

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative(s) Zapata, R. Garcia, Seiler, Schwartz, and  
2 Ausley offered the following:

3  
4 **Amendment (with title amendment)**

5 Remove line(s) 96-223 and insert:

6 program system for Medicaid recipients who are 60 years of age  
7 or older or dually eligible for Medicare and Medicaid. The  
8 Agency for Health Care Administration shall implement the  
9 integrated program system initially on a pilot basis in two  
10 areas of the state. The pilot areas shall be Area 7 and Area 11  
11 of the Agency for Health Care Administration. In one of the  
12 areas Enrollment in the pilot areas shall be on a voluntary  
13 basis and in accordance with approved federal waivers and this  
14 section. The agency and its program contractors and providers  
15 shall not enroll any individual in the integrated program  
16 because the individual or the person legally responsible for the  
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17 individual fails to choose to enroll in the integrated program.  
18 Enrollment in the integrated program shall be exclusively by  
19 affirmative choice of the eligible individual or by the person  
20 legally responsible for the individual. The integrated program  
21 must transfer all Medicaid services for eligible elderly  
22 individuals who choose to participate into an integrated-care  
23 management model designed to serve Medicaid recipients in the  
24 community. The integrated program must combine all funding for  
25 Medicaid services provided to individuals who are 60 years of  
26 age or older or dually eligible for Medicare and Medicaid into  
27 the integrated program system, including funds for Medicaid home  
28 and community-based waiver services; all Medicaid services  
29 authorized in ss. 409.905 and 409.906, excluding funds for  
30 Medicaid nursing home services unless the agency is able to  
31 demonstrate how the integration of the funds will improve  
32 coordinated care for these services in a less costly manner; and  
33 Medicare coinsurance and deductibles for persons dually eligible  
34 for Medicaid and Medicare as prescribed in s. 409.908(13).

35 (a) Individuals who are 60 years of age or older or dually  
36 eligible for Medicare and Medicaid and enrolled in the  
37 developmental disabilities waiver program, the family and  
38 supported-living waiver program, the project AIDS care waiver  
39 program, the traumatic brain injury and spinal cord injury  
40 waiver program, the consumer-directed care waiver program, and  
41 the program of all-inclusive care for the elderly program, and  
42 residents of institutional care facilities for the  
43 developmentally disabled, must be excluded from the integrated  
44 program system.

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45           (b) The integrated program shall ~~must use a competitive~~  
46 ~~procurement process to~~ select managed care entities who meet or  
47 exceed the agency's minimum standards to operate the integrated  
48 program system. For the purpose of this section, managed care  
49 entities shall be considered prepaid health plans as provided in  
50 s. 408.7056(1)(e). Entities eligible to submit bids include  
51 managed care organizations licensed under chapter 641, including  
52 entities eligible to participate in the nursing home diversion  
53 program, other qualified providers as defined in s. 430.703(7),  
54 community care for the elderly lead agencies, and other state-  
55 certified community service networks that meet comparable  
56 standards as defined by the agency, in consultation with the  
57 Department of Elderly Affairs and the Office of Insurance  
58 Regulation, to be financially solvent and able to take on  
59 financial risk for managed care. Community service networks that  
60 are certified pursuant to the comparable standards defined by  
61 the agency are not required to be licensed under chapter 641.

62           (c) The agency must ensure that the capitation-rate-  
63 setting methodology for the integrated program system is  
64 actuarially sound and reflects the intent to provide quality  
65 care in the least restrictive setting. The agency must also  
66 require integrated-program ~~integrated system~~ providers to  
67 develop a credentialing system for service providers and to  
68 contract with all Gold Seal nursing homes, where feasible, and  
69 exclude, where feasible, chronically poor-performing facilities  
70 and providers as defined by the agency. The integrated program  
71 must develop and maintain an informal provider grievance system  
72 that addresses provider payment and contract problems. The

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73 agency shall also establish a formal grievance system to address  
74 those issues that were not resolved through the informal  
75 grievance system. The integrated program system must provide  
76 that if the recipient resides in a noncontracted residential  
77 facility licensed under chapter 400 or chapter 429 at the time  
78 of enrollment in the integrated program system is initiated, the  
79 recipient must be permitted to continue to reside in the  
80 noncontracted facility as long as the recipient desires. The  
81 integrated program system must also provide that, in the absence  
82 of a contract between the integrated-program integrated-system  
83 provider and the residential facility licensed under chapter 400  
84 or chapter 429, current Medicaid rates must prevail. The  
85 integrated-program provider must ensure that electronic nursing  
86 home claims that contain sufficient information for processing  
87 are paid within 10 business days after receipt. Alternately, the  
88 integrated-program provider may establish a capitated payment  
89 mechanism to prospectively pay nursing homes at the beginning of  
90 each month. The agency and the Department of Elderly Affairs  
91 must jointly develop procedures to manage the services provided  
92 through the integrated program system in order to ensure quality  
93 and recipient choice.

94 (d) ~~Within 24 months after implementation,~~ The Office of  
95 Program Policy Analysis and Government Accountability, in  
96 consultation with the Auditor General, shall comprehensively  
97 evaluate the pilot project for the integrated, fixed-payment  
98 delivery program system for Medicaid recipients created under  
99 this subsection who are 60 years of age or older. The evaluation  
100 shall begin as soon as Medicaid recipients are enrolled in the

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101 managed care pilot program plans and shall continue for 24  
102 months thereafter. The evaluation must include assessments of  
103 each managed care plan in the integrated program with regard to  
104 cost savings; consumer education, choice, and access to  
105 services; coordination of care; and quality of care. The  
106 evaluation must describe administrative or legal barriers to the  
107 implementation and operation of the pilot program and include  
108 recommendations regarding statewide expansion of the pilot  
109 program. The office shall submit its ~~an~~ evaluation report to the  
110 Governor, the President of the Senate, and the Speaker of the  
111 House of Representatives no later than December 31, 2009 ~~June~~  
112 ~~30, 2008.~~

113 (e) The agency may seek federal waivers or Medicaid state  
114 plan amendments and adopt rules as necessary to administer the  
115 integrated program system. The agency may implement the approved  
116 federal waivers and other provisions as specified in this  
117 subsection ~~must receive specific authorization from the~~  
118 ~~Legislature prior to implementing the waiver for the integrated~~  
119 ~~system.~~

120 (f) No later than December 31, 2007, the agency shall  
121 provide a report to the President of the Senate and the Speaker  
122 of the House of Representatives containing an analysis of the  
123 merits and challenges of seeking a waiver to implement a  
124 voluntary program that integrates payments and services for  
125 dually enrolled Medicare and Medicaid recipients who are 65  
126 years of age or older.

127 Section 2. Paragraph (d) of subsection (1) of section  
128 408.040, Florida Statutes, is amended to read:

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129 408.040 Conditions and monitoring.--

130 (1)

131 (d) If a nursing home is located in a county in which a  
132 long-term care community diversion pilot project has been  
133 implemented under s. 430.705 or in a county in which an  
134 integrated, fixed-payment delivery program ~~system~~ for Medicaid  
135 recipients who are 60 years of age or older or dually eligible  
136 for Medicare and Medicaid has been implemented

137

138 ===== T I T L E A M E N D M E N T =====

139

140 Remove line 6 and insert:

141 years of age or older or dually eligible for Medicare and  
142 Medicaid; providing for voluntary enrollment