

Amendment No.

CHAMBER ACTION

Senate

House

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

3  
4 **Substitute Amendment for Amendment (001575) (with title**  
5 **amendment)**

6 Remove line(s) 96-223 and insert:  
7 program system for Medicaid recipients who are 60 years of age  
8 or older or dually eligible for Medicare and Medicaid. The  
9 Agency for Health Care Administration shall implement the  
10 integrated program system initially on a pilot basis in two  
11 areas of the state. The pilot areas shall be Area 7 and Area 11  
12 of the Agency for Health Care Administration. In one of the  
13 areas Enrollment in the pilot areas shall be on a voluntary  
14 basis and in accordance with approved federal waivers and this  
15 section. The agency and its program contractors and providers  
16 shall not enroll any individual in the integrated program

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17 because the individual or the person legally responsible for the  
18 individual fails to choose to enroll in the integrated program.  
19 Enrollment in the integrated program shall be exclusively by  
20 affirmative choice of the eligible individual or by the person  
21 legally responsible for the individual. The integrated program  
22 must transfer all Medicaid services for eligible elderly  
23 individuals who choose to participate into an integrated-care  
24 management model designed to serve Medicaid recipients in the  
25 community. The integrated program must combine all funding for  
26 Medicaid services provided to individuals who are 60 years of  
27 age or older or dually eligible for Medicare and Medicaid into  
28 the integrated program system, including funds for Medicaid home  
29 and community-based waiver services; all Medicaid services  
30 authorized in ss. 409.905 and 409.906, excluding funds for  
31 Medicaid nursing home services unless the agency is able to  
32 demonstrate how the integration of the funds will improve  
33 coordinated care for these services in a less costly manner; and  
34 Medicare coinsurance and deductibles for persons dually eligible  
35 for Medicaid and Medicare as prescribed in s. 409.908(13).

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

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44 developmentally disabled, must be excluded from the integrated  
45 program system.

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

66 (c) The agency must ensure that the capitation-rate-  
67 setting methodology for the integrated program system is  
68 actuarially sound and reflects the intent to provide quality  
69 care in the least restrictive setting. The agency must also  
70 require integrated-program ~~integrated-system~~ providers to  
71 develop a credentialing system for service providers and to  
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72 contract with all Gold Seal nursing homes, where feasible, and  
73 exclude, where feasible, chronically poor-performing facilities  
74 and providers as defined by the agency. The integrated program  
75 must develop and maintain an informal provider grievance system  
76 that addresses provider payment and contract problems. The  
77 agency shall also establish a formal grievance system to address  
78 those issues that were not resolved through the informal  
79 grievance system. The integrated program system must provide  
80 that if the recipient resides in a noncontracted residential  
81 facility licensed under chapter 400 or chapter 429 at the time  
82 of enrollment in the integrated program system is initiated, the  
83 recipient must be permitted to continue to reside in the  
84 noncontracted facility as long as the recipient desires. The  
85 integrated program system must also provide that, in the absence  
86 of a contract between the integrated-program integrated-system  
87 provider and the residential facility licensed under chapter 400  
88 or chapter 429, current Medicaid rates must prevail. The  
89 integrated-program provider must ensure that electronic nursing  
90 home claims that contain sufficient information for processing  
91 are paid within 10 business days after receipt. Alternately, the  
92 integrated-program provider may establish a capitated payment  
93 mechanism to prospectively pay nursing homes at the beginning of  
94 each month. The agency and the Department of Elderly Affairs  
95 must jointly develop procedures to manage the services provided  
96 through the integrated program system in order to ensure quality  
97 and recipient choice.

98 (d) ~~Within 24 months after implementation,~~ The Office of  
99 Program Policy Analysis and Government Accountability, in  
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100 consultation with the Auditor General, shall comprehensively  
101 evaluate the pilot project for the integrated, fixed-payment  
102 delivery program system for Medicaid recipients created under  
103 this subsection who are 60 years of age or older. The evaluation  
104 shall begin as soon as Medicaid recipients are enrolled in the  
105 managed care pilot program plans and shall continue for 24  
106 months thereafter. The evaluation must include assessments of  
107 each managed care plan in the integrated program with regard to  
108 cost savings; consumer education, choice, and access to  
109 services; coordination of care; and quality of care. The  
110 evaluation must describe administrative or legal barriers to the  
111 implementation and operation of the pilot program and include  
112 recommendations regarding statewide expansion of the pilot  
113 program. The office shall submit its ~~an~~ evaluation report to the  
114 Governor, the President of the Senate, and the Speaker of the  
115 House of Representatives no later than December 31, 2009 ~~June~~  
116 ~~30, 2008.~~

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

124 (f) No later than December 31, 2007, the agency shall  
125 provide a report to the President of the Senate and the Speaker  
126 of the House of Representatives containing an analysis of the  
127 merits and challenges of seeking a waiver to implement a

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128 | voluntary program that integrates payments and services for  
129 | dually enrolled Medicare and Medicaid recipients who are 65  
130 | years of age or older.

131 | Section 2. Paragraph (d) of subsection (1) of section  
132 | 408.040, Florida Statutes, is amended to read:

133 | 408.040 Conditions and monitoring.--

134 | (1)

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

141 |

142 | ===== T I T L E A M E N D M E N T =====

143 | Remove line(s) 6-11 and insert:

144 | years of age or older or dually eligible for Medicare and  
145 | Medicaid; providing for voluntary enrollment in the program in  
146 | specified locations, in accordance with certain requirements;  
147 | requiring selection of managed care entities to operate the  
148 | program; providing that such managed care entities shall be  
149 | considered prepaid health plans; providing for entities to  
150 | choose to serve certain enrollees; providing for the  
151 | establishment of informal and