

Bill No. CS for CS for SB 400

Amendment No. \_\_\_\_ Barcode 833366

CHAMBER ACTION

Senate

House

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Senator Saunders moved the following **substitute for amendment**  
(685940):

**Senate Amendment (with title amendment)**

On page 73, after line 31,

insert:

Section 34. Section 154.306, Florida Statutes, is  
amended to read:

154.306 Financial responsibility for certified  
residents who are qualified indigent patients treated at an  
out-of-county participating hospital or regional referral  
hospital.--Ultimate financial responsibility for treatment  
received at a participating hospital or a regional referral  
hospital or a state-approved trauma center by a qualified  
indigent patient who is a certified resident of a county in  
the State of Florida, but is not a resident of the county in  
which the participating hospital or regional referral hospital  
or a state-approved trauma center is located, is the  
obligation of the county of which the qualified indigent  
patient is a resident. Each county shall reimburse

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1 participating hospitals or regional referral hospitals or a  
2 state-approved trauma center as provided for in this part, and  
3 shall provide or arrange for indigent eligibility  
4 determination procedures and resident certification  
5 determination procedures as provided for in rules developed to  
6 implement this part. The agency, or any county determining  
7 eligibility of a qualified indigent, shall provide to the  
8 county of residence, upon request, a copy of any documents,  
9 forms, or other information, as determined by rule, which may  
10 be used in making an eligibility determination.

11 (1) A county's financial obligation for each certified  
12 resident who qualifies as an indigent patient under this part,  
13 and who has received treatment at an out-of-county hospital,  
14 shall not exceed 45 days per county fiscal year at a rate of  
15 payment equivalent to 100 percent of the per diem  
16 reimbursement rate currently in effect for the out-of-county  
17 hospital under the medical assistance program for the needy  
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  
20 1, 1991, shall reimburse hospitals for such services at not  
21 less than 80 percent of the hospital Medicaid per diem.

22 However, nothing in this section shall preclude a hospital  
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  
29 required to pay by multiplying the most recent official state  
30 population estimate for the total population of the county by  
31 \$4 per capita. Each county shall certify to the agency within

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1 60 days after the end of the county's fiscal year, or upon  
2 reaching the \$4 per capita threshold, should that occur before  
3 the end of the fiscal year, the amount of reimbursement it  
4 paid to all out-of-county hospitals under this part. The  
5 maximum amount a county may be required to pay to  
6 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  
9 hospital care provided to qualified indigent residents.

10 (2) No county shall be required to pay for any  
11 elective or nonemergency admissions or services at an  
12 out-of-county hospital for a qualified indigent who is a  
13 certified resident of the county if the county provides  
14 funding for such services and the services are available at a  
15 local hospital in the county where the indigent resides; or  
16 the out-of-county hospital has not obtained prior written  
17 authorization and approval for such hospital admission or  
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  
22 required to pay, the agency must reduce the official state  
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  
29 the county. However, a county is entitled to receive the  
30 benefit of such a reduction in estimated population figures  
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  
 9 a qualified indigent patient at an out-of-county hospital for  
 10 any emergency medical condition which will deteriorate from  
 11 failure to provide such treatment if such condition is  
 12 determined and documented by the attending physician to be of  
 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 35. Section 154.317, Florida Statutes, is  
 24 created to read:

25 154.317 County financial responsibility for trauma  
 26 care.--

27 (1) Notwithstanding the provisions of ss.  
 28 154.301-154.316, state-approved trauma centers shall be  
 29 responsible for determining eligibility and residency of  
 30 patients with primary or secondary diagnoses of DRG 483-487.

31 (a) Financial eligibility shall be determined in

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1 accordance with s. 154.308, and the methodology defined in  
2 rules adopted by the Agency for Health Care Administration.

3 (b) Residence in the county at the time of the  
4 hospitalization shall be verified with at least one of the  
5 following forms of documentation:

6 1. Current active driver's license;

7 2. Mortgage, lease, or rental receipt or letter from  
8 the landlord;

9 3. Water, electric, or other public utility bill in  
10 the name of the patient or family member to a residential  
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  
18 make final eligibility determinations for any cases that are  
19 disputed by the counties.

20  
21 (Redesignate subsequent sections.)

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

25 And the title is amended as follows:

26 On page 3, line 2, after the semicolon,

27

28 insert:

29 amending s. 154.306, F.S.; revising

30 requirements for county responsibility for

31 certain indigent patients to include patients

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

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