

Bill No. CS for SB 2242

Amendment No. \_\_\_\_

|    | <u>Senate</u>   | CHAMBER ACTION | <u>House</u> |
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| 11 | Senator Saunders moved the following amendment:               |                |              |
| 12 |   |                |              |
| 13 | <b>Senate Amendment (with title amendment)</b>                |                |              |
| 14 | On page 13, line 22, through                                  |                |              |
| 15 | page 15, line 9, delete those lines                           |                |              |
| 16 |   |                |              |
| 17 | and insert:   |                |              |
| 18 | Section 8. Paragraph (a) of subsection (1) and                |                |              |
| 19 | paragraph (c) of subsection (13) of section 409.908, Florida  |                |              |
| 20 | Statutes, are amended to read:                                |                |              |
| 21 | 409.908 Reimbursement of Medicaid providers.--Subject         |                |              |
| 22 | to specific appropriations, the agency shall reimburse        |                |              |
| 23 | Medicaid providers, in accordance with state and federal law, |                |              |
| 24 | according to methodologies set forth in the rules of the      |                |              |
| 25 | agency and in policy manuals and handbooks incorporated by    |                |              |
| 26 | reference therein. These methodologies may include fee        |                |              |
| 27 | schedules, reimbursement methods based on cost reporting,     |                |              |
| 28 | negotiated fees, competitive bidding pursuant to s. 287.057,  |                |              |
| 29 | and other mechanisms the agency considers efficient and       |                |              |
| 30 | effective for purchasing services or goods on behalf of       |                |              |
| 31 | recipients. Payment for Medicaid compensable services made on |                |              |

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1 behalf of Medicaid eligible persons is subject to the  
2 availability of moneys and any limitations or directions  
3 provided for in the General Appropriations Act or chapter 216.  
4 Further, nothing in this section shall be construed to prevent  
5 or limit the agency from adjusting fees, reimbursement rates,  
6 lengths of stay, number of visits, or number of services, or  
7 making any other adjustments necessary to comply with the  
8 availability of moneys and any limitations or directions  
9 provided for in the General Appropriations Act, provided the  
10 adjustment is consistent with legislative intent.

11 (1) Reimbursement to hospitals licensed under part I  
12 of chapter 395 must be made prospectively or on the basis of  
13 negotiation.

14 (a) Reimbursement for inpatient care is limited as  
15 provided for in s. 409.905(5). Reimbursement for hospital  
16 outpatient care is limited to \$1,500~~\$1,000~~ per state fiscal  
17 year per recipient, except for:

18 1. Such care provided to a Medicaid recipient under  
19 age 21, in which case the only limitation is medical  
20 necessity;

21 2. Renal dialysis services; and

22 3. Other exceptions made by the agency.

23 (b) Hospitals that provide services to a  
24 disproportionate share of low-income Medicaid recipients, or  
25 that participate in the regional perinatal intensive care  
26 center program under chapter 383, or that participate in the  
27 statutory teaching hospital disproportionate share program, or  
28 that participate in the extraordinary disproportionate share  
29 program, may receive additional reimbursement. The total  
30 amount of payment for disproportionate share hospitals shall  
31 be fixed by the General Appropriations Act. The computation of

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1 these payments must be made in compliance with all federal  
2 regulations and the methodologies described in ss. 409.911,  
3 409.9112, and 409.9113.

4 (c) The agency is authorized to limit inflationary  
5 increases for outpatient hospital services as directed by the  
6 General Appropriations Act.

7 (13) Medicare premiums for persons eligible for both  
8 Medicare and Medicaid coverage shall be paid at the rates  
9 established by Title XVIII of the Social Security Act. For  
10 Medicare services rendered to Medicaid-eligible persons,  
11 Medicaid shall pay Medicare deductibles and coinsurance as  
12 follows:

13 (c) Medicaid will pay no portion of Medicare  
14 deductibles and coinsurance when payment that Medicare has  
15 made for the service equals or exceeds what Medicaid would  
16 have paid if it had been the sole payor. The combined payment  
17 of Medicare and Medicaid shall not exceed the amount Medicaid  
18 would have paid had it been the sole payor. The Legislature  
19 finds that there has been confusion regarding the  
20 reimbursement for services rendered to dually eligible  
21 Medicare beneficiaries. Accordingly, the Legislature clarifies  
22 that it has always been the intent of the legislature before  
23 and after 1991 that, in reimbursing in accordance with fees  
24 established by Title XVIII for premiums, deductibles, and  
25 coinsurance for Medicare services rendered by physicians to  
26 Medicaid eligible persons, that physicians be reimbursed at  
27 the lesser of the amount billed by the physician or the  
28 Medicaid maximum allowable fee established by the Agency for  
29 Health Care Administration, as is permitted by federal law. It  
30 has never been the intent of the Legislature with regard to  
31 such services rendered by physicians that Medicaid be required

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1 to provide any payment for deductibles, coinsurance, or  
2 copayments for Medicare cost-sharing, or any expenses incurred  
3 relating thereto, in excess of the payment amount provided for  
4 under the State Medicaid plan for such service. This payment  
5 methodology is applicable even in those situations in which  
6 the payment for Medicare cost-sharing for a qualified Medicare  
7 beneficiary with respect to an item or service is reduced or  
8 eliminated. This expression of the Legislature is in  
9 clarification of existing law and shall apply to payment for,  
10 and with respect to provider agreements with respect to, items  
11 or services furnished on or after the effective date of this  
12 act. This paragraph applies to payment by Medicaid for items  
13 and services furnished before the effective date of this act  
14 if such payment is the subject of a lawsuit that is based on  
15 the provisions of s. 409.908, and that is pending as of, or is  
16 initiated after, the effective date of this act.

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19 ===== T I T L E    A M E N D M E N T =====

20 And the title is amended as follows:

21            On page 1, line 28, after "care;"

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23 insert:

24            providing legislative findings, intent, and  
25            clarification; relating to reimbursement for  
26            services to dually eligible Medicare  
27            beneficiaries; providing applicability;

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