

Amendment No.

CHAMBER ACTION

Senate

House

.

The Conference Committee on HB 5201 offered the following:

Conference Committee Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

(2) DEFINITIONS.—As used in this part:

(e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of up to ~~no greater than~~ 100 persons per square mile;

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14 2. An acute care hospital, in a county with a population
15 density of up to ~~no greater than~~ 100 persons per square mile,
16 which is at least 30 minutes of travel time, on normally
17 traveled roads under normal traffic conditions, from any other
18 acute care hospital within the same county;

19 3. A hospital supported by a tax district or subdistrict
20 whose boundaries encompass a population of up to 100 persons ~~or~~
21 ~~fewer~~ per square mile;

22 4. A hospital classified as a sole community hospital
23 under 42 C.F.R. s. 412.92 which has up to 340 licensed beds ~~in a~~
24 ~~constitutional charter county with a population of over 1~~
25 ~~million persons that has imposed a local option health service~~
26 ~~tax pursuant to law and in an area that was directly impacted by~~
27 ~~a catastrophic event on August 24, 1992, for which the Governor~~
28 ~~of Florida declared a state of emergency pursuant to chapter~~
29 ~~125, and has 120 beds or less that serves an agricultural~~
30 ~~community with an emergency room utilization of no less than~~
31 ~~20,000 visits and a Medicaid inpatient utilization rate greater~~
32 ~~than 15 percent;~~

33 5. A hospital with a service area that has a population of
34 up to 100 persons ~~or fewer~~ per square mile. As used in this
35 subparagraph, the term "service area" means the fewest number of
36 zip codes that account for 75 percent of the hospital's
37 discharges for the most recent 5-year period, based on
38 information available from the hospital inpatient discharge

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39 database in the Florida Center for Health Information and Policy
40 Analysis at the agency; or

41 6. A hospital designated as a critical access hospital, as
42 defined in s. 408.07.

43

44 Population densities used in this paragraph must be based upon
45 the most recently completed United States census. A hospital
46 that received funds under s. 409.9116 for a quarter beginning no
47 later than July 1, 2002, is deemed to have been and shall
48 continue to be a rural hospital from that date through June 30,
49 2015, if the hospital continues to have up to 100 ~~or fewer~~

50 licensed beds and an emergency room, ~~or meets the criteria of~~
51 ~~subparagraph 4~~. An acute care hospital that has not previously

52 been designated as a rural hospital and that meets the criteria
53 of this paragraph shall be granted such designation upon

54 application, including supporting documentation, to the agency.

55 A hospital that was licensed as a rural hospital during the
56 2010-2011 or 2011-2012 fiscal year shall continue to be a rural
57 hospital from the date of designation through June 30, 2015, if
58 the hospital continues to have up to 100 ~~or fewer~~ licensed beds
59 and an emergency room.

60 Section 2. Subsection (5) of section 409.909, Florida
61 Statutes, is renumbered as subsection (6) and a new subsection
62 (5) is added to that section, to read:

63 409.909 Statewide Medicaid Residency Program.—

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64 (5) Beginning in the 2015-2016 state fiscal year, the
65 agency shall reconcile each participating hospital's total
66 number of FTE residents calculated for the state fiscal year 2
67 years prior with its most recently available Medicare cost
68 reports covering the same time period. Reconciled FTE counts
69 shall be prorated according to the portion of the state fiscal
70 year covered by a Medicare cost report. Using the same
71 definitions, methodology, and payment schedule specified in this
72 section, the reconciliation shall apply any differences in
73 annual allocations calculated under subsection (4) to the
74 current year's annual allocations.

75 Section 3. Paragraph (a) of subsection (2) and paragraph
76 (d) of subsection (4) of section 409.911, Florida Statutes, is
77 amended to read:

78 409.911 Disproportionate share program.—Subject to
79 specific allocations established within the General
80 Appropriations Act and any limitations established pursuant to
81 chapter 216, the agency shall distribute, pursuant to this
82 section, moneys to hospitals providing a disproportionate share
83 of Medicaid or charity care services by making quarterly
84 Medicaid payments as required. Notwithstanding the provisions of
85 s. 409.915, counties are exempt from contributing toward the
86 cost of this special reimbursement for hospitals serving a
87 disproportionate share of low-income patients.

88 (2) The Agency for Health Care Administration shall use
89 the following actual audited data to determine the Medicaid days

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90 and charity care to be used in calculating the disproportionate
91 share payment:

92 (a) The average of the 2005, 2006, and 2007 audited
93 disproportionate share data to determine each hospital's
94 Medicaid days and charity care for the 2014-2015 ~~2013-2014~~ state
95 fiscal year.

