

1                   A bill to be entitled  
2           An act relating to Medicare transportation services;  
3           amending s. 409.908, F.S.; revising a requirement that  
4           Medicaid pay deductibles and coinsurance for certain  
5           Medicare services provided to certain eligible  
6           recipients; providing an effective date.

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

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10           Section 1. Paragraph (c) of subsection (13) of section  
11   409.908, Florida Statutes, is amended to read:

12           409.908 Reimbursement of Medicaid providers.—Subject to  
13   specific appropriations, the agency shall reimburse Medicaid  
14   providers, in accordance with state and federal law, according  
15   to methodologies set forth in the rules of the agency and in  
16   policy manuals and handbooks incorporated by reference therein.  
17   These methodologies may include fee schedules, reimbursement  
18   methods based on cost reporting, negotiated fees, competitive  
19   bidding pursuant to s. 287.057, and other mechanisms the agency  
20   considers efficient and effective for purchasing services or  
21   goods on behalf of recipients. If a provider is reimbursed based  
22   on cost reporting and submits a cost report late and that cost  
23   report would have been used to set a lower reimbursement rate  
24   for a rate semester, then the provider's rate for that semester  
25   shall be retroactively calculated using the new cost report, and

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

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

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

47 1. Medicaid payments for Nursing Home Medicare part A  
48 coinsurance are limited to the Medicaid nursing home per diem  
49 rate less any amounts paid by Medicare, but only up to the  
50 amount of Medicare coinsurance. The Medicaid per diem rate shall

51 | be the rate in effect for the dates of service of the crossover  
52 | claims and may not be subsequently adjusted due to subsequent  
53 | per diem rate adjustments.

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

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

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

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

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