

HB 431

2009

1 A bill to be entitled
2 An act relating to Medicaid coverage for myotubular
3 myopathy; amending s. 409.912, F.S.; requiring the Agency
4 for Health Care Administration to develop a home and
5 community-based services waiver to provide services to
6 persons diagnosed as having myotubular myopathy; requiring
7 the agency to seek approval for the federal waiver and to
8 implement the waiver under certain conditions; authorizing
9 the agency to adopt rules; providing an effective date.

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

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13 Section 1. Subsection (54) is added to section 409.912,
14 Florida Statutes, to read:

15 409.912 Cost-effective purchasing of health care.--The
16 agency shall purchase goods and services for Medicaid recipients
17 in the most cost-effective manner consistent with the delivery
18 of quality medical care. To ensure that medical services are
19 effectively utilized, the agency may, in any case, require a
20 confirmation or second physician's opinion of the correct
21 diagnosis for purposes of authorizing future services under the
22 Medicaid program. This section does not restrict access to
23 emergency services or poststabilization care services as defined
24 in 42 C.F.R. part 438.114. Such confirmation or second opinion
25 shall be rendered in a manner approved by the agency. The agency
26 shall maximize the use of prepaid per capita and prepaid
27 aggregate fixed-sum basis services when appropriate and other
28 alternative service delivery and reimbursement methodologies,

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

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

77 (54) The agency shall develop a model home and community-
78 based services waiver to provide services for children and
79 adults diagnosed as having myotubular myopathy, a rare,
80 congenital, muscle-wasting disorder characterized by profound
81 loss of muscle tone, weakness of skeletal muscles, respiratory
82 insufficiency, and eye-muscle weakness. The agency shall seek
83 approval for a federal waiver and implement the approved waiver
84 subject to the availability of funds and any limitations

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85 provided in the General Appropriations Act. The agency may adopt
86 rules to administer this waiver program.

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