

Bill No. CS for SB 12-C

Barcode 540578

	CHAMBER ACTION	
<u>Senate</u>		<u>House</u>

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3	Floor: 1/AD/2R
4	10/05/2007 09:54 AM
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11 Senator Peaden moved the following amendment:

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13 **Senate Amendment (with title amendment)**

14 On page 6, between lines 12 and 13,

15

16 insert:

17 Section 4. Paragraph (b) of subsection (2) and
18 paragraph (d) of subsection (13) of section 409.908, Florida
19 Statutes, are amended to read:

20 409.908 Reimbursement of Medicaid providers.--Subject
21 to specific appropriations, the agency shall reimburse
22 Medicaid providers, in accordance with state and federal law,
23 according to methodologies set forth in the rules of the
24 agency and in policy manuals and handbooks incorporated by
25 reference therein. These methodologies may include fee
26 schedules, reimbursement methods based on cost reporting,
27 negotiated fees, competitive bidding pursuant to s. 287.057,
28 and other mechanisms the agency considers efficient and
29 effective for purchasing services or goods on behalf of
30 recipients. If a provider is reimbursed based on cost
31 reporting and submits a cost report late and that cost report

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1 would have been used to set a lower reimbursement rate for a
 2 rate semester, then the provider's rate for that semester
 3 shall be retroactively calculated using the new cost report,
 4 and full payment at the recalculated rate shall be effected
 5 retroactively. Medicare-granted extensions for filing cost
 6 reports, if applicable, shall also apply to Medicaid cost
 7 reports. Payment for Medicaid compensable services made on
 8 behalf of Medicaid eligible persons is subject to the
 9 availability of moneys and any limitations or directions
 10 provided for in the General Appropriations Act or chapter 216.
 11 Further, nothing in this section shall be construed to prevent
 12 or limit the agency from adjusting fees, reimbursement rates,
 13 lengths of stay, number of visits, or number of services, or
 14 making any other adjustments necessary to comply with the
 15 availability of moneys and any limitations or directions
 16 provided for in the General Appropriations Act, provided the
 17 adjustment is consistent with legislative intent.

18 (2)

19 (b) Subject to any limitations or directions provided
 20 for in the General Appropriations Act, the agency shall
 21 establish and implement a Florida Title XIX Long-Term Care
 22 Reimbursement Plan (Medicaid) for nursing home care in order
 23 to provide care and services in conformance with the
 24 applicable state and federal laws, rules, regulations, and
 25 quality and safety standards and to ensure that individuals
 26 eligible for medical assistance have reasonable geographic
 27 access to such care.

28 ~~1. Changes of ownership or of licensed operator may or~~
 29 ~~may not qualify for increases in reimbursement rates~~
 30 ~~associated with the change of ownership or of licensed~~
 31 ~~operator. The agency may amend the Title XIX Long Term Care~~

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1 ~~Reimbursement Plan to provide that the initial nursing home~~
 2 ~~reimbursement rates, for the operating, patient care, and MAR~~
 3 ~~components, associated with related and unrelated party~~
 4 ~~changes of ownership or licensed operator filed on or after~~
 5 ~~September 1, 2001, are equivalent to the previous owner's~~
 6 ~~reimbursement rate.~~

7 ~~1.2.~~ The agency shall amend the long-term care
 8 reimbursement plan and cost reporting system to create direct
 9 care and indirect care subcomponents of the patient care
 10 component of the per diem rate. These two subcomponents
 11 together shall equal the patient care component of the per
 12 diem rate. Separate cost-based ceilings shall be calculated
 13 for each patient care subcomponent. The direct care
 14 subcomponent of the per diem rate shall be limited by the
 15 cost-based class ceiling, and the indirect care subcomponent
 16 may be limited by the lower of the cost-based class ceiling,
 17 the target rate class ceiling, or the individual provider
 18 target.

19 ~~2.3.~~ The direct care subcomponent shall include
 20 salaries and benefits of direct care staff providing nursing
 21 services including registered nurses, licensed practical
 22 nurses, and certified nursing assistants who deliver care
 23 directly to residents in the nursing home facility. This
 24 excludes nursing administration, minimum data set, and care
 25 plan coordinators, staff development, and staffing
 26 coordinator.

27 ~~3.4.~~ All other patient care costs shall be included in
 28 the indirect care cost subcomponent of the patient care per
 29 diem rate. There shall be no costs directly or indirectly
 30 allocated to the direct care subcomponent from a home office
 31 or management company.

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1 ~~4.5.~~ On July 1 of each year, the agency shall report
 2 to the Legislature direct and indirect care costs, including
 3 average direct and indirect care costs per resident per
 4 facility and direct care and indirect care salaries and
 5 benefits per category of staff member per facility.

6 ~~5.6.~~ In order to offset the cost of general and
 7 professional liability insurance, the agency shall amend the
 8 plan to allow for interim rate adjustments to reflect
 9 increases in the cost of general or professional liability
 10 insurance for nursing homes. This provision shall be
 11 implemented to the extent existing appropriations are
 12 available.

13
 14 It is the intent of the Legislature that the reimbursement
 15 plan achieve the goal of providing access to health care for
 16 nursing home residents who require large amounts of care while
 17 encouraging diversion services as an alternative to nursing
 18 home care for residents who can be served within the
 19 community. The agency shall base the establishment of any
 20 maximum rate of payment, whether overall or component, on the
 21 available moneys as provided for in the General Appropriations
 22 Act. The agency may base the maximum rate of payment on the
 23 results of scientifically valid analysis and conclusions
 24 derived from objective statistical data pertinent to the
 25 particular maximum rate of payment.

26 (13) Medicare premiums for persons eligible for both
 27 Medicare and Medicaid coverage shall be paid at the rates
 28 established by Title XVIII of the Social Security Act. For
 29 Medicare services rendered to Medicaid-eligible persons,
 30 Medicaid shall pay Medicare deductibles and coinsurance as
 31 follows:

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1 (d) Notwithstanding paragraphs (a)-(c):

2 1. Medicaid payments for Nursing Home Medicare part A
3 coinsurance shall be limited to the lesser of the Medicare
4 ~~coinsurance amount or the Medicaid nursing home per diem rate~~
5 less any amounts paid by Medicare, but only up to the amount
6 of Medicare coinsurance. The Medicaid per diem rate shall be
7 the rate in effect for the dates of service of the crossover
8 claims and may not be subsequently adjusted due to subsequent
9 per diem rate adjustments.

10 2. Medicaid shall pay all deductibles and coinsurance
11 for Medicare-eligible recipients receiving freestanding end
12 stage renal dialysis center services.

13 3. Medicaid payments for general hospital inpatient
14 services shall be limited to the Medicare deductible per spell
15 of illness. Medicaid shall make no payment toward coinsurance
16 for Medicare general hospital inpatient services.

17 4. Medicaid shall pay all deductibles and coinsurance
18 for Medicare emergency transportation services provided by
19 ambulances licensed pursuant to chapter 401.

20
21 (Redesignate subsequent sections.)

22
23

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

25 And the title is amended as follows:

26 On page 1, line 13, after the semicolon,

27

28 insert:

29 amending s. 409.908, F.S.; deleting a provision
30 providing that an operator of a Medicaid
31 nursing home may qualify for an increased

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1 reimbursement rate due to a change of ownership
2 or licensed operator; providing a limitation on
3 the reimbursement rates for Medicaid payments
4 to nursing homes;
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