

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Pigman offered the following:

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5 **Amendment (with title amendment)**

6 Between lines 69 and 70, insert:

7 Section 3. Paragraph (c) of subsection (14) of section
 8 409.908, Florida Statutes, is amended to read:

9 409.908 Reimbursement of Medicaid providers.—Subject to
 10 specific appropriations, the agency shall reimburse Medicaid
 11 providers, in accordance with state and federal law, according
 12 to methodologies set forth in the rules of the agency and in
 13 policy manuals and handbooks incorporated by reference therein.
 14 These methodologies may include fee schedules, reimbursement
 15 methods based on cost reporting, negotiated fees, competitive
 16 bidding pursuant to s. 287.057, and other mechanisms the agency

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17 | considers efficient and effective for purchasing services or
18 | goods on behalf of recipients. If a provider is reimbursed based
19 | on cost reporting and submits a cost report late and that cost
20 | report would have been used to set a lower reimbursement rate
21 | for a rate semester, then the provider's rate for that semester
22 | shall be retroactively calculated using the new cost report, and
23 | full payment at the recalculated rate shall be effected
24 | retroactively. Medicare-granted extensions for filing cost
25 | reports, if applicable, shall also apply to Medicaid cost
26 | reports. Payment for Medicaid compensable services made on
27 | behalf of Medicaid eligible persons is subject to the
28 | availability of moneys and any limitations or directions
29 | provided for in the General Appropriations Act or chapter 216.
30 | Further, nothing in this section shall be construed to prevent
31 | or limit the agency from adjusting fees, reimbursement rates,
32 | lengths of stay, number of visits, or number of services, or
33 | making any other adjustments necessary to comply with the
34 | availability of moneys and any limitations or directions
35 | provided for in the General Appropriations Act, provided the
36 | adjustment is consistent with legislative intent.

37 | (14) Medicare premiums for persons eligible for both
38 | Medicare and Medicaid coverage shall be paid at the rates
39 | established by Title XVIII of the Social Security Act. For
40 | Medicare services rendered to Medicaid-eligible persons,

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41 Medicaid shall pay Medicare deductibles and coinsurance as
42 follows:

43 (c) Notwithstanding paragraphs (a) and (b):

44 1. Medicaid payments for Nursing Home Medicare part A
45 coinsurance are limited to the Medicaid nursing home per diem
46 rate less any amounts paid by Medicare, but only up to the
47 amount of Medicare coinsurance. The Medicaid per diem rate shall
48 be the rate in effect for the dates of service of the crossover
49 claims and may not be subsequently adjusted due to subsequent
50 per diem rate adjustments.

51 2. Medicaid shall pay all deductibles and coinsurance for
52 Medicare-eligible recipients receiving freestanding end stage
53 renal dialysis center services.

54 3. Medicaid payments for general and specialty hospital
55 inpatient services are limited to the Medicare deductible and
56 coinsurance per spell of illness. Medicaid payments for hospital
57 Medicare Part A coinsurance shall be limited to the Medicaid
58 hospital per diem rate less any amounts paid by Medicare, but
59 only up to the amount of Medicare coinsurance. Medicaid payments
60 for coinsurance shall be limited to the Medicaid per diem rate
61 in effect for the dates of service of the crossover claims and
62 may not be subsequently adjusted due to subsequent per diem
63 adjustments.

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64 4. Medicaid shall pay all deductibles and coinsurance for
65 Medicare emergency transportation services provided by
66 ambulances licensed pursuant to chapter 401.

67 5. Medicaid shall pay all deductibles and coinsurance for
68 portable X-ray Medicare Part B services provided in either a
69 nursing home, assisted living facility, or to a beneficiary who
70 is home bound.

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

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Remove line 8 and insert:

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made obsolete by changes made by the act; amending s. 409.908,

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F.S.; extending portable x-ray services to assisted living

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facilities and home bound beneficiaries; amending s.