Bill No. <u>CS for CS for SB 2738</u>

Amendment No. ____ Barcode 583304

	CHAMBER ACTION
	<u>Senate</u> <u>House</u>
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11	Senator Saunders moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 77, line 7, through
15	page 79, line 13, delete those lines
16	
17	and insert:
18	Section 56. Section 154.306, Florida Statutes, is
19	amended to read:
20	154.306 Financial responsibility for certified
21	residents who are qualified indigent patients treated at an
22	out-of-county participating hospital or regional referral
23	hospitalUltimate financial responsibility for treatment
24	received at a participating hospital or a regional referral
25	hospital or a state-approved trama center by a qualified
26	indigent patient who is a certified resident of a county in
27	the State of Florida, but is not a resident of the county in
28	which the participating hospital or regional referral hospital
29	or a state-approved trama center is located, is the obligation
30	of the county of which the qualified indigent patient is a
31	resident. Each county shall reimburse participating hospitals
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or regional referral hospitals or a state-approved trauma 1 center as provided for in this part, and shall provide or 2 3 arrange for indigent eligibility determination procedures and resident certification determination procedures as provided 4 5 for in rules developed to implement this part. The agency, or any county determining eligibility of a qualified indigent, б 7 shall provide to the county of residence, upon request, a copy of any documents, forms, or other information, as determined 8 by rule, which may be used in making an eligibility 9 10 determination.

11 (1) A county's financial obligation for each certified resident who qualifies as an indigent patient under this part, 12 13 and who has received treatment at an out-of-county hospital, shall not exceed 45 days per county fiscal year at a rate of 14 15 payment equivalent to 100 percent of the per diem 16 reimbursement rate currently in effect for the out-of-county hospital under the medical assistance program for the needy 17 18 under Title XIX of the Social Security Act, as amended, except 19 that those counties that are at their 10-mill cap on October 1, 1991, shall reimburse hospitals for such services at not 20 21 less than 80 percent of the hospital Medicaid per diem. However, nothing in this section shall preclude a hospital 22 23 that has a formal signed agreement with a county to treat such 24 county's indigents from negotiating a higher or lower per diem 25 rate with the county. No county shall be required to pay more 26 than the equivalent of \$4 per capita in the county's fiscal 27 year. The agency shall calculate and certify to each county 28 by March 1 of each year, the maximum amount the county may be required to pay by multiplying the most recent official state 29 population estimate for the total population of the county by 30 31 \$4 per capita. Each county shall certify to the agency within Bill No. CS for CS for SB 2738

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1 | 60 days after the end of the county's fiscal year, or upon reaching the \$4 per capita threshold, should that occur before 2 3 the end of the fiscal year, the amount of reimbursement it paid to all out-of-county hospitals under this part. 4 The 5 maximum amount a county may be required to pay to б out-of-county hospitals for care provided to qualified 7 indigent residents may be reduced by up to one-half, provided 8 that the amount not paid has or is being spent for in-county hospital care provided to qualified indigent residents. 9

10 (2) No county shall be required to pay for any 11 elective or nonemergency admissions or services at an out-of-county hospital for a qualified indigent who is a 12 13 certified resident of the county if the county provides funding for such services and the services are available at a 14 15 local hospital in the county where the indigent resides; or 16 the out-of-county hospital has not obtained prior written authorization and approval for such hospital admission or 17 18 service, provided that the resident county has established a 19 procedure to authorize and approve such admissions.

20 (3) For the purpose of computing the maximum amount 21 that a county having a population of 100,000 or less may be required to pay, the agency must reduce the official state 22 23 population estimates by the number of inmates and patients 24 residing in the county in institutions operated by the Federal 25 Government, the Department of Corrections, the Department of 26 Health, or the Department of Children and Family Services, and 27 by the number of active-duty military personnel residing in 28 the county, all of whom shall not be considered residents of the county. However, a county is entitled to receive the 29 benefit of such a reduction in estimated population figures 30 31 only if the county accepts as valid and true, and does not

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1 require any reverification of, the documentation of financial 2 eligibility and county residency which is provided to it by 3 the participating hospital or regional referral hospital. The 4 participating hospital or regional referral hospital must 5 provide documentation that is complete and in the form 6 required by s. 154.3105.

7 (4) The county where the indigent resides shall, in 8 all instances, be liable for the cost of treatment provided to a qualified indigent patient at an out-of-county hospital for 9 any emergency medical condition which will deteriorate from 10 11 failure to provide such treatment if such condition is determined and documented by the attending physician to be of 12 13 an emergency nature; provided that the patient has been 14 certified to be a resident of such county pursuant to s. 15 154.309.

16 (5) No county shall be liable for payment for 17 treatment of a qualified indigent who is a certified resident 18 and has received services at an out-of-county participating 19 hospital or regional referral hospital, until such time as 20 that hospital has documented to the agency and the agency has 21 determined that it has met its charity care obligation based 22 on the most recent audited actual experience.

23 Section 57. Section 154.317, Florida Statutes, is24 created to read:

25 <u>154.317 County financial responsibility for trauma</u>
26 <u>care.--</u>
27 (1) Notwithstanding the provisions of ss.

28 154.301-154.316, state-approved trauma centers shall be

29 <u>responsible for determining eligibility and residency of</u>

30 patients with primary or secondary diagnoses of DRG 483-487.

31 (a) Financial eligibility shall be determined in

Bill No. CS for CS for SB 2738 Amendment No. Barcode 583304 accordance with s. 154.308, and the methodology defined in 1 | rules adopted by the Agency for Health Care Administration. 2 (b) Residence in the county at the time of the 3 hospitalization shall be verified with at least one of the 4 following forms of documentation: 5 1. Current active driver's license; б 2. Mortgage, lease, or rental receipt or letter from 7 8 the landlord; 9 3. Water, electric, or other public utility bill in the name of the patient or family member to a residential 10 11 address within the county; 12 4. A state, county, or federal document mailed to the 13 patient to a residential address within the county; 14 5. Voter registration; or 15 6. Proof of children enrolled in public schools within 16 the county. 17 (2) The Agency for Health Care Administration shall make final eligibility determinations for any cases that are 18 disputed by the counties. 19 20 21 (Redesignate subsequent sections.) 2.2 23 ======== TITLE AMENDMENT =========== 24 And the title is amended as follows: 25 On page 6, lines 7-12, delete those lines 26 27 28 and insert: 29 at certain facilities; amending s. 154.306, 30 F.S.; revising requirements for county 31 responsibility for certain indigent patients to

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1	include patients treated at state-approved
2	trauma centers; creating s. 154.317, F.S.;
3	requiring state-approved trauma centers to be
4	responsible for determining eligibility and
5	residency of certain patients for purposes of
6	establishing reimbursement by counties;
7	authorizing the Agency for Health Care
8	Administration to adopt rules for financial
9	eligibility for certain trauma care; requiring
10	the Agency for Health Care Administration to
11	make final eligibility determinations for
12	disputed cases involving reimbursement for
13	trauma care of indigent patients by counties;
14	repealing s.
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