

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Hudson offered the following:

2

3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Paragraph (e) of subsection (2) of section

6 395.602, Florida Statutes, is amended to read:

7 395.602 Rural hospitals.—

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

9 (e) "Rural hospital" means an acute care hospital licensed

10 under this chapter, having 100 or fewer licensed beds and an

11 emergency room, which is:

12 1. The sole provider within a county with a population
13 density of up to 100 persons per square mile;

14 2. An acute care hospital, in a county with a population

297529

Approved For Filing: 6/2/2015 8:22:22 AM

Amendment No.

15 density of up to 100 persons per square mile, which is at least
16 30 minutes of travel time, on normally traveled roads under
17 normal traffic conditions, from any other acute care hospital
18 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 per
21 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;~~

24 4.5. A hospital with a service area that has a population
25 of up to 100 persons per square mile. As used in this
26 subparagraph, the term "service area" means the fewest number of
27 zip codes that account for 75 percent of the hospital's
28 discharges for the most recent 5-year period, based on
29 information available from the hospital inpatient discharge
30 database in the Florida Center for Health Information and Policy
31 Analysis at the agency; or

32 ~~5.6.~~ A hospital designated as a critical access hospital,
33 as defined in s. 408.07(15) ~~408.07~~.

34
35 Population densities used in this paragraph must be based upon
36 the most recently completed United States census. A hospital
37 that received funds under s. 409.9116 for a quarter beginning no
38 later than July 1, 2002, is deemed to have been and shall
39 continue to be a rural hospital from that date through June 30,
40 2021 ~~2015~~, if the hospital continues to have up to 100 licensed

297529

Approved For Filing: 6/2/2015 8:22:22 AM

Amendment No.

41 beds and an emergency room. An acute care hospital that has not
42 previously been designated as a rural hospital and that meets
43 the criteria of this paragraph shall be granted such designation
44 upon application, including supporting documentation, to the
45 agency. A hospital that was licensed as a rural hospital during
46 the 2010-2011 or 2011-2012 fiscal year shall continue to be a
47 rural hospital from the date of designation through June 30,
48 2021 ~~2015~~, if the hospital continues to have up to 100 licensed
49 beds and an emergency room.

50 Section 2. Paragraph (c) of subsection (23) of section
51 409.908, Florida Statutes, is amended to read:

52 409.908 Reimbursement of Medicaid providers.—Subject to
53 specific appropriations, the agency shall reimburse Medicaid
54 providers, in accordance with state and federal law, according
55 to methodologies set forth in the rules of the agency and in
56 policy manuals and handbooks incorporated by reference therein.
57 These methodologies may include fee schedules, reimbursement
58 methods based on cost reporting, negotiated fees, competitive
59 bidding pursuant to s. 287.057, and other mechanisms the agency
60 considers efficient and effective for purchasing services or
61 goods on behalf of recipients. If a provider is reimbursed based
62 on cost reporting and submits a cost report late and that cost
63 report would have been used to set a lower reimbursement rate
64 for a rate semester, then the provider's rate for that semester
65 shall be retroactively calculated using the new cost report, and
66 full payment at the recalculated rate shall be effected

297529

Approved For Filing: 6/2/2015 8:22:22 AM

Amendment No.

67 retroactively. Medicare-granted extensions for filing cost
68 reports, if applicable, shall also apply to Medicaid cost
69 reports. Payment for Medicaid compensable services made on
70 behalf of Medicaid eligible persons is subject to the
71 availability of moneys and any limitations or directions
72 provided for in the General Appropriations Act or chapter 216.
73 Further, nothing in this section shall be construed to prevent
74 or limit the agency from adjusting fees, reimbursement rates,
75 lengths of stay, number of visits, or number of services, or
76 making any other adjustments necessary to comply with the
77 availability of moneys and any limitations or directions
78 provided for in the General Appropriations Act, provided the
79 adjustment is consistent with legislative intent.

80 (23)

81 (c) This subsection applies to the following provider
82 types:

- 83 1. Inpatient hospitals.
- 84 2. Outpatient hospitals.
- 85 3. Nursing homes.
- 86 4. County health departments.
- 87 ~~5. Community intermediate care facilities for the~~
88 ~~developmentally disabled.~~
- 89 ~~5.6. Prepaid health plans.~~

90 Section 3. Paragraph (a) of subsection (2) and paragraph
91 (d) of subsection (4) of section 409.911, Florida Statutes, are
92 amended to read:

297529

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Amendment No.

93 409.911 Disproportionate share program.—Subject to
94 specific allocations established within the General
95 Appropriations Act and any limitations established pursuant to
96 chapter 216, the agency shall distribute, pursuant to this
97 section, moneys to hospitals providing a disproportionate share
98 of Medicaid or charity care services by making quarterly
99 Medicaid payments as required. Notwithstanding the provisions of
100 s. 409.915, counties are exempt from contributing toward the
101 cost of this special reimbursement for hospitals serving a
102 disproportionate share of low-income patients.

103 (2) The Agency for Health Care Administration shall use
104 the following actual audited data to determine the Medicaid days
105 and charity care to be used in calculating the disproportionate
106 share payment:

107 (a) The average of the ~~2005~~, 2006, ~~and~~ 2007, and 2008
108 audited disproportionate share data to determine each hospital's
109 Medicaid days and charity care for the 2015-2016 ~~2014-2015~~ state
110 fiscal year.

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

113 (d) Any nonstate government owned or operated hospital
114 eligible for payments under this section on July 1, 2011,
115 remains eligible for payments during the 2015-2016 ~~2014-2015~~
116 state fiscal year.

