

HB 881

2010

1 A bill to be entitled  
2 An act relating to hospital outpatient services; amending  
3 s. 409.905, F.S.; authorizing the Agency for Health Care  
4 Administration to pay for hospital outpatient services  
5 provided to Medicaid recipients under the direction of a  
6 licensed advanced registered nurse practitioner; providing  
7 an exception to limits on payment for hospital outpatient  
8 services provided to Medicaid recipients for services  
9 provided in certain clinics; 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 (6) of section 409.905, Florida  
14 Statutes, is amended to read:

15 409.905 Mandatory Medicaid services.—The agency may make  
16 payments for the following services, which are required of the  
17 state by Title XIX of the Social Security Act, furnished by  
18 Medicaid providers to recipients who are determined to be  
19 eligible on the dates on which the services were provided. Any  
20 service under this section shall be provided only when medically  
21 necessary and in accordance with state and federal law.  
22 Mandatory services rendered by providers in mobile units to  
23 Medicaid recipients may be restricted by the agency. Nothing in  
24 this section shall be construed to prevent or limit the agency  
25 from adjusting fees, reimbursement rates, lengths of stay,  
26 number of visits, number of services, or any other adjustments  
27 necessary to comply with the availability of moneys and any  
28 limitations or directions provided for in the General

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29 Appropriations Act or chapter 216.

30 (6) HOSPITAL OUTPATIENT SERVICES.—The agency shall pay for  
31 preventive, diagnostic, therapeutic, or palliative care and  
32 other services provided to a recipient in the outpatient portion  
33 of a hospital licensed under part I of chapter 395, and provided  
34 under the direction of a licensed physician, licensed advanced  
35 registered nurse practitioner, or licensed dentist, except that  
36 payment for such care and services is limited to \$1,500 per  
37 state fiscal year per recipient, unless an exception has been  
38 made by the agency, and with the exception of a Medicaid  
39 recipient under age 21 or a Medicaid recipient of any age who is  
40 receiving such care in a community-based clinic of a publicly  
41 owned hospital, in which case the only limitation is medical  
42 necessity.

43 Section 2. This act shall take effect July 1, 2010.