

ENROLLED

HB 1247, Engrossed 1

2006 Legislature

1 A bill to be entitled
2 An act relating to developmental disabilities; amending s.
3 409.912, F.S.; requiring the Agency for Health Care
4 Administration to develop a waiver program to serve
5 children and adults with specified disorders; requiring
6 the agency to seek federal approval and implement the
7 approved waiver in the General Appropriations Act, subject
8 to certain limitations; providing an effective date.
9

10 Be It Enacted by the Legislature of the State of Florida:
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12 Section 1. Subsection (51) of section 409.912, Florida
13 Statutes, is amended to read:

14 409.912 Cost-effective purchasing of health care.--The
15 agency shall purchase goods and services for Medicaid recipients
16 in the most cost-effective manner consistent with the delivery
17 of quality medical care. To ensure that medical services are
18 effectively utilized, the agency may, in any case, require a
19 confirmation or second physician's opinion of the correct
20 diagnosis for purposes of authorizing future services under the
21 Medicaid program. This section does not restrict access to
22 emergency services or poststabilization care services as defined
23 in 42 C.F.R. part 438.114. Such confirmation or second opinion
24 shall be rendered in a manner approved by the agency. The agency
25 shall maximize the use of prepaid per capita and prepaid
26 aggregate fixed-sum basis services when appropriate and other
27 alternative service delivery and reimbursement methodologies,

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28 | including competitive bidding pursuant to s. 287.057, designed
29 | to facilitate the cost-effective purchase of a case-managed
30 | continuum of care. The agency shall also require providers to
31 | minimize the exposure of recipients to the need for acute
32 | inpatient, custodial, and other institutional care and the
33 | inappropriate or unnecessary use of high-cost services. The
34 | agency shall contract with a vendor to monitor and evaluate the
35 | clinical practice patterns of providers in order to identify
36 | trends that are outside the normal practice patterns of a
37 | provider's professional peers or the national guidelines of a
38 | provider's professional association. The vendor must be able to
39 | provide information and counseling to a provider whose practice
40 | patterns are outside the norms, in consultation with the agency,
41 | to improve patient care and reduce inappropriate utilization.
42 | The agency may mandate prior authorization, drug therapy
43 | management, or disease management participation for certain
44 | populations of Medicaid beneficiaries, certain drug classes, or
45 | particular drugs to prevent fraud, abuse, overuse, and possible
46 | dangerous drug interactions. The Pharmaceutical and Therapeutics
47 | Committee shall make recommendations to the agency on drugs for
48 | which prior authorization is required. The agency shall inform
49 | the Pharmaceutical and Therapeutics Committee of its decisions
50 | regarding drugs subject to prior authorization. The agency is
51 | authorized to limit the entities it contracts with or enrolls as
52 | Medicaid providers by developing a provider network through
53 | provider credentialing. The agency may competitively bid single-
54 | source-provider contracts if procurement of goods or services

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55 results in demonstrated cost savings to the state without
56 limiting access to care. The agency may limit its network based
57 on the assessment of beneficiary access to care, provider
58 availability, provider quality standards, time and distance
59 standards for access to care, the cultural competence of the
60 provider network, demographic characteristics of Medicaid
61 beneficiaries, practice and provider-to-beneficiary standards,
62 appointment wait times, beneficiary use of services, provider
63 turnover, provider profiling, provider licensure history,
64 previous program integrity investigations and findings, peer
65 review, provider Medicaid policy and billing compliance records,
66 clinical and medical record audits, and other factors. Providers
67 shall not be entitled to enrollment in the Medicaid provider
68 network. The agency shall determine instances in which allowing
69 Medicaid beneficiaries to purchase durable medical equipment and
70 other goods is less expensive to the Medicaid program than long-
71 term rental of the equipment or goods. The agency may establish
72 rules to facilitate purchases in lieu of long-term rentals in
73 order to protect against fraud and abuse in the Medicaid program
74 as defined in s. 409.913. The agency may seek federal waivers
75 necessary to administer these policies.

76 (51) The agency shall work with the Agency for Persons
77 with Disabilities to develop a ~~model~~ home and community-based
78 waiver to serve children and adults who are diagnosed with
79 familial dysautonomia or Riley-Day syndrome caused by a mutation
80 of the IKBKAP gene on chromosome 9. The agency shall seek
81 federal waiver approval and implement the approved waiver

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82 | subject to the availability of funds and any limitations
83 | provided in the General Appropriations Act. The agency may adopt
84 | rules to implement this waiver program.

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