117 Section 4. Paragraph (f) of subsection (3) and paragraph
118 (c) of subsection (4) of section 409.967, Florida Statutes, are

297529

Approved For Filing: 6/2/2015 8:22:22 AM

Amendment No.

119 amended to read:

120 409.967 Managed care plan accountability.-

121 (3) ACHIEVED SAVINGS REBATE.-

122 (f) Achieved savings rebates validated by the certified
123 public accountant are due within 30 days after the report is
124 submitted. Except as provided in paragraph (h), the achieved
125 savings rebate is established by determining pretax income as a
126 percentage of revenues and applying the following income sharing
127 ratios:

128 1. One hundred percent of income up to and including 5
129 percent of revenue shall be retained by the plan.

130 2. Fifty percent of income above 5 percent and up to 10
131 percent shall be retained by the plan, and the other 50 percent
132 refunded to the state and transferred to the General Revenue
133 Fund, unallocated.

134 3. One hundred percent of income above 10 percent of
135 revenue shall be refunded to the state and transferred to the
136 General Revenue Fund, unallocated.

137 (4) MEDICAL LOSS RATIO.-If required as a condition of a
138 waiver, the agency may calculate a medical loss ratio for
139 managed care plans. The calculation shall use uniform financial
140 data collected from all plans and shall be computed for each
141 plan on a statewide basis. The method for calculating the
142 medical loss ratio shall meet the following criteria:

143 (c) Prior to final determination of the medical loss ratio
144 for any period, a plan may contribute to a designated state

297529

Approved For Filing: 6/2/2015 8:22:22 AM

Amendment No.

145 trust fund for the purpose of supporting Medicaid and indigent
146 care and have the contribution counted as a medical expenditure
147 for the period. Funds contributed for this purpose shall be
148 deposited into the Grants and Donations Trust Fund.

149 Section 5. Paragraph (a) of subsection (4) of section
150 409.975, Florida Statutes, is amended to read:

151 409.975 Managed care plan accountability.—In addition to
152 the requirements of s. 409.967, plans and providers
153 participating in the managed medical assistance program shall
154 comply with the requirements of this section.

155 (4) MOMCARE NETWORK.—

156 (a) The agency shall contract with an administrative
157 services organization representing all Healthy Start Coalitions
158 providing risk appropriate care coordination and other services
159 in accordance with a federal waiver and pursuant to s. 409.906.
160 The contract shall require the network of coalitions to provide
161 counseling, education, risk-reduction and case management
162 services, and quality assurance for all enrollees of the waiver.
163 The agency shall evaluate the impact of the MomCare network by
164 monitoring each plan's performance on specific measures to
165 determine the adequacy, timeliness, and quality of services for
166 pregnant women and infants. ~~The agency shall support this~~
167 ~~contract with certified public expenditures of general revenue~~
168 ~~appropriated for Healthy Start services and any earned federal~~
169 ~~matching funds.~~

170 Section 6. Subsection (6) of section 409.983, Florida

297529

Approved For Filing: 6/2/2015 8:22:22 AM

Amendment No.

171 Statutes, is amended to read:

172 409.983 Long-term care managed care plan payment.—In
173 addition to the payment provisions of s. 409.968, the agency
174 shall provide payment to plans in the long-term care managed
175 care program pursuant to this section.

176 (6) The agency shall establish nursing-facility-specific
177 payment rates for each licensed nursing home based on facility
178 costs adjusted for inflation and other factors as authorized in
179 the General Appropriations Act. Payments to long-term care
180 managed care plans shall be reconciled to reimburse actual
181 payments to nursing facilities resulting from changes in nursing
182 home per diem rates, but may not be reconciled to actual days
183 experienced by the long-term care managed care plans.

184 Section 7. Section 409.97, Florida Statutes, is repealed.

185 Section 8. Effective upon this act becoming a law, the
186 Agency for Health Care Administration shall not partner with any
187 other state or territory for the purposes of providing Medicaid
188 fiscal agent operations. The Florida Medicaid Management
189 Information System and Decision Support System shall be for use
190 only by the State of Florida.

191 Section 9. Except as otherwise expressly provided in this
192 act and except for this section, which shall take effect upon
193 this act becoming law, this act shall take effect July 1, 2015.

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

297529

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Amendment No.

197 Remove everything before the enacting clause and insert:
198 A bill to be entitled
199 An act relating to Medicaid; amending s. 395.602,
200 F.S.; revising the definition of the term "rural
201 hospital"; extending the designation of certain
202 critical access hospitals as rural hospitals until a
203 specified date; amending s. 409.908, F.S.; removing
204 community intermediate care facilities for the
205 developmentally disabled from a restriction on changes
206 in reimbursement rates; amending s. 409.911, F.S.;
207 updating references to data used for calculating
208 disproportionate share program payments to certain
209 hospitals; providing for continuance of Medicaid
210 disproportionate share distributions for certain
211 nonstate government owned or operated hospitals;
212 amending s. 409.967, F.S.; providing that certain
213 achieved savings rebates be placed in the General
214 Revenue Fund, unallocated; providing for the deposit
215 of contributions by managed care plans to support
216 Medicaid and indigent care; amending s. 409.975, F.S.;
217 removing a requirement that the Agency for Health Care
218 Administration support Healthy Start services with
219 public expenditures and federal matching funds;
220 amending s. 409.983, F.S.; specifying factors that the
221 agency must consider to reconcile payments to long-
222 term care managed care plans; repealing s. 409.97,

297529

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Amendment No.

223 F.S., relating to state and local Medicaid
224 partnerships; prohibiting the agency from entering
225 into out-of-state partnerships for certain fiscal
226 services; specifying exclusivity of the Florida
227 Medicaid Management Information System and Decision
228 Support System to the state; providing effective
229 dates.

297529

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