



235806

LEGISLATIVE ACTION

Senate	.	House
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The Committee on Health Regulation (Garcia) recommended the following:

1           **Senate Amendment to Amendment (423426) (with title**  
2 **amendment)**

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4           Between lines 75 and 76  
5 insert:

6           Section 4. Subsection (41) of section 409.912, Florida  
7 Statutes, is amended to read:

8           409.912 Cost-effective purchasing of health care.—The  
9 agency shall purchase goods and services for Medicaid recipients  
10 in the most cost-effective manner consistent with the delivery  
11 of quality medical care. To ensure that medical services are  
12 effectively utilized, the agency may, in any case, require a



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13 confirmation or second physician's opinion of the correct  
14 diagnosis for purposes of authorizing future services under the  
15 Medicaid program. This section does not restrict access to  
16 emergency services or poststabilization care services as defined  
17 in 42 C.F.R. part 438.114. Such confirmation or second opinion  
18 shall be rendered in a manner approved by the agency. The agency  
19 shall maximize the use of prepaid per capita and prepaid  
20 aggregate fixed-sum basis services when appropriate and other  
21 alternative service delivery and reimbursement methodologies,  
22 including competitive bidding pursuant to s. 287.057, designed  
23 to facilitate the cost-effective purchase of a case-managed  
24 continuum of care. The agency shall also require providers to  
25 minimize the exposure of recipients to the need for acute  
26 inpatient, custodial, and other institutional care and the  
27 inappropriate or unnecessary use of high-cost services. The  
28 agency shall contract with a vendor to monitor and evaluate the  
29 clinical practice patterns of providers in order to identify  
30 trends that are outside the normal practice patterns of a  
31 provider's professional peers or the national guidelines of a  
32 provider's professional association. The vendor must be able to  
33 provide information and counseling to a provider whose practice  
34 patterns are outside the norms, in consultation with the agency,  
35 to improve patient care and reduce inappropriate utilization.  
36 The agency may mandate prior authorization, drug therapy  
37 management, or disease management participation for certain  
38 populations of Medicaid beneficiaries, certain drug classes, or  
39 particular drugs to prevent fraud, abuse, overuse, and possible  
40 dangerous drug interactions. The Pharmaceutical and Therapeutics  
41 Committee shall make recommendations to the agency on drugs for



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42 which prior authorization is required. The agency shall inform  
43 the Pharmaceutical and Therapeutics Committee of its decisions  
44 regarding drugs subject to prior authorization. The agency is  
45 authorized to limit the entities it contracts with or enrolls as  
46 Medicaid providers by developing a provider network through  
47 provider credentialing. The agency may competitively bid single-  
48 source-provider contracts if procurement of goods or services  
49 results in demonstrated cost savings to the state without  
50 limiting access to care. The agency may limit its network based  
51 on the assessment of beneficiary access to care, provider  
52 availability, provider quality standards, time and distance  
53 standards for access to care, the cultural competence of the  
54 provider network, demographic characteristics of Medicaid  
55 beneficiaries, practice and provider-to-beneficiary standards,  
56 appointment wait times, beneficiary use of services, provider  
57 turnover, provider profiling, provider licensure history,  
58 previous program integrity investigations and findings, peer  
59 review, provider Medicaid policy and billing compliance records,  
60 clinical and medical record audits, and other factors. Providers  
61 shall not be entitled to enrollment in the Medicaid provider  
62 network. The agency shall determine instances in which allowing  
63 Medicaid beneficiaries to purchase durable medical equipment and  
64 other goods is less expensive to the Medicaid program than long-  
65 term rental of the equipment or goods. The agency may establish  
66 rules to facilitate purchases in lieu of long-term rentals in  
67 order to protect against fraud and abuse in the Medicaid program  
68 as defined in s. 409.913. The agency may seek federal waivers  
69 necessary to administer these policies.

70 (41) The agency shall establish ~~provide for the development~~



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71 ~~of~~ a demonstration project ~~by establishment~~ in Miami-Dade County  
72 of a long-term-care facility and a psychiatric facility licensed  
73 pursuant to chapter 395 to improve access to health care for a  
74 predominantly minority, medically underserved, and medically  
75 complex population and to evaluate alternatives to nursing home  
76 care and general acute care for such population. Such project is  
77 to be located in a health care condominium and collocated  
78 ~~collocated~~ with licensed facilities providing a continuum of  
79 care. These projects are ~~The establishment of this project is~~  
80 not subject to the provisions of s. 408.036 or s. 408.039.

81  
82 ===== T I T L E A M E N D M E N T =====

83 And the title is amended as follows:

84 Delete lines 2259 - 2268

85 and insert:

86 An act relating to assisted care communities; amending  
87 s. 400.141, F.S.; revising licensing requirements for  
88 registered pharmacists under contract with a nursing  
89 home and related health care facilities; amending s.  
90 408.810, F.S.; providing additional licensing  
91 requirements for assisted living facilities; amending  
92 s. 408.820, F.S.; providing that certain assisted  
93 living facilities are exempt from requirements of part  
94 II of ch. 408, F.S., related to health care licensing;  
95 amending s. 409.912, F.S.; requiring the Agency for  
96 Health Care Administration to provide for the  
97 development of a demonstration project for a  
98 psychiatric facility in Miami-Dade County; amending s.  
99 429.01, F.S.;