

CHAMBER ACTION

1 The Health Care Appropriations Committee recommends the
2 following:

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4 **Council/Committee Substitute**

5 Remove the entire bill and insert:

6 A bill to be entitled

7 An act relating to developmental disabilities; amending s.
8 409.912, F.S.; requiring the Agency for Health Care
9 Administration to develop a waiver program to serve
10 children and adults with specified disorders; requiring
11 the agency to seek federal approval and implement the
12 approved waiver in the General Appropriations Act, subject
13 to certain limitations; providing an effective date.

14
15 Be It Enacted by the Legislature of the State of Florida:

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17 Section 1. Subsection (51) of section 409.912, Florida
18 Statutes, is amended to read:

19 409.912 Cost-effective purchasing of health care.--The
20 agency shall purchase goods and services for Medicaid recipients
21 in the most cost-effective manner consistent with the delivery
22 of quality medical care. To ensure that medical services are
23 effectively utilized, the agency may, in any case, require a

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24 confirmation or second physician's opinion of the correct
25 diagnosis for purposes of authorizing future services under the
26 Medicaid program. This section does not restrict access to
27 emergency services or poststabilization care services as defined
28 in 42 C.F.R. part 438.114. Such confirmation or second opinion
29 shall be rendered in a manner approved by the agency. The agency
30 shall maximize the use of prepaid per capita and prepaid
31 aggregate fixed-sum basis services when appropriate and other
32 alternative service delivery and reimbursement methodologies,
33 including competitive bidding pursuant to s. 287.057, designed
34 to facilitate the cost-effective purchase of a case-managed
35 continuum of care. The agency shall also require providers to
36 minimize the exposure of recipients to the need for acute
37 inpatient, custodial, and other institutional care and the
38 inappropriate or unnecessary use of high-cost services. The
39 agency shall contract with a vendor to monitor and evaluate the
40 clinical practice patterns of providers in order to identify
41 trends that are outside the normal practice patterns of a
42 provider's professional peers or the national guidelines of a
43 provider's professional association. The vendor must be able to
44 provide information and counseling to a provider whose practice
45 patterns are outside the norms, in consultation with the agency,
46 to improve patient care and reduce inappropriate utilization.
47 The agency may mandate prior authorization, drug therapy
48 management, or disease management participation for certain
49 populations of Medicaid beneficiaries, certain drug classes, or
50 particular drugs to prevent fraud, abuse, overuse, and possible
51 dangerous drug interactions. The Pharmaceutical and Therapeutics

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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52 | Committee shall make recommendations to the agency on drugs for
53 | which prior authorization is required. The agency shall inform
54 | the Pharmaceutical and Therapeutics Committee of its decisions
55 | regarding drugs subject to prior authorization. The agency is
56 | authorized to limit the entities it contracts with or enrolls as
57 | Medicaid providers by developing a provider network through
58 | provider credentialing. The agency may competitively bid single-
59 | source-provider contracts if procurement of goods or services
60 | results in demonstrated cost savings to the state without
61 | limiting access to care. The agency may limit its network based
62 | on the assessment of beneficiary access to care, provider
63 | availability, provider quality standards, time and distance
64 | standards for access to care, the cultural competence of the
65 | provider network, demographic characteristics of Medicaid
66 | beneficiaries, practice and provider-to-beneficiary standards,
67 | appointment wait times, beneficiary use of services, provider
68 | turnover, provider profiling, provider licensure history,
69 | previous program integrity investigations and findings, peer
70 | review, provider Medicaid policy and billing compliance records,
71 | clinical and medical record audits, and other factors. Providers
72 | shall not be entitled to enrollment in the Medicaid provider
73 | network. The agency shall determine instances in which allowing
74 | Medicaid beneficiaries to purchase durable medical equipment and
75 | other goods is less expensive to the Medicaid program than long-
76 | term rental of the equipment or goods. The agency may establish
77 | rules to facilitate purchases in lieu of long-term rentals in
78 | order to protect against fraud and abuse in the Medicaid program

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79 | as defined in s. 409.913. The agency may seek federal waivers
80 | necessary to administer these policies.

81 | (51) The agency shall work with the Agency for Persons
82 | with Disabilities to develop a ~~model~~ home and community-based
83 | waiver to serve children and adults who are diagnosed with
84 | familial dysautonomia or Riley-Day syndrome caused by a mutation
85 | of the IKBKAP gene on chromosome 9. The agency shall seek
86 | federal waiver approval and implement the approved waiver
87 | subject to the availability of funds and any limitations
88 | provided in the General Appropriations Act. The agency may adopt
89 | rules to implement this waiver program.

90 | Section 2. This act shall take effect upon becoming a law.