

By Senator Wise

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1 A bill to be entitled
2 An act relating to a Medicaid home and community-based
3 waiver program; amending s. 409.912, F.S.; eliminating
4 the involvement of the Agency for Persons with
5 Disabilities in the requirement that the Agency for
6 Health Care Administration develop or amend a home and
7 community-based services waiver to provide services to
8 persons who have certain diagnoses; expanding the
9 waiver to include children and adults who are
10 diagnosed as having myotubular myopathy; providing an
11 effective date.

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

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15 Section 1. Subsection (51) of section 409.912, Florida
16 Statutes, is amended to read:

17 409.912 Cost-effective purchasing of health care.—The
18 agency shall purchase goods and services for Medicaid recipients
19 in the most cost-effective manner consistent with the delivery
20 of quality medical care. To ensure that medical services are
21 effectively utilized, the agency may, in any case, require a
22 confirmation or second physician's opinion of the correct
23 diagnosis for purposes of authorizing future services under the
24 Medicaid program. This section does not restrict access to
25 emergency services or poststabilization care services as defined
26 in 42 C.F.R. part 438.114. Such confirmation or second opinion
27 shall be rendered in a manner approved by the agency. The agency
28 shall maximize the use of prepaid per capita and prepaid
29 aggregate fixed-sum basis services when appropriate and other

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30 alternative service delivery and reimbursement methodologies,
31 including competitive bidding pursuant to s. 287.057, designed
32 to facilitate the cost-effective purchase of a case-managed
33 continuum of care. The agency shall also require providers to
34 minimize the exposure of recipients to the need for acute
35 inpatient, custodial, and other institutional care and the
36 inappropriate or unnecessary use of high-cost services. The
37 agency shall contract with a vendor to monitor and evaluate the
38 clinical practice patterns of providers in order to identify
39 trends that are outside the normal practice patterns of a
40 provider's professional peers or the national guidelines of a
41 provider's professional association. The vendor must be able to
42 provide information and counseling to a provider whose practice
43 patterns are outside the norms, in consultation with the agency,
44 to improve patient care and reduce inappropriate utilization.
45 The agency may mandate prior authorization, drug therapy
46 management, or disease management participation for certain
47 populations of Medicaid beneficiaries, certain drug classes, or
48 particular drugs to prevent fraud, abuse, overuse, and possible
49 dangerous drug interactions. The Pharmaceutical and Therapeutics
50 Committee shall make recommendations to the agency on drugs for
51 which prior authorization is required. The agency shall inform
52 the Pharmaceutical and Therapeutics Committee of its decisions
53 regarding drugs subject to prior authorization. The agency is
54 authorized to limit the entities it contracts with or enrolls as
55 Medicaid providers by developing a provider network through
56 provider credentialing. The agency may competitively bid single-
57 source-provider contracts if procurement of goods or services
58 results in demonstrated cost savings to the state without

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59 limiting access to care. The agency may limit its network based
60 on the assessment of beneficiary access to care, provider
61 availability, provider quality standards, time and distance
62 standards for access to care, the cultural competence of the
63 provider network, demographic characteristics of Medicaid
64 beneficiaries, practice and provider-to-beneficiary standards,
65 appointment wait times, beneficiary use of services, provider
66 turnover, provider profiling, provider licensure history,
67 previous program integrity investigations and findings, peer
68 review, provider Medicaid policy and billing compliance records,
69 clinical and medical record audits, and other factors. Providers
70 shall not be entitled to enrollment in the Medicaid provider
71 network. The agency shall determine instances in which allowing
72 Medicaid beneficiaries to purchase durable medical equipment and
73 other goods is less expensive to the Medicaid program than long-
74 term rental of the equipment or goods. The agency may establish
75 rules to facilitate purchases in lieu of long-term rentals in
76 order to protect against fraud and abuse in the Medicaid program
77 as defined in s. 409.913. The agency may seek federal waivers
78 necessary to administer these policies.

79 (51) The agency shall ~~work with the Agency for Persons with~~
80 ~~Disabilities to~~ develop or amend a home and community-based
81 waiver to serve children and adults who are diagnosed with
82 familial dysautonomia or Riley-Day syndrome caused by a mutation
83 of the IKBKAP gene on chromosome 9 or diagnosed with myotubular
84 myopathy. The agency shall seek federal waiver approval and
85 implement the approved waiver subject to the availability of
86 funds and any limitations provided in the General Appropriations
87 Act. The agency may adopt rules to administer ~~implement~~ this

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88 waiver program.

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