

Amendment No. 01 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

11 The Committee on Health & Human Services Appropriations  
12 offered the following:

14 **Amendment (with title amendment)**

15 On page 11, line 27, through page 12, line 30,  
16 remove: those lines

18 and insert in lieu thereof:

19 Section 8. Paragraph (a) of subsection (1) and  
20 paragraph (b) of subsection (2) of section 409.908, Florida  
21 Statutes, are amended to read:

22 409.908 Reimbursement of Medicaid providers.--Subject  
23 to specific appropriations, the agency shall reimburse  
24 Medicaid providers, in accordance with state and federal law,  
25 according to methodologies set forth in the rules of the  
26 agency and in policy manuals and handbooks incorporated by  
27 reference therein. These methodologies may include fee  
28 schedules, reimbursement methods based on cost reporting,  
29 negotiated fees, competitive bidding pursuant to s. 287.057,  
30 and other mechanisms the agency considers efficient and  
31 effective for purchasing services or goods on behalf of

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

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

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

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

22 2. Renal dialysis services; and

23 3. Other exceptions made by the agency.

24 (2)

25 (b) Subject to any limitations or directions provided  
26 for in the General Appropriations Act, the agency shall  
27 establish and implement a Florida Title XIX Long-Term Care  
28 Reimbursement Plan (Medicaid) for nursing home care in order  
29 to provide care and services in conformance with the  
30 applicable state and federal laws, rules, regulations, and  
31 quality and safety standards and to ensure that individuals

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1 eligible for medical assistance have reasonable geographic  
2 access to such care. Under the plan, interim rate adjustments  
3 may not be granted to reflect increases in the cost of general  
4 or professional liability insurance.Effective no earlier than  
5 the rate-setting period beginning April 1, 1999, the agency  
6 shall establish a case-mix reimbursement methodology for the  
7 rate of payment for long-term care services for nursing home  
8 residents. The agency shall compute a per diem rate for  
9 Medicaid residents, adjusted for case mix, which is based on a  
10 resident classification system that accounts for the relative  
11 resource utilization by different types of residents and which  
12 is based on level-of-care data and other appropriate data. The  
13 case-mix methodology developed by the agency shall take into  
14 account the medical, behavioral, and cognitive deficits of  
15 residents. In developing the reimbursement methodology, the  
16 agency shall evaluate and modify other aspects of the  
17 reimbursement plan as necessary to improve the overall  
18 effectiveness of the plan with respect to the costs of patient  
19 care, operating costs, and property costs. In the event  
20 adequate data are not available, the agency is authorized to  
21 adjust the patient's care component or the per diem rate to  
22 more adequately cover the cost of services provided in the  
23 patient's care component. The agency shall work with the  
24 Department of Elderly Affairs, the Florida Health Care  
25 Association, and the Florida Association of Homes for the  
26 Aging in developing the methodology. It is the intent of the  
27 Legislature that the reimbursement plan achieve the goal of  
28 providing access to health care for nursing home residents who  
29 require large amounts of care while encouraging diversion  
30 services as an alternative to nursing home care for residents  
31 who can be served within the community. The agency shall base

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1 the establishment of any maximum rate of payment, whether  
2 overall or component, on the available moneys as provided for  
3 in the General Appropriations Act. The agency may base the  
4 maximum rate of payment on the results of scientifically valid  
5 analysis and conclusions derived from objective statistical  
6 data pertinent to the particular maximum rate of payment.

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

10 And the title is amended as follows:

11 On page 1, line 25, after the semicolon,

12

13 insert:

14 prohibiting interim rate adjustments that  
15 reflect increases in the cost of general or  
16 professional liability insurance;

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