, of the bill
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16	insert:
17	Section 7. New subsection (33) is added to section
18	409.912, Florida Statutes, to read:
19 20	409.912 Cost-effective purchasing of health careThe
21	agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with
22	the delivery of quality medical care. The agency shall
23	maximize the use of prepaid per capita and prepaid aggregate
24	fixed-sum basis services when appropriate and other
25	alternative service delivery and reimbursement methodologies,
26	including competitive bidding pursuant to s. 287.057, designed
27	to facilitate the cost-effective purchase of a case-managed
28	continuum of care. The agency shall also require providers to
29	minimize the exposure of recipients to the need for acute
30	inpatient, custodial, and other institutional care and the
31	inappropriate or unnecessary use of high-cost services.
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(33) The Agency for Health Care Administration is
directed to issue a request for proposal or intent to
negotiate to implement on a demonstration basis an outpatient
specialty services pilot project in a rural and urban county
in the state. As used in this subsection, the term
outpatient specialty services" means clinical laboratory,
diagnostic imaging, and specified home medical services to
include durable medical equipment, prosthetics and orthotics,
and infusion therapy.

- (a) The entity that is awarded the contract to provide Medicaid managed care outpatient specialty services shall, at a minimum, meet the following criteria:
- 1. The entity shall be licensed by the Department of Insurance under part II of chapter 641.
- 2. The entity shall be experienced in providing outpatient specialty services.
- 3. The entity shall demonstrate to the satisfaction of the agency that it provides high-quality services to its patients.
- 4. The entity shall demonstrate that it has in place a complaints and grievance process to assist Medicaid recipients enrolled in the pilot managed care program to resolve complaints and grievances.
- (b) The pilot managed care program shall operate for a period of three years. The objective of the pilot program shall be to determine the cost-effectiveness and effects on utilization, access, and quality of providing outpatient specialty services to Medicaid recipients on a prepaid, capitated basis.
- (c) The agency shall conduct a quality-assurance review of the prepaid limited health service organization each

year that the demonstration program is in effect. The prepaid 1 2 limited health service organization is responsible for all expenses incurred by the agency in conducting a quality 3 4 assurance review. 5 (d) The entity that is awarded the contract to provide 6 outpatient specialty services to Medicaid recipients shall 7 report data required by the agency in a format specified by 8 the agency, for the purpose of conducting the evaluation 9 required in paragraph (e). 10 (e) The agency shall conduct an evaluation of the 11 pilot managed care program and report its findings to the 12 Governor and the Legislature by no later than January 1, 2001. 13 (f) Nothing in this subsection is intended to conflict with the provision of the 1997-98 General Appropriations Act 14 15 which authorizes competitive bidding for Medicaid home health, clinical laboratory, or x-ray services. 16 17 18 ======= T I T L E A M E N D M E N T ========= 19 20 And the title is amended as follows: On page 1, line 24, 21 22 23 insert after the semicolon: 24 amending s. 409.912, F.S., directing the Agency 25 for Health Care Administration to establish an outpatient specialty services pilot project; 26 27 providing definitions; providing criteria for participation; requiring an evaluation and a 28 29 report to the Governor and Legislature; 30 31