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LEGISLATIVE ACTION

Senate

House

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Floor: 1/AD/2R

02/23/2012 03:47 PM

Senator Hays moved the following:

Senate Amendment (with title amendment)

Between lines 301 and 302

insert:

Section 10. In order to implement Specific Appropriation 208 of the 2012-2013 General Appropriations Act, subsection (41) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct



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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
42 which prior authorization is required. The agency shall inform



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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 are not entitled to enrollment in the Medicaid provider network.
62 The agency shall determine instances in which allowing Medicaid
63 beneficiaries to purchase durable medical equipment and other
64 goods is less expensive to the Medicaid program than long-term
65 rental of the equipment or goods. The agency may establish rules
66 to facilitate purchases in lieu of long-term rentals in order to
67 protect against fraud and abuse in the Medicaid program as
68 defined in s. 409.913. The agency may seek federal waivers
69 necessary to administer these policies.

70 (41) (a) The agency shall contract on a prepaid or fixed-sum
71 basis with appropriately licensed prepaid dental health plans to



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72 provide dental services. This subsection expires October 1,
73 2014.

74 (b) Notwithstanding paragraph (a) and for the 2012-2013
75 fiscal year only, the agency is authorized to provide a Medicaid
76 prepaid dental health program in Miami-Dade County. For all
77 other counties, the agency may not limit dental services to
78 prepaid plans and must allow qualified dental providers to
79 provide dental services under Medicaid on a fee-for-service
80 reimbursement methodology. The agency may seek any necessary
81 revisions or amendments to the state plan or federal waivers in
82 order to implement this paragraph. The agency shall terminate
83 existing contracts as needed to implement this paragraph. This
84 paragraph expires July 1, 2013.

85
86 ===== T I T L E A M E N D M E N T =====

87 And the title is amended as follows:

88 Delete line 26

89 and insert:

90 services are spent; amending s. 409.912, F.S.;

91 authorizing the Agency for Health Care Administration

92 to provide a Medicaid prepaid dental health program in

93 Miami-Dade County; authorizing the agency to seek

94 revisions or amendments to the state plan or federal

95 waivers in order to implement the program; requiring

96 that the agency terminate existing contracts as

97 necessary to implement the program; requiring certain

98 budget