HB 0017 2005 A bill to be entitled

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An act relating to developmental disabilities; amending s. 409.912, F.S.; requiring the Agency for Health Care Administration to develop a model waiver program to serve children with specified disorders; requiring the agency to seek federal waiver approval and implement the approved waiver subject to availability of funds and certain limitations; authorizing rules; providing an effective date.

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

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Subsection (50) is added to section 409.912, Section 1. Florida Statutes, to read:

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409.912 Cost-effective purchasing of health care. -- The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. part 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency

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aggregate fixed-sum basis services when appropriate and other

shall maximize the use of prepaid per capita and prepaid

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alternative service delivery and reimbursement methodologies,

including competitive bidding pursuant to s. 287.057, designed

HB 0017 2005

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to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers shall not be entitled to enrollment in the Medicaid provider

HB 0017 2005 58 network. The agency is authorized to seek federal waivers 59 necessary to implement this policy. 60 The agency shall work with the Department of Children and Family Services to develop a model home and community-based 61 62 waiver to serve children who are diagnosed with familial 63 dysautonomia or Riley-Day syndrome caused by a mutation of the 64 IKBKAP gene on chromosome 9. The agency shall seek federal 65 waiver approval and implement the approved waiver subject to the availability of funds and any limitations provided in the 66 General Appropriations Act. The agency may adopt rules to 67 68 implement this waiver program. 69 Section 2. This act shall take effect July 1, 2005.