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LEGISLATIVE ACTION

Senate

House

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Floor: WD/2R

05/03/2013 02:25 PM

Senator Garcia moved the following:

Senate Amendment (with title amendment)

Between lines 159 and 160

insert:

Section 3. 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 diagnosis for purposes of authorizing future services under the



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



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

69 (41) (a) Notwithstanding s. 409.961, the agency shall
70 contract on a prepaid or fixed-sum basis with appropriately
71 licensed prepaid dental health plans to provide dental services.



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72 This paragraph expires October 1, 2017 ~~2014~~.

73 (b) Notwithstanding paragraph (a) ~~and for the 2012-2013~~
74 ~~fiscal year only~~, the agency is authorized to provide a Medicaid
75 prepaid dental health program in Miami-Dade County. The agency
76 shall provide an annual report by January 15 to the Governor,
77 the President of the Senate, and the Speaker of the House of
78 Representatives which compares the combined reported annual
79 benefits utilization and encounter data from all contractors,
80 along with the agency's findings as to projected and budgeted
81 annual program costs, the extent to which each contracting
82 entity is complying with all contract terms and conditions, the
83 effect that each entity's operation is having on access to care
84 for Medicaid recipients in the contractor's service area, and
85 the statistical trends associated with indicators of good oral
86 health among all recipients served in comparison with the
87 state's population as a whole ~~For all other counties, the agency~~
88 ~~may not limit dental services to prepaid plans and must allow~~
89 ~~qualified dental providers to provide dental services under~~
90 ~~Medicaid on a fee-for-service reimbursement methodology. The~~
91 ~~agency may seek any necessary revisions or amendments to the~~
92 ~~state plan or federal waivers in order to implement this~~
93 ~~paragraph. The agency shall terminate existing contracts as~~
94 ~~needed to implement this paragraph. This paragraph expires July~~
95 ~~1, 2013.~~

96
97 ===== T I T L E A M E N D M E N T =====

98 And the title is amended as follows:

99 Delete line 23

100 and insert:



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101 rules; amending s. 409.912, F.S.; postponing the
102 scheduled repeal of a provision requiring the Agency
103 for Health Care Administration to contract with dental
104 plans for dental services on a prepaid or fixed-sum
105 basis; authorizing the agency to provide a prepaid
106 dental health program in Miami-Dade County; requiring
107 an annual report to the Governor and Legislature;
108 providing an effective date.