

Bill No. HB 1753

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

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established limitations. 1 2 (9) A Medicaid-eligible individual for the 3 individual's health insurance premiums, if the agency 4 determines that such payments are cost-effective. 5 Section 4. Subsection (5) of section 409.905, Florida 6 Statutes, is amended to read: 7 409.905 Mandatory Medicaid services.--The agency may make payments for the following services, which are required 8 9 of the state by Title XIX of the Social Security Act, 10 furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services 11 12 were provided. Any service under this section shall be 13 provided only when medically necessary and in accordance with state and federal law. Nothing in this section shall be 14 15 construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number 16 17 of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions 18 provided for in the General Appropriations Act or chapter 216. 19 20 (5) HOSPITAL INPATIENT SERVICES. -- The agency shall pay for all covered services provided for the medical care and 21 treatment of a recipient who is admitted as an inpatient by a 22 licensed physician or dentist to a hospital licensed under 23 24 part I of chapter 395. However, the agency shall limit the 25 payment for inpatient hospital services for a Medicaid recipient 21 years of age or older to 45 days or the number of 26 27 days necessary to comply with the General Appropriations Act. (a) The agency is authorized to implement 28 reimbursement and utilization management reforms in order to 29 30 comply with any limitations or directions in the General Appropriations Act, which may include, but are not limited to: 31 2

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1 prior authorization for inpatient psychiatric days; prior 2 authorization for nonemergency hospital inpatient admissions; 3 enhanced utilization and concurrent review programs for highly 4 utilized services; reduction or elimination of covered days of 5 service; adjusting reimbursement ceilings for variable costs; 6 adjusting reimbursement ceilings for fixed and property costs; 7 and implementing target rates of increase.

(b) A licensed hospital maintained primarily for the 8 9 care and treatment of patients having mental disorders or 10 mental diseases is not eligible to participate in the hospital inpatient portion of the Medicaid program except as provided 11 12 under in federal law or pursuant to a federally approved 13 waiver. However, the department shall apply for a waiver, 14 within 9 months after June 5, 1991, designed to provide 15 behavioral health hospitalization services for mental health reasons to children and adults in the most cost-effective and 16 17 lowest cost setting possible. Such waiver shall include a request for the opportunity to pay for care in hospitals known 18 under federal law as "institutions for mental disease" or 19 "IMD's." The behavioral health waiver proposal shall propose 20 no additional aggregate cost to the state or Federal 21 22 Government, and shall be conducted in Hillsborough County, 23 Highlands County, Hardee County, Manatee County, and Polk 24 County. Implementation of the behavioral health waiver 25 proposal shall not be the basis for adjusting a hospital's Medicaid inpatient or outpatient rate. The waiver proposal may 26 27 incorporate competitive bidding for hospital services, comprehensive brokering, prepaid capitated arrangements, or 28 other mechanisms deemed by the department to show promise in 29 reducing the cost of acute care and increasing the 30 effectiveness of preventive care. When developing The waiver 31 3

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proposal, the department shall take into account price, 1 2 quality, accessibility, linkages of the hospital to community 3 services and family support programs, plans of the hospital to 4 ensure the earliest discharge possible, and the 5 comprehensiveness of the mental health and other health care 6 services offered by participating providers. 7 The agency for Health Care Administration shall (C) 8 adjust a hospital's current inpatient per diem rate to reflect 9 the cost of serving the Medicaid population at that 10 institution if: 1. The hospital experiences an increase in Medicaid 11 12 caseload by more than 25 percent in any year, primarily 13 resulting from the closure of a hospital in the same service area occurring after July 1, 1995; or 14 15 2. The hospital's Medicaid per diem rate is at least 16 25 percent below the Medicaid per patient cost for that year. 17 No later than November 1, 2000, the agency must provide 18 19 estimated costs for any adjustment in a hospital inpatient per 20 diem pursuant to this paragraph to the Executive Office of the Governor, the House of Representatives General Appropriations 21 22 Committee, and the Senate Budget Committee.Before the agency implements a change in a hospital's inpatient per diem rate 23 24 pursuant to this paragraph, the Legislature must have 25 specifically appropriated sufficient funds in the 2001-2002 General Appropriations Act to support the increase in cost as 26 27 estimated by the agency. This paragraph is repealed on July 1, 28 2001. 29 30 31

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HOUSE AMENDMENT
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And the title is amended as follows: On page 1, lines 8-15, remove from the title of the bill: all of said lines and insert in lieu thereof: б amending s. 409.904, F.S.; revising Medicaid eligibility requirements for certain elderly or disabled persons; authorizing payment for

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