

By the Committee on Health and Human Services Appropriations;  
and Senator Peadar

603-04367-08

20081852c1

1 A bill to be entitled

2 An act relating to reimbursement of Medicaid providers;  
3 amending s. 409.908, F.S.; requiring the Agency for Health  
4 Care Administration to limit the reimbursement rate for  
5 certain specified providers notwithstanding certain  
6 provisions and rules to the contrary; providing that the  
7 limitations apply to prepaid health plans and nursing home  
8 diversion programs; providing for application; providing  
9 an effective date.

10  
11 Be It Enacted by the Legislature of the State of Florida:

12  
13 Section 1. Subsection (23) is added to section 409.908,  
14 Florida Statutes, to read:

15 409.908 Reimbursement of Medicaid providers.--Subject to  
16 specific appropriations, the agency shall reimburse Medicaid  
17 providers, in accordance with state and federal law, according to  
18 methodologies set forth in the rules of the agency and in policy  
19 manuals and handbooks incorporated by reference therein. These  
20 methodologies may include fee schedules, reimbursement methods  
21 based on cost reporting, negotiated fees, competitive bidding  
22 pursuant to s. 287.057, and other mechanisms the agency considers  
23 efficient and effective for purchasing services or goods on  
24 behalf of recipients. If a provider is reimbursed based on cost  
25 reporting and submits a cost report late and that cost report  
26 would have been used to set a lower reimbursement rate for a rate  
27 semester, then the provider's rate for that semester shall be  
28 retroactively calculated using the new cost report, and full  
29 payment at the recalculated rate shall be effected retroactively.

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30 Medicare-granted extensions for filing cost reports, if  
31 applicable, shall also apply to Medicaid cost reports. Payment  
32 for Medicaid compensable services made on behalf of Medicaid  
33 eligible persons is subject to the availability of moneys and any  
34 limitations or directions provided for in the General  
35 Appropriations Act or chapter 216. Further, nothing in this  
36 section shall be construed to prevent or limit the agency from  
37 adjusting fees, reimbursement rates, lengths of stay, number of  
38 visits, or number of services, or making any other adjustments  
39 necessary to comply with the availability of moneys and any  
40 limitations or directions provided for in the General  
41 Appropriations Act, provided the adjustment is consistent with  
42 legislative intent.

43 (23) (a) Notwithstanding the provisions of this section to  
44 the contrary and any rules adopted thereunder to the contrary,  
45 the agency shall limit each provider's reimbursement rate by  
46 reducing the provider's reimbursement rate in an amount necessary  
47 to reduce the statewide weighted average rate for the new rate  
48 semester to equal the statewide weighted average rate for the  
49 preceding rate semester.

50 (b) This subsection applies to the following types of  
51 providers:

- 52 1. Inpatient hospitals;
  - 53 2. Outpatient hospitals;
  - 54 3. Nursing homes;
  - 55 4. County health departments; and
  - 56 5. Community intermediate care facilities for the  
57 developmentally disabled.
- 58

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59 The agency shall apply the effect of these limitations to the  
60 reimbursement rates for prepaid health plans and nursing home  
61 diversion programs.

62 (c) This subsection applies to reimbursement rates paid on  
63 July 1, 2008, and thereafter.

64 Section 2. This act shall take effect upon becoming a law.