

HB 1133

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1 A bill to be entitled
2 An act relating to Medicaid; amending s. 409.912, F.S.;
3 authorizing the Agency for Health Care Administration, in
4 collaboration with the Department of Health, to develop a
5 home and community-based services Medicaid waiver program
6 to serve children diagnosed with Trisomy 18, subject to
7 federal waiver approval; providing rulemaking authority;
8 providing an effective date.

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

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

14 409.912 Cost-effective purchasing of health care.—The
15 agency shall purchase goods and services for Medicaid recipients
16 in the most cost-effective manner consistent with the delivery
17 of quality medical care. To ensure that medical services are
18 effectively utilized, the agency may, in any case, require a
19 confirmation or second physician's opinion of the correct
20 diagnosis for purposes of authorizing future services under the
21 Medicaid program. This section does not restrict access to
22 emergency services or poststabilization care services as defined
23 in 42 C.F.R. part 438.114. Such confirmation or second opinion
24 shall be rendered in a manner approved by the agency. The agency
25 shall maximize the use of prepaid per capita and prepaid
26 aggregate fixed-sum basis services when appropriate and other
27 alternative service delivery and reimbursement methodologies,
28 including competitive bidding pursuant to s. 287.057, designed

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

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

76 | (54) The agency shall work with the Department of Health
77 | to develop a home and community-based services Medicaid waiver
78 | program to serve children diagnosed with Trisomy 18, also known
79 | as Edwards syndrome, a rare genetic disorder that is
80 | characterized by heart abnormalities, kidney dysfunction, and
81 | other internal disorders. The agency shall implement the program
82 | subject to federal waiver approval, the availability of funds,
83 | and any limitations provided in the General Appropriations Act.
84 | The agency may adopt rules to implement this subsection.

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Section 2. This act shall take effect July 1, 2011.