Florida Senate - 2010
SB7084

Committee	Amendment
HA	**6**

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

Section: 03 **On Page:** 005 **Spec App:** 176	**EXPLANATION:** **Revises the proviso immediately preceeding Specific Appropration 176 related to the implementation of patient centered medical home networks.**

NET IMPACT ON:	Total Funds	General Revenue	Trust Funds
Recurring -	0	0	0
Non-Recurring -	0	0	0

	Positions & Amount DELETE	Positions & Amount INSERT

AGENCY FOR HEALTH CARE ADMINISTRATION
Program: Health Care Services
Medicaid Services To Individuals *68501400*

In Section 03 On Page 005
176 Special Categories *100062*
Adult Vision And Hearing Services *IOEE*

DELETE the proviso immediately preceeding Specific Appropriation 176:

From the funds in Specific Appropriations 176 through 213, the agency shall implement patient centered medical home networks in Agency for Health Care Administration Areas 1 and 2 by October 1, 2010. The projects shall utilize primary care case management centrally managed by a primary care physician, and enhanced by medical home networks that use coordinated evidence based medicine and health information technology for data management and ongoing quality improvement. The medical home network shall consist of a provider service network that contracts with the agency to provide medical services to Medicaid patients on a capitated and risk basis that is managed and delivered by primary care physicians, healthcare providers, federally qualified health centers, and hospitals. The provider service network shall be majority owned by one or more of these healthcare providers. No less than 85% of the capitated rate paid to the provider service network by the agency shall be expended for direct patient care. Direct patient care shall mean payments to health care providers for the provision of direct medical services to a patient. Providers within the network shall be paid on a

fee for service basis and shall be eligible to receive an enhanced case management fee and other incentives to encourage care coordination. Any provider service network is eligible to be designated as a medical home network if it meets the above referenced criteria. The agency shall transition the existing Medipass patients in Areas 1 and 2 into the medical home network provider service networks within 60 days of giving the patients advance notice of the pending transition. The agency is authorized to seek any necessary state plan amendment or federal waiver to implement this provision. The agency shall evaluate these networks and report on the following measures: the savings to the Medicaid program realized by the capitated payment scheme, provider participation, patient satisfaction, the percent of the capitation payment spent on direct patient care, and the quality of the medical care provided to Medicaid patients enrolled in the networks. The agency shall issue a report on these measures to the Legislature and the public prior to October 1, 2011, and a final assessment shall be submitted by October 1, 2013.

Insert proviso immediately preceeding Specific Appropriation 176:

From the funds in Specific Appropriation 176 through 213, the agency shall implement patient centered medical home networks in Agency for Health Care Administration Areas 1 and 2 by October 1, 2010. The projects shall utilize primary care case management centrally managed by a primary care physician, and enhanced by medical home networks that use coordinated evidence based medicine and health information technology for data management and ongoing quality improvement. Each medical home network shall consist of a provider service network; health maintenance organization licensed under chapter 641 Florida Statutes, or other managed care entity authorized by Florida law to assume risk; or a partnership of health providers such as hospitals, county health departments, physicians, federally qualified health centers, and other health care providers in partnership with a managed care entity authorized by Florida law to assume risk, that contracts with the agency to provide medical services to Medicaid patients. No less than 85% of the capitated rate paid to the network by the agency shall be expended for direct patient care and the network shall be required to save the state at least 8 percent compared to the existing fee for service delivery system in agency Areas 1 and 2. Direct patient care shall mean payments to health care providers for the provision of direct medical services to a patient. Providers within the network shall be eligible to receive an enhanced case management fee and other incentives to encourage care coordination. The agency shall transition the existing Medipass patients in Areas 1 and 2 into the medical home networks, as approved by the federal Centers for Medicare and Medicaid Services, within 60 days of giving the patients advance notice of the pending transition. The agency is authorized to seek any necessary state plan amendment or federal waiver to implement this provision. The agency shall evaluate these networks and report on the following measures: the savings to the Medicaid Program, provider participation,

patient satisfaction, and the percent of the capitation payment spent on direct patient care, and the quality of the medical care provided to Medicaid patients enrolled in the networks. The agency shall issue a report on these measures to the Legislature and the public prior to October 1, 2011, and a final assessment shall be submitted by October 1, 2012.

Line item amendments are accepted as part of the amendatory process. However, due to the necessity of using computerized systems this may entail a different placement within a budget entity or the renumbering of the specific appropriation items.