

By Senator Stargel

15-01026-15

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1 A bill to be entitled
2 An act relating to Medicaid reimbursement for hospital
3 providers; amending s. 409.908, F.S.; requiring the
4 Agency for Health Care Administration to provide
5 written notice, pursuant to ch. 120, F.S., to
6 providers of hospital reimbursement rates established
7 by the agency; providing that such notice constitutes
8 final agency action; specifying procedures and
9 requirements for a substantially affected provider to
10 challenge the final agency action; providing that the
11 failure to timely file a petition in compliance with
12 the requirements is deemed conclusive acceptance of
13 the reimbursement rates; specifying when a correction
14 or adjustment of a hospital reimbursement rate
15 required by an administrative order or civil judgment
16 may occur; prohibiting the agency from being compelled
17 by an administrative body or court to pay a monetary
18 judgment relating to the establishment of hospital
19 reimbursement rates beyond a specified date;
20 prohibiting specified periods of time from being
21 tolled under certain circumstances; reenacting ss.
22 383.18, 409.8132(4), 409.905(5)(c) and (6)(b), and
23 409.91211(3)(y), F.S., to incorporate the amendment
24 made to s. 409.908, F.S., in references thereto;
25 providing that the act is remedial and intended to
26 clarify existing law; providing for retroactive
27 application; providing an effective date.

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29 Be It Enacted by the Legislature of the State of Florida:

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Section 1. Paragraph (e) is added to subsection (1) of section 409.908, Florida Statutes, to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions

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59 provided for in the General Appropriations Act, provided the
60 adjustment is consistent with legislative intent.

61 (1) Reimbursement to hospitals licensed under part I of
62 chapter 395 must be made prospectively or on the basis of
63 negotiation.

64 (e)1. Pursuant to chapter 120, the agency shall furnish to
65 providers written notice of the hospital reimbursement rates
66 established by the agency. The written notice constitutes final
67 agency action. A substantially affected provider may request an
68 administrative hearing to challenge the final agency action by
69 filing a petition with the agency within 21 days after receipt
70 of the written notice. The petition must include all
71 documentation supporting the challenge upon which the provider
72 intends to rely at the administrative hearing or in any
73 subsequent civil action. The failure to timely file a petition
74 in compliance with this subparagraph is deemed conclusive
75 acceptance of the hospital reimbursement rates established by
76 the agency.

77 2. A correction or adjustment of a hospital reimbursement
78 rate that is required by an administrative order or civil
79 judgment shall be reconciled in the first rate period after the
80 order or judgment becomes final; however, such reconciliation
81 may not occur more than 5 years after the date on which the
82 provider received written notice under subparagraph 1.

83 3. The agency may not be compelled by an administrative
84 body or court to pay a monetary judgment relating to the
85 establishment of hospital reimbursement rates by the agency more
86 than 5 years after the date on which the provider received
87 written notice under subparagraph 1.

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88 4. The periods of time specified in this paragraph are not
89 tolled by the pendency of an administrative or civil proceeding.

90 Section 2. Section 383.18, subsection (4) of s. 409.8132,
91 paragraph (c) of subsection (5) and paragraph (b) of subsection
92 (6) of s. 409.905, and paragraph (y) of subsection (3) of s.
93 409.91211, Florida Statutes, are reenacted for the purpose of
94 incorporating the amendment made by this act to s. 409.908,
95 Florida Statutes, in references thereto.

96 Section 3. The amendment made by this act to s. 409.908,
97 Florida Statutes, is remedial in nature, is intended to clarify
98 existing law, and applies retroactively to all proceedings
99 pending or commenced on or after the date on which this act
100 takes effect.

101 Section 4. This act shall take effect upon becoming a law.