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2 An act relating to Medicaid; amending s. 409.908,  
3 F.S.; revising the types of emergency transportation  
4 vehicle services provided to Medicare-eligible persons  
5 for which Medicaid shall pay deductibles and  
6 coinsurance; specifying that such payments must be  
7 made according to certain procedure codes; providing  
8 an effective date.  
9

10 Be It Enacted by the Legislature of the State of Florida:  
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12 Section 1. Paragraph (c) of subsection (13) of section  
13 409.908, Florida Statutes, is amended to read:

14 409.908 Reimbursement of Medicaid providers.—Subject to  
15 specific appropriations, the agency shall reimburse Medicaid  
16 providers, in accordance with state and federal law, according  
17 to methodologies set forth in the rules of the agency and in  
18 policy manuals and handbooks incorporated by reference therein.  
19 These methodologies may include fee schedules, reimbursement  
20 methods based on cost reporting, negotiated fees, competitive  
21 bidding pursuant to s. 287.057, and other mechanisms the agency  
22 considers efficient and effective for purchasing services or  
23 goods on behalf of recipients. If a provider is reimbursed based  
24 on cost reporting and submits a cost report late and that cost  
25 report would have been used to set a lower reimbursement rate  
26 for a rate semester, then the provider's rate for that semester  
27 shall be retroactively calculated using the new cost report, and  
28 full payment at the recalculated rate shall be effected  
29 retroactively. Medicare-granted extensions for filing cost

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30 reports, if applicable, shall also apply to Medicaid cost  
31 reports. Payment for Medicaid compensable services made on  
32 behalf of Medicaid eligible persons is subject to the  
33 availability of moneys and any limitations or directions  
34 provided for in the General Appropriations Act or chapter 216.  
35 Further, nothing in this section shall be construed to prevent  
36 or limit the agency from adjusting fees, reimbursement rates,  
37 lengths of stay, number of visits, or number of services, or  
38 making any other adjustments necessary to comply with the  
39 availability of moneys and any limitations or directions  
40 provided for in the General Appropriations Act, provided the  
41 adjustment is consistent with legislative intent.

42 (13) Medicare premiums for persons eligible for both  
43 Medicare and Medicaid coverage shall be paid at the rates  
44 established by Title XVIII of the Social Security Act. For  
45 Medicare services rendered to Medicaid-eligible persons,  
46 Medicaid shall pay Medicare deductibles and coinsurance as  
47 follows:

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

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

56 2. Medicaid shall pay all deductibles and coinsurance for  
57 Medicare-eligible recipients receiving freestanding end stage  
58 renal dialysis center services.

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

69           4. Medicaid shall pay all deductibles and coinsurance for  
70 Medicare-covered ~~Medicare emergency transportation~~ services  
71 provided to Medicare-eligible recipients by ambulances licensed  
72 pursuant to chapter 401 according to the corresponding procedure  
73 codes for such services.

74           5. Medicaid shall pay all deductibles and coinsurance for  
75 portable X-ray Medicare Part B services provided in a nursing  
76 home, in an assisted living facility, or in the patient's home.

77           Section 2. This act shall take effect July 1, 2021.