



1 goals and objectives are designed to measure and help to  
2 improve the health of all Americans by advancing the following  
3 goals:

4 (a) Increase the quality and years of healthy life.

5 (b) Eliminate health disparities among different  
6 segments of the population.

7 (2) The department shall report to the Legislature by  
8 December 31 of each year on the status of disparities in  
9 health among minorities and nonminorities, using health  
10 indicators currently available that are consistent with those  
11 identified by the federal Healthy People 2010 goals and  
12 objectives.

13 (3) To reduce negative health consequences that result  
14 from ignoring racial and ethnic cultures, the department shall  
15 work with minority physician networks to develop programs to  
16 educate health care professionals about the importance of  
17 culture in health status. These programs shall include, but  
18 need not be limited to:

19 (a) The education of health care providers about the  
20 prevalence of specific health conditions among certain  
21 minority groups.

22 (b) The training of clinicians to be sensitive to  
23 cultural diversity among patients and to recognize that  
24 inherent biases can lead to disparate treatments.

25 (c) The creation of initiatives that educate  
26 private-sector health care and managed care organizations  
27 about the importance of cross-cultural training of health care  
28 professionals and the effect of such training on the  
29 professional-patient relationship.

30 (d) The fostering of increased use of interpreter  
31 services in health care settings.

1       (4) The department shall work with and promote the  
2 establishment of public and private partnerships with  
3 charitable organizations, hospitals, and minority physician  
4 networks to increase the proportion of health care  
5 professionals from minority backgrounds.

6       (5) The department shall promote research on methods  
7 by which to reduce disparities in health care at colleges and  
8 universities that have historically large minority  
9 enrollments, including centers of excellence in this state  
10 identified by the National Center on Minority Health and  
11 Health Disparities, by working with those colleges and  
12 universities and with community representatives to encourage  
13 local minority students to pursue professions in health care.

14       Section 2. Subsections (23), (24), (25), and (26) of  
15 section 409.901, Florida Statutes, are renumbered as  
16 subsections (24), (25), (26), and (27), respectively, and a  
17 new subsection (23) is added to that section, to read:

18       409.901 Definitions; ss. 409.901-409.920.--As used in  
19 ss. 409.901-409.920, except as otherwise specifically  
20 provided, the term:

21       (23) "Minority physician network" means a network of  
22 primary care physicians with experience managing Medicaid or  
23 Medicare recipients that is predominantly owned by minorities  
24 as defined in s. 288.703, which may have a collaborative  
25 partnership with a public college or university and a  
26 tax-exempt charitable corporation.

27       Section 3. Subsection (45) is added to section  
28 409.912, Florida Statutes, to read:

29       409.912 Cost-effective purchasing of health care.--The  
30 agency shall purchase goods and services for Medicaid  
31 recipients in the most cost-effective manner consistent with

1 the delivery of quality medical care. The agency shall  
2 maximize the use of prepaid per capita and prepaid aggregate  
3 fixed-sum basis services when appropriate and other  
4 alternative service delivery and reimbursement methodologies,  
5 including competitive bidding pursuant to s. 287.057, designed  
6 to facilitate the cost-effective purchase of a case-managed  
7 continuum of care. The agency shall also require providers to  
8 minimize the exposure of recipients to the need for acute  
9 inpatient, custodial, and other institutional care and the  
10 inappropriate or unnecessary use of high-cost services. The  
11 agency may establish prior authorization requirements for  
12 certain populations of Medicaid beneficiaries, certain drug  
13 classes, or particular drugs to prevent fraud, abuse, overuse,  
14 and possible dangerous drug interactions. The Pharmaceutical  
15 and Therapeutics Committee shall make recommendations to the  
16 agency on drugs for which prior authorization is required. The  
17 agency shall inform the Pharmaceutical and Therapeutics  
18 Committee of its decisions regarding drugs subject to prior  
19 authorization.

20 (45) The agency shall contract with established  
21 minority physician networks that provide services to  
22 historically underserved minority patients. The networks must  
23 provide cost-effective Medicaid services, comply with the  
24 requirements to be a MediPass provider, and provide their  
25 primary care physicians with access to data and other  
26 management tools necessary to assist them in ensuring the  
27 appropriate use of services, including inpatient hospital  
28 services and pharmaceuticals.

29 (a) The agency shall provide for the development and  
30 expansion of minority physician networks in each service area  
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1 to provide services to Medicaid recipients who are eligible to  
2 participate under federal law and rules.

3 (b) The agency shall reimburse each minority physician  
4 network as a fee-for-service provider, including the case  
5 management fee for primary care, or as a capitated rate  
6 provider for Medicaid services. Any savings shall be shared  
7 with the minority physician networks pursuant to the contract.

8 (c) For purposes of this subsection, the term  
9 "cost-effective" means that a network's per-member, per-month  
10 costs to the state, including, but not limited to,  
11 fee-for-service costs, administrative costs, and  
12 case-management fees, must be no greater than the state's  
13 costs associated with contracts for Medicaid services  
14 established under subsection (3), which shall be actuarially  
15 adjusted for case mix, model, and service area. The agency  
16 shall conduct actuarially sound audits adjusted for case mix  
17 and model in order to ensure such cost-effectiveness and shall  
18 publish the audit results on its Internet website and submit  
19 the audit results annually to the Governor, the President of  
20 the Senate, and the Speaker of the House of Representatives no  
21 later than December 31. Contracts established pursuant to this  
22 subsection which are not cost-effective may not be renewed.

23 (d) The agency may apply for any federal waivers  
24 needed to implement this paragraph.

25 Section 4. This act shall take effect July 1, 2004.  
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