

By the Committee on Health Care; and Senator Rich

587-2313-06

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A bill to be entitled
An act relating to developmental disabilities;
amending s. 409.912, F.S.; requiring the Agency
for Health Care Administration to develop a
waiver program to serve children and adults
with specified disorders; providing an
effective date.

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

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

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 shall maximize the use of
prepaid per capita and prepaid aggregate fixed-sum basis
services when appropriate and other alternative service
delivery and reimbursement methodologies, including
competitive bidding pursuant to s. 287.057, designed 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

1 inpatient, custodial, and other institutional care and the
2 inappropriate or unnecessary use of high-cost services. The
3 agency shall contract with a vendor to monitor and evaluate
4 the clinical practice patterns of providers in order to
5 identify trends that are outside the normal practice patterns
6 of a provider's professional peers or the national guidelines
7 of a provider's professional association. The vendor must be
8 able to provide information and counseling to a provider whose
9 practice patterns are outside the norms, in consultation with
10 the agency, to improve patient care and reduce inappropriate
11 utilization. The agency may mandate prior authorization, drug
12 therapy management, or disease management participation for
13 certain populations of Medicaid beneficiaries, certain drug
14 classes, or particular drugs to prevent fraud, abuse, overuse,
15 and possible dangerous drug interactions. The Pharmaceutical
16 and Therapeutics Committee shall make recommendations to the
17 agency on drugs for which prior authorization is required. The
18 agency shall inform the Pharmaceutical and Therapeutics
19 Committee of its decisions regarding drugs subject to prior
20 authorization. The agency is authorized to limit the entities
21 it contracts with or enrolls as Medicaid providers by
22 developing a provider network through provider credentialing.
23 The agency may competitively bid single-source-provider
24 contracts if procurement of goods or services results in
25 demonstrated cost savings to the state without limiting access
26 to care. The agency may limit its network based on the
27 assessment of beneficiary access to care, provider
28 availability, provider quality standards, time and distance
29 standards for access to care, the cultural competence of the
30 provider network, demographic characteristics of Medicaid
31 beneficiaries, practice and provider-to-beneficiary standards,

1 | appointment wait times, beneficiary use of services, provider
2 | turnover, provider profiling, provider licensure history,
3 | previous program integrity investigations and findings, peer
4 | review, provider Medicaid policy and billing compliance
5 | records, clinical and medical record audits, and other
6 | factors. Providers shall not be entitled to enrollment in the
7 | Medicaid provider network. The agency shall determine
8 | instances in which allowing Medicaid beneficiaries to purchase
9 | durable medical equipment and other goods is less expensive to
10 | the Medicaid program than long-term rental of the equipment or
11 | goods. The agency may establish rules to facilitate purchases
12 | in lieu of long-term rentals in order to protect against fraud
13 | and abuse in the Medicaid program as defined in s. 409.913.
14 | The agency may seek federal waivers necessary to administer
15 | these policies.

16 | (51) The agency shall work with the Agency for Persons
17 | with Disabilities to develop a ~~model~~ home and community-based
18 | waiver to serve children and adults who are diagnosed with
19 | familial dysautonomia or Riley-Day syndrome caused by a
20 | mutation of the IKBKAP gene on chromosome 9. The agency shall
21 | seek federal waiver approval and implement the approved waiver
22 | subject to the availability of funds and any limitations
23 | provided in the General Appropriations Act. The agency may
24 | adopt rules to implement this waiver program.

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

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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 2226

The committee substitute reinstates current statutory language requiring the approved waiver to be subject to the availability of funds and any limitations provided in the General Appropriations Act, and deletes an appropriation.