

Bill No. SB 2636

Barcode 051326

CHAMBER ACTION

Senate

House

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The Committee on Health Care (Fasano) recommended the following amendment:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause

and insert:

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

409.908 Reimbursement of Medicaid providers.--Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report

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1 would have been used to set a lower reimbursement rate for a  
2 rate semester, then the provider's rate for that semester  
3 shall be retroactively calculated using the new cost report,  
4 and full payment at the recalculated rate shall be effected  
5 retroactively. Medicare-granted extensions for filing cost  
6 reports, if applicable, shall also apply to Medicaid cost  
7 reports. Payment for Medicaid compensable services made on  
8 behalf of Medicaid eligible persons is subject to the  
9 availability of moneys and any limitations or directions  
10 provided for in the General Appropriations Act or chapter 216.  
11 Further, nothing in this section shall be construed to prevent  
12 or limit the agency from adjusting fees, reimbursement rates,  
13 lengths of stay, number of visits, or number of services, or  
14 making any other adjustments necessary to comply with the  
15 availability of moneys and any limitations or directions  
16 provided for in the General Appropriations Act, provided the  
17 adjustment is consistent with legislative intent.

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

22           2. Unless otherwise limited or directed in the General  
23 Appropriations Act, reimbursement to hospitals licensed under  
24 part I of chapter 395 for the provision of swing-bed nursing  
25 home services must be made on the basis of the average  
26 statewide nursing home payment, and reimbursement to a  
27 hospital licensed under part I of chapter 395 for the  
28 provision of skilled nursing services must be made on the  
29 basis of the average nursing home payment for those services  
30 in the county in which the hospital is located. When a  
31 hospital is located in a county that does not have any

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1 community nursing homes, reimbursement must be determined by  
 2 averaging the nursing home payments, in counties that surround  
 3 the county in which the hospital is located. Reimbursement to  
 4 hospitals, including Medicaid payment of Medicare copayments,  
 5 for skilled nursing services shall be limited to 30 days,  
 6 unless a prior authorization has been obtained from the  
 7 agency. Medicaid reimbursement may be extended by the agency  
 8 beyond 30 days, and approval must be based upon verification  
 9 by the patient's physician that the patient requires  
 10 short-term rehabilitative and recuperative services only, in  
 11 which case an extension of no more than 15 days may be  
 12 approved. Reimbursement to a hospital licensed under part I of  
 13 chapter 395 for the temporary provision of skilled nursing  
 14 services to nursing home residents who have been displaced as  
 15 the result of a natural disaster or other emergency may not  
 16 exceed the average county nursing home payment for those  
 17 services in the county in which the hospital is located and is  
 18 limited to the period of time which the agency considers  
 19 necessary for continued placement of the nursing home  
 20 residents in the hospital.

21 3. The agency shall establish a Nursing Home Voluntary  
 22 Competitive Bid Pilot Program in two counties for a 12-month  
 23 period for nursing homes licensed under chapter 400 with empty  
 24 Medicaid certified beds. Opening bids must be at a rate below  
 25 existing Medicaid reimbursement rates within the catchment  
 26 area. All nursing homes with a standard license in the pilot  
 27 area can voluntarily participate in the program. A nursing  
 28 home may not participate in the pilot program while it has a  
 29 conditional license. No rules shall prohibit Medicaid  
 30 beneficiaries or their families from choosing among those  
 31 facilities that are Medicaid certified. The agency shall

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1 update and provide a list of approved bidders within the pilot  
 2 areas to all social service providers in that area, including  
 3 hospitals, assisted living facilities, and any entity that  
 4 makes referrals to nursing homes.

5 4. The agency shall evaluate the pilot program after  
 6 the 12-month period is completed, including an evaluation of  
 7 the effectiveness of the program, the impact, if any, on  
 8 quality of care, and the amount of savings to the state and  
 9 submit a report to the Governor, the President of the Senate,  
 10 and the Speaker of the House of Representatives no later than  
 11 90 days after the completion of the pilot program.

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

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

16 And the title is amended as follows:

17 Delete everything before the enacting clause

19 and insert:

20 A bill to be entitled

21 An act relating to Medicaid reimbursement to  
 22 nursing homes; amending s. 409.908, F.S.;  
 23 requiring the Agency for Health Care  
 24 Administration to establish a Nursing Home  
 25 Voluntary Competitive Bid Pilot Program for  
 26 certain nursing homes in two counties for a  
 27 specified period; permitting licensed nursing  
 28 homes to bid on rates for Medicaid certified  
 29 beds under certain circumstances; requiring the  
 30 agency to provide a list of approved bidders to  
 31 social service providers; requiring the agency

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1           to evaluate the pilot program by a specified  
2           time; requiring a report to the Governor and  
3           Legislature; providing an effective date.  
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