

1 A bill to be entitled
 2 An act relating to emergency services provided by Medicaid
 3 managed care plans; amending s. 409.9128, F.S.; providing
 4 conditions for provision of services to enrollees of
 5 managed care plans by certain hospitals; amending s.
 6 641.3155, F.S.; providing time limits and rate structures
 7 for payment of claims to certain hospitals for services or
 8 goods by a provider; amending s. 641.513, F.S.; revising
 9 requirements for reimbursement for provision of emergency
 10 services and care under a health maintenance contract;
 11 providing for construction; providing applicability;
 12 providing an effective date.

13
 14 Be It Enacted by the Legislature of the State of Florida:

15
 16 Section 1. Subsection (6) is added to section 409.9128,
 17 Florida Statutes, to read:

18 409.9128 Requirements for providing emergency services and
 19 care.--

20 (6) When services are provided to an enrollee of a managed
 21 care plan under this section by a hospital that does not have a
 22 contract with the managed care plan:

23 (a) The agency may seek to facilitate contract terms
 24 between a specific hospital and a specific managed care plan
 25 related to emergency services and care, if:

26 1. The agency receives a written request for such
 27 facilitation from either party based on a belief that the

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28 provision of emergency services and care on a noncontracted
29 basis has become excessive; and

30 2. After receiving such a written request, the agency
31 determines, at its own discretion, that the provision of
32 emergency services and care on a noncontracted basis has become
33 excessive.

34 (b) The agency is not authorized under paragraph (a) to
35 require either party to agree to specific contract terms or
36 specific payment amounts.

37 (c) In the interest of patient safety:

38 1. Under no circumstances may a managed care plan allow
39 the provisions of this subsection or subsection (5) or the
40 absence of a hospital contract to influence decisions regarding
41 the provision of care or case management for its Medicaid
42 members, including, but not limited to, whether members should
43 be transferred from one hospital to another.

44 2. Under no circumstances may a hospital allow the
45 provisions of this subsection or subsection (5) or the absence
46 of a managed care plan contract to influence its treatment,
47 care, or procedures concerning an individual who seeks emergency
48 services, including, but not limited to, the procedures to
49 determine whether an emergency medical condition exists or
50 whether to transfer a patient to another hospital.

51 Section 2. Subsections (16) and (17) of section 641.3155,
52 Florida Statutes, are renumbered as subsections (17) and (18),
53 respectively, and a new subsection (16) is added to that
54 section, to read:

55 641.3155 Prompt payment of claims.--

56 (16) When a hospital provides emergency services and care
57 under s. 409.9128 to a Medicaid subscriber of a health
58 maintenance organization and the hospital is not under contract
59 with the health maintenance organization for Medicaid services:

60 (a) Notwithstanding s. 409.9128(5), for a hospital that is
61 exempt from Medicaid reimbursement ceilings pursuant to chapter
62 409 or the General Appropriations Act:

63 1. If the health maintenance organization pays a claim
64 submitted electronically pursuant to subsection (3) within 10
65 days after receipt of the claim, or if the claim is not
66 submitted electronically pursuant to subsection (3), the amount
67 paid by the health maintenance organization shall be 70 percent
68 of the Medicaid rate normally paid directly to the hospital on a
69 fee-for-service basis by the agency for providing the services
70 in question to a Medicaid recipient.

71 2. If the health maintenance organization pays a claim
72 submitted electronically pursuant to subsection (3) later than
73 10 days after receipt of the claim, the amount paid by the
74 health maintenance organization shall be the Medicaid rate
75 normally paid directly to the hospital on a fee-for-service
76 basis by the agency for providing the services in question to a
77 Medicaid recipient.

78 3. This paragraph does not prevent the hospital and the
79 health maintenance organization from mutually agreeing to a
80 payment that differs from the amounts specified in subparagraph
81 1. or subparagraph 2.

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82 (b) For a hospital that is not exempt from Medicaid
83 reimbursement ceilings pursuant to chapter 409 or the General
84 Appropriations Act, s. 409.9128(5) applies.

85 Section 3. Subsection (6) of section 641.513, Florida
86 Statutes, is amended to read:

87 641.513 Requirements for providing emergency services and
88 care.--

89 (6) Reimbursement for services under this section provided
90 to subscribers who are Medicaid recipients by a provider for
91 whom no contract exists between the provider and the health
92 maintenance organization shall be governed by ss. 409.9128(5)
93 and 641.3155(16). ~~the lesser of:~~

94 ~~(a) The provider's charges;~~

95 ~~(b) The usual and customary provider charges for similar~~
96 ~~services in the community where the services were provided;~~

97 ~~(c) The charge mutually agreed to by the entity and the~~
98 ~~provider within 60 days after submittal of the claim; or~~

99 ~~(d) The Medicaid rate.~~

100 Section 4. It is the intent of the Legislature that this
101 act represents a material change in law and may not be construed
102 in any way as a clarification of existing law. This act shall
103 only apply prospectively for hospital emergency services and
104 care rendered on or after the effective date of this act.

105 Section 5. This act shall take effect July 1, 2009.