

By Senator Dawson

29-1744-07

1 A bill to be entitled

2 An act relating to health care; amending s.

3 409.912, F.S.; providing a deadline for the

4 Agency for Health Care Administration to

5 develop and expand the minority physician

6 networks in each service area to provide

7 services to Medicaid recipients who are

8 eligible to participate under federal law and

9 rules; amending s. 381.736, F.S.; requiring

10 that the Department of Health work with

11 provider service networks and Medicaid health

12 maintenance organizations to increase the

13 proportion of health care professionals from

14 minority backgrounds; providing an effective

15 date.

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

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19 Section 1. Paragraph (a) of subsection (49) of section

20 409.912, Florida Statutes, is amended to read:

21 409.912 Cost-effective purchasing of health care.--The

22 agency shall purchase goods and services for Medicaid

23 recipients in the most cost-effective manner consistent with

24 the delivery of quality medical care. To ensure that medical

25 services are effectively utilized, the agency may, in any

26 case, require a confirmation or second physician's opinion of

27 the correct diagnosis for purposes of authorizing future

28 services under the Medicaid program. This section does not

29 restrict access to emergency services or poststabilization

30 care services as defined in 42 C.F.R. part 438.114. Such

31 confirmation or second opinion shall be rendered in a manner

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

1 approved by the agency. The agency shall maximize the use of
2 prepaid per capita and prepaid aggregate fixed-sum basis
3 services when appropriate and other alternative service
4 delivery and reimbursement methodologies, including
5 competitive bidding pursuant to s. 287.057, designed to
6 facilitate the cost-effective purchase of a case-managed
7 continuum of care. The agency shall also require providers to
8 minimize the exposure of recipients to the need for acute
9 inpatient, custodial, and other institutional care and the
10 inappropriate or unnecessary use of high-cost services. The
11 agency shall contract with a vendor to monitor and evaluate
12 the clinical practice patterns of providers in order to
13 identify trends that are outside the normal practice patterns
14 of a provider's professional peers or the national guidelines
15 of a provider's professional association. The vendor must be
16 able to provide information and counseling to a provider whose
17 practice patterns are outside the norms, in consultation with
18 the agency, to improve patient care and reduce inappropriate
19 utilization. The agency may mandate prior authorization, drug
20 therapy management, or disease management participation for
21 certain populations of Medicaid beneficiaries, certain drug
22 classes, or particular drugs to prevent fraud, abuse, overuse,
23 and possible dangerous drug interactions. The Pharmaceutical
24 and Therapeutics Committee shall make recommendations to the
25 agency on drugs for which prior authorization is required. The
26 agency shall inform the Pharmaceutical and Therapeutics
27 Committee of its decisions regarding drugs subject to prior
28 authorization. The agency is authorized to limit the entities
29 it contracts with or enrolls as Medicaid providers by
30 developing a provider network through provider credentialing.
31 The agency may competitively bid single-source-provider

1 | contracts if procurement of goods or services results in
2 | demonstrated cost savings to the state without limiting access
3 | to care. The agency may limit its network based on the
4 | assessment of beneficiary access to care, provider
5 | availability, provider quality standards, time and distance
6 | standards for access to care, the cultural competence of the
7 | provider network, demographic characteristics of Medicaid
8 | beneficiaries, practice and provider-to-beneficiary standards,
9 | appointment wait times, beneficiary use of services, provider
10 | turnover, provider profiling, provider licensure history,
11 | previous program integrity investigations and findings, peer
12 | review, provider Medicaid policy and billing compliance
13 | records, clinical and medical record audits, and other
14 | factors. Providers shall not be entitled to enrollment in the
15 | Medicaid provider network. The agency shall determine
16 | instances in which allowing Medicaid beneficiaries to purchase
17 | durable medical equipment and other goods is less expensive to
18 | the Medicaid program than long-term rental of the equipment or
19 | goods. The agency may establish rules to facilitate purchases
20 | in lieu of long-term rentals in order to protect against fraud
21 | and abuse in the Medicaid program as defined in s. 409.913.
22 | The agency may seek federal waivers necessary to administer
23 | these policies.

24 | (49) The agency shall contract with established
25 | minority physician networks that provide services to
26 | historically underserved minority patients. The networks must
27 | provide cost-effective Medicaid services, comply with the
28 | requirements to be a MediPass provider, and provide their
29 | primary care physicians with access to data and other
30 | management tools necessary to assist them in ensuring the
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1 appropriate use of services, including inpatient hospital
2 services and pharmaceuticals.

3 (a) The agency shall provide for the development and
4 expansion of minority physician networks in each service area
5 by July 1, 2007, to provide services to Medicaid recipients
6 who are eligible to participate under federal law and rules.

7 Section 2. Subsection (4) of section 381.736, Florida
8 Statutes, is amended to read:

9 381.736 Florida Healthy People 2010 Program.--

10 (4) The department shall work with and promote the
11 establishment of public and private partnerships with
12 charitable organizations, hospitals, provider service
13 networks, Medicaid health maintenance organizations, and
14 minority physician networks to increase the proportion of
15 health care professionals from minority backgrounds.

16 Section 3. This act shall take effect upon becoming a
17 law.

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20 SENATE SUMMARY

21 Provides a deadline for the Agency for Health Care
22 Administration to develop and expand the minority
23 physician networks in each service area to provide
24 services to Medicaid recipients who are eligible to
25 participate. Requires that the Department of Health work
26 with provider service networks and Medicaid health
27 maintenance organizations to increase the proportion of
28 health care professionals from minority backgrounds.
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