

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Gonzalez offered the following:

2
3 **Amendment (with title amendment)**

4 Between lines 553 and 554, insert:

5 Section 11. Present subsections (10) and (11) of section
6 394.9082, Florida Statutes, are renumbered as subsections (11)
7 and (12), respectively, and a new subsection (10) is added to
8 that section, to read:

9 394.9082 Behavioral health managing entities.—

10 (10) CRISIS STABILIZATION UNIT REIMBURSEMENT.—The
11 department shall require managing entities to implement a
12 reimbursement methodology for crisis stabilization unit services
13 consistent with this subsection by January 1, 2015.

14 (a) Each managing entity shall enter into agreements with

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15 all providers qualified to serve as receiving facilities as
16 defined in s. 394.455 and located within the managing entity's
17 designated service area. If a private receiving facility does
18 not choose to participate, it cannot be paid by the managing
19 entity for involuntary care. A crisis stabilization unit may not
20 be a private receiving facility pursuant to s. 394.875.

21 (b) Using no more than one-quarter of the funds provided
22 to the managing entity for crisis stabilization services, the
23 managing entity shall allocate a base funding amount to each
24 receiving facility with a signed agreement entered into pursuant
25 to paragraph (a) which exceeded a minimum utilization level
26 specified by the managing entity. The amount of the base funding
27 for each receiving facility shall be proportionate to the number
28 of involuntary admissions to the receiving facility in the prior
29 fiscal year and shall be updated annually.

30 (c) The remainder of the funds provided for crisis
31 stabilization services shall be used by the managing entity to
32 provide per diem reimbursement to receiving facilities with a
33 signed agreement entered into pursuant to paragraph (a). The per
34 diem payment shall be made when a claim is submitted by the
35 receiving facility following a patient's discharge and verified
36 by the managing entity. The claim must document the following:

- 37 1. The identity of the patient;
- 38 2. The date of the admission;
- 39 3. The date of discharge;
- 40 4. The lack of any third-party coverage;

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41 5. The services provided during the patient's stay; and

42 6. The status of the patient's discharge, whether to his
43 or her home or to another receiving facility.

44 (d) Each managing entity shall define a standard per diem
45 reimbursement rate for the service area based on the available
46 funds, cost of service, and the expected total days of care in
47 the area.

48 (e) The total payment for each claim shall be the per diem
49 rate set by the managing entity multiplied by the days of care
50 provided.

51 (f) The managing entity may establish caps for the amount
52 of reimbursements each receiving facility with a signed
53 agreement entered into pursuant to paragraph (a) may earn each
54 month. Such caps must be part of the written agreement and must
55 be proportionate to the days of care provided by each receiving
56 facility.

57 (g) If, after 3 months, the total paid reimbursements
58 during the period are less than one-quarter of the funds
59 available for this purpose, the managing entity shall distribute
60 the remaining funds in an amount proportionate to the days of
61 care provided by each receiving facility with a signed agreement
62 entered into pursuant to paragraph (a).

63 (h) By signing an agreement entered into pursuant to
64 paragraph (a), a provider certifies its willingness to accept
65 all patients and agrees that the base funding plus the claims-
66 based reimbursement as adjudicated by the managing entity

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67 constitutes payment in full for services rendered to involuntary
68 patients.

69 (i) The department shall establish uniform standards for
70 the data that providers must submit with reimbursement claims
71 and shall establish a statewide database to compile claims data
72 from all managing entities in order to track use of crisis
73 stabilization services regardless of available funding.

74 (j) The department and the managing entities shall
75 maintain the security of the claims data consistent with state
76 and federal law.

77 (k) By January 31, 2016, and annually thereafter, the
78 department shall submit a report to the Governor, the President
79 of the Senate, and the Speaker of the House of Representatives
80 which provides details on the provider participation and patient
81 services provided in each service area. The report must describe
82 the expenditure of funds pursuant to this section, including the
83 base allocations and per diem rates in each service area, the
84 total per diem reimbursements by provider, the amount of any
85 quarterly disbursements, and the amount of unfunded care in each
86 service area.

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88 -----
89 **T I T L E A M E N D M E N T**

90 Remove line 50 and insert:

91 F.S.; conforming cross-references; amending s.

92 394.9082, F.S.; requiring the Department of Children

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93 and Families to require that managing entities
94 implement a specified reimbursement methodology by a
95 specified date; providing requirements for managing
96 entities, providers, and the reimbursement
97 methodology; requiring the department to establish
98 uniform standards for claims data submitted by
99 providers; requiring the department to establish a
100 statewide database of claims data; requiring the
101 department and managing entities to maintain the
102 security of claims data; requiring the department to
103 submit a report to the Governor and Legislature by a
104 specified date; providing requirements for such
105 report; providing an

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