

Amendment No. 1 (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 Care Licensing & Regulation offered
12 the following:

14 **Amendment (with title amendment)**

15 On page 94, lines 5 through 16
16 remove from the bill: all of said lines

17
18 and insert in lieu thereof:

19 Section 1. Subsection (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 in the Medicaid program, the agency and may also
9 require that Medicaid providers reimbursed on a
10 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 currant 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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27

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 8, line 10 after the semicolon

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1 insert:
2 specifying bonding requirements for providers;
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