

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Pigman offered the following:

Amendment (with title amendment)

Between lines 69 and 70, insert:

Section 3. Paragraph (c) of subsection (14) of section 409.908, Florida Statutes, is amended 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

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14 bidding pursuant to s. 287.057, and other mechanisms the agency
15 considers efficient and effective for purchasing services or
16 goods on behalf of recipients. If a provider is reimbursed based
17 on cost reporting and submits a cost report late and that cost
18 report would have been used to set a lower reimbursement rate
19 for a rate semester, then the provider's rate for that semester
20 shall be retroactively calculated using the new cost report, and
21 full payment at the recalculated rate shall be effected
22 retroactively. Medicare-granted extensions for filing cost
23 reports, if applicable, shall also apply to Medicaid cost
24 reports. Payment for Medicaid compensable services made on
25 behalf of Medicaid eligible persons is subject to the
26 availability of moneys and any limitations or directions
27 provided for in the General Appropriations Act or chapter 216.
28 Further, nothing in this section shall be construed to prevent
29 or limit the agency from adjusting fees, reimbursement rates,
30 lengths of stay, number of visits, or number of services, or
31 making any other adjustments necessary to comply with the
32 availability of moneys and any limitations or directions
33 provided for in the General Appropriations Act, provided the
34 adjustment is consistent with legislative intent.

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

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39 Medicaid shall pay Medicare deductibles and coinsurance as
40 follows:

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

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

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

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

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

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

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

73 Between lines 8 and 9, insert:

74 409.908, F.S.; providing for Medicaid to pay for
75 certain X-ray services provided in assisted living
76 facilities and to homebound beneficiaries; amending s.

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