



LEGISLATIVE ACTION

Senate	.	House
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Floor: WD/3R	.	
05/06/2011 11:11 AM	.	
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Senator Bennett moved the following:

1           **Senate Amendment to Amendment (351842) (with directory**  
2 **amendment)**

3  
4           Delete lines 466 - 512  
5 and insert:

6           (c) The agency shall adjust a hospital's current inpatient  
7 per diem rate to reflect the cost of serving the Medicaid  
8 population at that institution if:

9           1. The hospital experiences an increase in Medicaid  
10 caseload by more than 25 percent in any year, primarily  
11 resulting from the closure of a hospital in the same service  
12 area occurring after July 1, 1995;

13           2. The hospital's Medicaid per diem rate is at least 25



686708

14 percent below the Medicaid per patient cost for that year; or

15 3. The hospital is located in a county that has six or  
16 fewer general acute care hospitals, began offering obstetrical  
17 services on or after September 1999, and has submitted a request  
18 in writing to the agency for a rate adjustment after July 1,  
19 2000, but before September 30, 2000, in which case such  
20 hospital's Medicaid inpatient per diem rate shall be adjusted to  
21 cost, effective July 1, 2002.

22  
23 By October 1 of each year, the agency must provide estimated  
24 costs for any adjustment in a hospital inpatient per diem rate  
25 to the Executive Office of the Governor, the House of  
26 Representatives General Appropriations Committee, and the Senate  
27 Appropriations Committee. Before the agency implements a change  
28 in a hospital's inpatient per diem rate pursuant to this  
29 paragraph, the Legislature must have specifically appropriated  
30 sufficient funds in the General Appropriations Act to support  
31 the increase in cost as estimated by the agency. This paragraph  
32 expires June 30, 2012.

33 (d) Effective July 1, 2012, the agency shall implement a  
34 methodology for establishing base reimbursement rates for each  
35 hospital based on allowable costs, as defined by the agency.  
36 Rates shall be calculated annually and take effect July 1 of  
37 each year based on the most recent complete and accurate cost  
38 report submitted by each hospital. Adjustments may not be made  
39 to the rates after September 30 of the state fiscal year in  
40 which the rate takes effect. Errors in cost reporting or  
41 calculation of rates discovered after September 30 must be  
42 reconciled in a subsequent rate period. The agency may not make



686708

43 any adjustment to a hospital's reimbursement rate more than 5  
44 years after a hospital is notified of an audited rate  
45 established by the agency. The requirement that the agency may  
46 not make any adjustment to a hospital's reimbursement rate more  
47 than 5 years after a hospital is notified of an audited rate  
48 established by the agency is remedial and applies to actions by  
49 providers involving Medicaid claims for hospital services.  
50 Hospital rates shall be subject to such limits or ceilings as  
51 may be established in law or described in the agency's hospital  
52 reimbursement plan. Specific exemptions to the limits or  
53 ceilings may be provided in the General Appropriations Act.

54 (h) The agency shall develop a plan to convert inpatient  
55

56 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

57 And the directory clause is amended as follows:

58 Delete lines 355 - 357

59 and insert:

60 Section 9. Subsections (2) and (4) and paragraph (c) of  
61 subsection (5) of section 409.905, Florida Statutes, are  
62 amended, present paragraphs (d) through (f) are redesignated as  
63 paragraphs (e) through (g) respectively, and new paragraphs (d)  
64 and (g) are added to subsection (5), to read:  
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