96 (4) The following formulas shall be used to pay
97 disproportionate share dollars to public hospitals:

98 (d) Any nonstate government owned or operated hospital
99 eligible for payments under this section on July 1, 2011,
100 remains eligible for payments during the 2014-2015 ~~2013-2014~~
101 state fiscal year.

102 Section 4. Subsection (4) of section 409.965, Florida
103 Statutes, is amended to read:

104 409.965 Mandatory enrollment.—All Medicaid recipients
105 shall receive covered services through the statewide managed
106 care program, except as provided by this part pursuant to an
107 approved federal waiver. The following Medicaid recipients are
108 exempt from participation in the statewide managed care program:

109 ~~(4) Children receiving services in a prescribed pediatric
110 extended care center.~~

111 Section 5. Subsection (3) of section 409.968, Florida
112 Statutes, is renumbered as subsection (4), and a new subsection
113 (3) is added to that section to read:

114 409.968 Managed care plan payments.—

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115 (3) Reimbursement for prescribed pediatric extended care
116 services provided to children enrolled in a managed care plan
117 under s. 409.972(1)(g) shall be paid to the prescribed pediatric
118 extended care services provider by the agency on a fee-for-
119 service basis.

120 Section 6. Effective upon this act becoming a law, section
121 409.972, Florida Statutes, is amended to read:

122 409.972 Mandatory and voluntary enrollment.—

123 ~~(1) Persons eligible for the program known as "medically~~
124 ~~needy" pursuant to s. 409.904(2) shall enroll in managed care~~
125 ~~plans. Medically needy recipients shall meet the share of the~~
126 ~~cost by paying the plan premium, up to the share of the cost~~
127 ~~amount, contingent upon federal approval.~~

128 (1)(2) The following Medicaid-eligible persons are exempt
129 from mandatory managed care enrollment required by s. 409.965,
130 and may voluntarily choose to participate in the managed medical
131 assistance program:

132 (a) Medicaid recipients who have other creditable health
133 care coverage, excluding Medicare.

134 (b) Medicaid recipients residing in residential commitment
135 facilities operated through the Department of Juvenile Justice
136 or mental health treatment facilities as defined by s.
137 394.455(32).

138 (c) Persons eligible for refugee assistance.

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139 (d) Medicaid recipients who are residents of a
140 developmental disability center, including Sunland Center in
141 Marianna and Tacachale in Gainesville.

142 (e) Medicaid recipients enrolled in the home and community
143 based services waiver pursuant to chapter 393, and Medicaid
144 recipients waiting for waiver services.

145 (f) Medicaid recipients residing in a group home facility
146 licensed under chapter 393.

147 (g) Children receiving services in a prescribed pediatric
148 extended care center.

149 (2)~~(3)~~ Persons eligible for Medicaid but exempt from
150 mandatory participation who do not choose to enroll in managed
151 care shall be served in the Medicaid fee-for-service program as
152 provided under ~~in~~ part III of this chapter.

153 (3)~~(4)~~ The agency shall seek federal approval to require
154 Medicaid recipients enrolled in managed care plans, as a
155 condition of Medicaid eligibility, to pay the Medicaid program a
156 share of the premium of \$10 per month.

157 Section 7. Effective upon this act becoming a law,
158 subsection (7) of section 409.975, Florida Statutes, is amended
159 to read:

160 409.975 Managed care plan accountability.—In addition to
161 the requirements of s. 409.967, plans and providers
162 participating in the managed medical assistance program shall
163 comply with the requirements of this section.

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164 ~~(7) MEDICALLY NEEDY ENROLLEES. Each managed care plan must~~
 165 ~~accept any medically needy recipient who selects or is assigned~~
 166 ~~to the plan and provide that recipient with continuous~~
 167 ~~enrollment for 12 months. After the first month of qualifying as~~
 168 ~~a medically needy recipient and enrolling in a plan, and~~
 169 ~~contingent upon federal approval, the enrollee shall pay the~~
 170 ~~plan a portion of the monthly premium equal to the enrollee's~~
 171 ~~share of the cost as determined by the department. The agency~~
 172 ~~shall pay any remaining portion of the monthly premium. Plans~~
 173 ~~are not obligated to pay claims for medically needy patients for~~
 174 ~~services provided before enrollment in the plan. Medically needy~~
 175 ~~patients are responsible for payment of incurred claims that are~~
 176 ~~used to determine eligibility. Plans must provide a grace period~~
 177 ~~of at least 90 days before disenrolling recipients who fail to~~
 178 ~~pay their shares of the premium.~~

