

Amendment No. 1 (for drafter's use only)

| | <u>Senate</u> | CHAMBER ACTION | <u>House</u> |
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The Committee on Health Regulation offered the following:

Amendment

On page 2, line 2, after "objection"

insert:

The initial examinations for detecting pediatric congenital and ocular abnormalities in the newborn or infant and any followup examinations required by law shall be a covered benefit, reimbursable under Medicaid as an expense compensated supplemental to the per diem rate for Medicaid patients enrolled in MediPass or Medicaid patients covered by a fee for service program. For Medicaid patients enrolled in HMOs, providers shall be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of establishing the payment rate for Medicaid HMOs. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to

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1 the supplemental policies, shall compensate providers for the
2 covered benefit as an expense compensated supplemental to the
3 contracted rate. Nonhospital-based providers shall be eligible
4 to bill Medicaid for the professional and technical component
5 of each procedure code.
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