

Bill No. SB 12-C

Barcode 820986

CHAMBER ACTION

Senate

House

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The Committee on Health and Human Services Appropriations
(Gaetz) recommended the following amendment:

Senate Amendment (with title amendment)

On page 3, between lines 13 and 14,

insert:

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

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

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

19 (2)

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

29 ~~1. Changes of ownership or of licensed operator may or~~
30 ~~may not qualify for increases in reimbursement rates~~
31 ~~associated with the change of ownership or of licensed~~

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

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

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

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

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1 or management company.

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

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

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

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

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1 follows:

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

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

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

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

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

21

22

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

24 And the title is amended as follows:

25 On page 1, line 11, after the semicolon,

26

27 insert:

28 amending s. 409.908, F.S.; deleting a provision
 29 that provides that an operator of a Medicaid
 30 nursing home may qualify the operator for an
 31 increased reimbursement rate due to a change of

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1 ownership or licensed operator; provides for a
2 limitation of reimbursement rates for Medicaid
3 nursing homes;

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