

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

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

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11 Representative(s) Sanderson offered the following:

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Amendment (with title amendment)

On page 18, line 14 through page 21, line 18,
remove from the bill: all of said lines

17 and insert in lieu thereof:

18 Section 17. Paragraph (a) of subsection (1), paragraph
19 (b) of subsection (2), and paragraph (c) of subsection (13) of
20 section 409.908, Florida 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 (2)

8 (b) Subject to any limitations or directions provided
9 for in the General Appropriations Act, the agency shall
10 establish and implement a Florida Title XIX Long-Term Care
11 Reimbursement Plan (Medicaid) for nursing home care in order
12 to provide care and services in conformance with the
13 applicable state and federal laws, rules, regulations, and
14 quality and safety standards and to ensure that individuals
15 eligible for medical assistance have reasonable geographic
16 access to such care. Under the plan, interim rate adjustments
17 shall not be granted to reflect increases in the cost of
18 general or professional liability insurance for nursing homes
19 unless the following criteria are met: have at least a 65
20 percent Medicaid utilization in the the most recent cost
21 report submitted to the agency, and the increase in general or
22 professional liability costs to the facility for the most
23 recent policy period affects the total Medicaid per diem by at
24 least 5 percent. This rate adjustment shall not result in the
25 per diem exceeding the class ceiling. This provision shall
26 apply only to fiscal year 2000-2001 and shall be implemented
27 to the extent existing appropriations are available. The
28 agency shall report to the Governor, the Speaker of the House
29 of Representatives, and the President of the Senate by
30 December 31, 2000 on the cost of liability insurance for
31 Florida nursing homes for fiscal years 1999 and 2000 and the

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1 extent to which these costs are not being compensated by the
2 Medicaid program. Medicaid participating nursing homes shall
3 be required to report to the agency information necessary to
4 compile this report.Effective no earlier than the
5 rate-setting period beginning April 1, 1999, the agency shall
6 establish a case-mix reimbursement methodology for the rate of
7 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.

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

And the title is amended as follows:

On page 2, line 26, after the semicolon
remove from the title of the bill:

and insert in lieu thereof:

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