179 Section 8. Effective upon HB 5001, 2014 Regular Session,
 180 becoming a law, in order to ensure the continued delivery of
 181 quality Medicaid services by Jackson Hospital, the first
 182 paragraph of proviso language for Specific Appropriation 481A of
 183 the 2014-2015 General Appropriations Act is amended to read:

184
 185 481A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
 186 NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
 187 GRANTS AND AIDS - HEALTH FACILITIES
 188 FROM GENERAL REVENUE FUND15,500,000
 189

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190 From the funds in Specific Appropriation 481A, \$13,500,000 in
191 nonrecurring funds from the General Revenue Fund is provided for
192 the following projects:

- 193
- 194 Calhoun-Liberty Hospital.....400,000
- 195 Jackson ~~Memorial~~ Hospital - Energy Plant Repair.....3,400,000
- 196 Jackson ~~Memorial~~ Hospital - Operating Room Renovation...8,000,000
- 197 Lakeland Regional Medical Center - Family Health Center.1,000,000
- 198 Memorial Health Community Health Center in Miramar.....700,000

199 Section 9. Effective upon HB 5001, 2014 Regular Session,
200 becoming a law, in order to ensure the continued delivery of
201 quality Medicaid services by Manatee ER Diversion, the first
202 paragraph of proviso language for Specific Appropriation 461 of
203 the 2014-2015 General Appropriations Act is amended to read:

204

205 461 AID TO LOCAL GOVERNMENTS

206 GRANTS AND AIDS - PRIMARY CARE PROGRAM

207 FROM GENERAL REVENUE FUND28,276,512

208

209 From the funds in Specific Appropriation 461, the following
210 projects are funded from nonrecurring funds in the General
211 Revenue Fund:

- 212
- 213 Alachua County Organization for Rural Needs (ACORN).....750,000
- 214 Baptist Health South Florida - Telemedicine Intensive Care
215 Unit.....275,000

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| | | |
|-----|--|-----------|
| 216 | Banyan Community Health Center..... | 100,000 |
| 217 | Florida Association of Free and Charitable Clinics..... | 4,500,000 |
| 218 | Florida State University - College of Medicine - Immokalee | 300,000 |
| 219 | Howard Phillips Center for Children and Families - Teen Xpress | |
| 220 | Program..... | 50,000 |
| 221 | Manatee ER Memorial Hospital - Emergency Room Diversion | |
| 222 | Program | 300,000 |
| 223 | St. John Bosco Clinic..... | 50,000 |
| 224 | St. Vincent's HealthCare - Telemedicine Intensive Care | |
| 225 | Unit..... | 500,000 |
| 226 | Tampa Family Health Centers - Hillsborough County..... | 500,000 |

227 Section 10. Except as otherwise expressly provided in this
 228 act and except for this section, which shall take effect upon
 229 this act becoming a law, this act shall take effect July 1,
 230 2014.

231
 232 -----

T I T L E A M E N D M E N T

234 Remove everything before the enacting clause and insert:

235 A bill to be entitled

236 An act relating to Medicaid; amending s. 395.602,
 237 F.S.; revising the term "rural hospital"; amending s.
 238 409.909, F.S.; providing a reconciliation process for
 239 the Statewide Medicaid Residency Program; amending s.
 240 409.911, F.S.; updating references to data used for
 241 calculating disproportionate share program payments to

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242 certain hospitals for the 2014-2015 fiscal year;
243 providing for continuance of Medicaid disproportionate
244 share distributions for certain nonstate government
245 owned or operated hospitals; amending s. 409.965,
246 F.S.; deleting the requirement that certain children
247 are exempt from receiving covered Medicaid services
248 through the statewide managed care program; amending
249 s. 409.968, F.S.; providing reimbursement parameters
250 for prescribed pediatric extended care service
251 providers in the Medicaid statewide managed care
252 program; amending s. 409.972, F.S.; deleting a
253 requirement relating to medically needy recipients;
254 providing that certain Medicaid-eligible persons may
255 voluntarily participate in the managed medical
256 assistance program; amending s. 409.975, F.S.;
257 deleting a requirement that a managed care plan accept
258 certain medically needy recipients; revising
259 appropriations in the 2014-2015 General Appropriations
260 Act; providing effective dates.

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