

Amendment No. 02 (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 9, lines 5-16,  
16 remove from the bill: all of said lines

17  
18 and insert in lieu thereof:

19 Section 7. Subsections (7), (9), and (10) of section  
20 409.907, Florida Statutes, are amended to read:

21 409.907 Medicaid provider agreements.--The agency may  
22 make payments for medical assistance and related services  
23 rendered to Medicaid recipients only to an individual or  
24 entity who has a provider agreement in effect with the agency,  
25 who is performing services or supplying goods in accordance  
26 with federal, state, and local law, and who agrees that no  
27 person shall, on the grounds of handicap, race, color, or  
28 national origin, or for any other reason, be subjected to  
29 discrimination under any program or activity for which the  
30 provider receives payment from the agency.

31 (7) The agency may require, as a condition of

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1 participating in the Medicaid program and before entering into  
2 the provider agreement, that the provider submit information  
3 concerning the professional, business, and personal background  
4 of the provider and permit an onsite inspection of the  
5 provider's service location by agency staff or other personnel  
6 designated by the agency to perform ~~assist in~~ this function.  
7 Before entering into the provider agreement, or as a condition  
8 of continuing participation in the Medicaid program, the  
9 agency and may also require that Medicaid providers reimbursed  
10 on a fee-for-services basis or fee schedule basis which is not  
11 cost-based, post a surety bond from the provider not to exceed  
12 \$50,000 or the total amount billed by the provider to the  
13 program during the current or most recent calendar year,  
14 whichever is greater. For new providers, the amount of the  
15 surety bond shall be determined by the agency based on the  
16 provider's estimate of its first year's billing. If the  
17 provider's billing during the first year exceeds the bond  
18 amount, the agency may require the provider to acquire an  
19 additional bond equal to the actual billing level of the  
20 provider. A provider's bond shall not exceed \$50,000 if a  
21 physician or group of physicians licensed under chapter 458,  
22 chapter 459, or chapter 460 has a 50 percent or greater  
23 ownership interest in the provider or if the provider is an  
24 assisted living facility licensed under part III of chapter  
25 400. The bonds permitted by this section are in addition to  
26 the bonds referenced in s. 400.179(4)(d). If the provider is a  
27 corporation, partnership, association, or other entity, the  
28 agency may require the provider to submit information  
29 concerning the background of that entity and of any principal  
30 of the entity, including any partner or shareholder having an  
31 ownership interest in the entity equal to 5 percent or

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1 greater, and any treating provider who participates in or  
2 intends to participate in Medicaid through the entity. The  
3 information must include:

4 (a) Proof of holding a valid license or operating  
5 certificate, as applicable, if required by the state or local  
6 jurisdiction in which the provider is located or if required  
7 by the Federal Government.

8 (b) Information concerning any prior violation, fine,  
9 suspension, termination, or other administrative action taken  
10 under the Medicaid laws, rules, or regulations of this state  
11 or of any other state or the Federal Government; any prior  
12 violation of the laws, rules, or regulations relating to the  
13 Medicare program; any prior violation of the rules or  
14 regulations of any other public or private insurer; and any  
15 prior violation of the laws, rules, or regulations of any  
16 regulatory body of this or any other state.

17 (c) Full and accurate disclosure of any financial or  
18 ownership interest that the provider, or any principal,  
19 partner, or major shareholder thereof, may hold in any other  
20 Medicaid provider or health care related entity or any other  
21 entity that is licensed by the state to provide health or  
22 residential care and treatment to persons.

23 (d) If a group provider, identification of all members  
24 of the group and attestation that all members of the group are  
25 enrolled in or have applied to enroll in the Medicaid program.

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

29 And the title is amended as follows:

30 On page 1, line 21,

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1 insert after the semicolon:  
2       revising requirements relating to the minimum  
3       amount of the surety bond which each provider  
4       is required to maintain;  
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