

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

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

23 2. Unless otherwise limited or directed in the General
24 Appropriations Act, reimbursement to hospitals licensed under
25 part I of chapter 395 for the provision of swing-bed nursing
26 home services must be made on the basis of the average
27 statewide nursing home payment, and reimbursement to a
28 hospital licensed under part I of chapter 395 for the
29 provision of skilled nursing services must be made on the
30 basis of the average nursing home payment for those services
31 in the county in which the hospital is located. When a

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

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

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

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

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

14
15 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
16 COMMITTEE SUBSTITUTE FOR
17 Senate Bill 2636

18 The committee substitute requires that the Agency for Health
19 Care Administration (AHCA) establish a competitive bid pilot
20 program for nursing homes with empty Medicaid beds in two
21 counties for a 12-month period. It allows voluntary
22 participation in the program. It also requires AHCA to
23 evaluate the pilot program after the 12-month period is
24 complete.
25
26
27
28
29
30
31