

1 A bill to be entitled
 2 An act relating to Medicaid reimbursement to nursing
 3 homes; amending s. 409.908, F.S.; requiring the Agency for
 4 Health Care Administration to permit licensed nursing
 5 homes to bid on rates for Medicaid certified beds under
 6 certain circumstances; providing for rules; requiring the
 7 agency to provide a list of approved bidders to social
 8 service providers; providing an effective date.

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 10 Be It Enacted by the Legislature of the State of Florida:

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 12 Section 1. Paragraph (a) of subsection (2) of section
 13 409.908, Florida Statutes, is amended to read:

14 409.908 Reimbursement of Medicaid providers.--Subject to
 15 specific appropriations, the agency shall reimburse Medicaid
 16 providers, in accordance with state and federal law, according
 17 to methodologies set forth in the rules of the agency and in
 18 policy manuals and handbooks incorporated by reference therein.
 19 These methodologies may include fee schedules, reimbursement
 20 methods based on cost reporting, negotiated fees, competitive
 21 bidding pursuant to s. 287.057, and other mechanisms the agency
 22 considers efficient and effective for purchasing services or
 23 goods on behalf of recipients. If a provider is reimbursed based
 24 on cost reporting and submits a cost report late and that cost
 25 report would have been used to set a lower reimbursement rate
 26 for a rate semester, then the provider's rate for that semester
 27 shall be retroactively calculated using the new cost report, and
 28 full payment at the recalculated rate shall be effected

29 retroactively. Medicare-granted extensions for filing cost
30 reports, if applicable, shall also apply to Medicaid cost
31 reports. Payment for Medicaid compensable services made on
32 behalf of Medicaid eligible persons is subject to the
33 availability of moneys and any limitations or directions
34 provided for in the General Appropriations Act or chapter 216.
35 Further, nothing in this section shall be construed to prevent
36 or limit the agency from adjusting fees, reimbursement rates,
37 lengths of stay, number of visits, or number of services, or
38 making any other adjustments necessary to comply with the
39 availability of moneys and any limitations or directions
40 provided for in the General Appropriations Act, provided the
41 adjustment is consistent with legislative intent.

42 (2)(a)1. Reimbursement to nursing homes licensed under
43 part II of chapter 400 and state-owned-and-operated intermediate
44 care facilities for the developmentally disabled licensed under
45 chapter 393 must be made prospectively.

46 2. Unless otherwise limited or directed in the General
47 Appropriations Act, reimbursement to hospitals licensed under
48 part I of chapter 395 for the provision of swing-bed nursing
49 home services must be made on the basis of the average statewide
50 nursing home payment, and reimbursement to a hospital licensed
51 under part I of chapter 395 for the provision of skilled nursing
52 services must be made on the basis of the average nursing home
53 payment for those services in the county in which the hospital
54 is located. When a hospital is located in a county that does not
55 have any community nursing homes, reimbursement must be
56 determined by averaging the nursing home payments, in counties

57 | that surround the county in which the hospital is located.
58 | Reimbursement to hospitals, including Medicaid payment of
59 | Medicare copayments, for skilled nursing services shall be
60 | limited to 30 days, unless a prior authorization has been
61 | obtained from the agency. Medicaid reimbursement may be extended
62 | by the agency beyond 30 days, and approval must be based upon
63 | verification by the patient's physician that the patient
64 | requires short-term rehabilitative and recuperative services
65 | only, in which case an extension of no more than 15 days may be
66 | approved. Reimbursement to a hospital licensed under part I of
67 | chapter 395 for the temporary provision of skilled nursing
68 | services to nursing home residents who have been displaced as
69 | the result of a natural disaster or other emergency may not
70 | exceed the average county nursing home payment for those
71 | services in the county in which the hospital is located and is
72 | limited to the period of time which the agency considers
73 | necessary for continued placement of the nursing home residents
74 | in the hospital.

75 | 3. The agency shall provide licensed nursing homes the
76 | opportunity to competitively bid on per diem rates for Medicaid
77 | certified beds within a defined catchment area. The agency shall
78 | adopt rules that give priority to the admission of Medicaid
79 | patients to a nursing home within the patient's locale. The
80 | rules may not prohibit a Medicaid patient from choosing among
81 | the lowest-bidding facilities in the area. In all other
82 | instances, a patient shall be placed in an available bed in the
83 | facility with the lowest bid price. Opening bids must be at a
84 | rate below existing Medicaid reimbursement rates within the

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85 catchment area. The agency shall provide the list of approved
86 bidders within the catchment area to all social services
87 providers in the area, including hospitals, adult congregate
88 living facilities, and any entity making referrals to nursing
89 homes and update the list as necessary.

90 Section 2. This act shall take effect July 1, 2005.