

Bill No. CS for SB 560, 1st Eng.

Amendment No. ____ Barcode 110224

CHAMBER ACTION

Senate

House

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Senator Saunders moved the following amendment:

Senate Amendment (with title amendment)

On page 13, line 21, through
page 14, line 2, delete those lines

and insert:

Section 3. Subsection (9) of section 409.907, Florida Statutes, is amended, and subsection (12) is added to that section, to read:

409.907 Medicaid provider agreements.--The agency may make payments for medical assistance and related services rendered to Medicaid recipients only to an individual or entity who has a provider agreement in effect with the agency, who is performing services or supplying goods in accordance with federal, state, and local law, and who agrees that no person shall, on the grounds of handicap, race, color, or national origin, or for any other reason, be subjected to discrimination under any program or activity for which the provider receives payment from the agency.

(9) Upon receipt of a completed, signed, and dated

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1 application, and completion of any necessary background
2 investigation and criminal history record check, the agency
3 must either:

4 (a) Enroll the applicant as a Medicaid provider no
5 earlier than the effective date of the approval of the
6 provider application. With respect to providers who were
7 recently granted a change of ownership and those who primarily
8 provide emergency medical services transportation or emergency
9 services and care pursuant to s. 395.1041 or s. 401.45, or
10 services provided by entities under s. 409.91255, and
11 out-of-state providers, upon approval of the provider
12 application, the effective date of approval is considered to
13 be the date the agency receives the provider application; or

14 (b) Deny the application if the agency finds that it
15 is in the best interest of the Medicaid program to do so. The
16 agency may consider the factors listed in subsection (10), as
17 well as any other factor that could affect the effective and
18 efficient administration of the program, including, but not
19 limited to, the applicant's demonstrated ability to provide
20 services, conduct business, and operate a financially viable
21 concern; the current availability of medical care, services,
22 or supplies to recipients, taking into account geographic
23 location and reasonable travel time; the number of providers
24 of the same type already enrolled in the same geographic area;
25 and the credentials, experience, success, and patient outcomes
26 of the provider for the services that it is making application
27 to provide in the Medicaid program. The agency shall deny the
28 application if the agency finds that a provider; any officer,
29 director, agent, managing employee, or affiliated person; or
30 any partner or shareholder having an ownership interest equal
31 to 5 percent or greater in the provider if the provider is a

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1 corporation, partnership, or other business entity, has failed
 2 to pay all outstanding fines or overpayments assessed by final
 3 order of the agency or final order of the Centers for Medicare
 4 and Medicaid Services, not subject to further appeal, unless
 5 the provider agrees to a repayment plan that includes
 6 withholding Medicaid reimbursement until the amount due is
 7 paid in full.

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

11 And the title is amended as follows:

12 On page 1, line 15, after the second semicolon,

13

14 insert:

15 amending s. 409.907, F.S.; providing criteria
 16 for establishing the effective date of approval
 17 of certain applications to be a Medicaid
 18 provider;

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