

FISCAL YEAR 2009-2010 GENERAL APPROPRIATIONS ACT

		HOUSE BILL 5101, Engrossed 1, House Offer #2									SENATE BILL 2600, First Engrossed, Senate Offer #3									
Row	D3A Issue	D3A Issue Title	FTE	SALARY RATE	GR	NR GR	TOBACCO	NR TOBACCO	OTHER TF	ALL FUNDS	FTE	SALARY RATE	GR	NR GR	TOBACCO	NR TOBACCO	OTHER TF	ALL FUNDS	Row	
1		<b>AGENCY/HEALTH CARE ADMIN</b>																		1
2	1100000	Startup (Recurring Law And Policy) - Operating	1,685.50	73,723,835	4,306,580,359		170,164,108		11,247,613,389	15,724,357,856	1,685.50	73,723,835	4,306,580,359		170,164,108		11,247,613,389	15,724,357,856	2	
3	160S250	Correct Funding Source Identifier - Deduct							(160,929)	(160,929)							(160,929)	(160,929)	3	
4	160S300	Correct Funding Source Identifier - Add							160,929	160,929							160,929	160,929	4	
5	1700120	Transfer State Intermediate Care Facilities For The Developmentally Disabled Funding To The Agency For Persons With Disabilities			(6,781,424)					(6,781,424)			(6,781,424)					(6,781,424)	(6,781,424)	5
6	1700210	Transfer Low Income Pool Funding From The Department Of Health To The Agency For Health Care Administration - Add			27,586,245					27,586,245			27,586,245					27,586,245	27,586,245	6
7	1700220	Transfer Elder Related Waivers To Department Of Elder Affairs			(114,821,483)					(114,821,483)			(114,821,483)					(114,821,483)	(114,821,483)	7
8	2301510	Institutional And Prescribed Drug Providers			(12,197,131)				(61,483,976)	(73,681,107)			(12,197,131)				(61,483,976)	(73,681,107)	8	
9	2503080	Direct Billing For Administrative Hearings			(25,660)				(202,537)	(228,197)			(25,660)				(202,537)	(228,197)	9	
10	3004500	Medicaid Services			537,303,255				870,742,464	1,408,045,719			537,303,255				870,742,464	1,408,045,719	10	
11	3200400	Regular Disproportionate Share								0								0	11	
12	33B2220	Florida Senior Care Pilot Program Implementation			(436,216)				(436,215)	(872,431)			(436,216)				(436,215)	(872,431)	12	
12A	33B2470	Salaries and Benefits Reduction	(12.00)	(526,104)					(817,438)	(817,438)	(12.00)	(526,104)					(817,438)	(817,438)	12A	
13	33N0500	Restore Coverage For Adults In The Medically Needy Program With Nonrecurring Funds			160,687,163	160,687,163			368,061,245	528,748,408			160,687,163	160,687,163			368,061,245	528,748,408	13	
14	33N0600	Restore Coverage For The Medicaid For The Aged And Disabled Program With Nonrecurring Funds			113,039,411	113,039,411			254,813,015	367,852,426			113,039,411	113,039,411			254,813,015	367,852,426	14	
15	33V01C0	Information Technology Reductions			(544,354)				(310,509)	(854,863)			(544,354)				(310,509)	(854,863)	15	
16	33V0140	Impact To Hospice Rates From Adjusting Nursing Home Rates			(2,299,062)				(4,806,496)	(7,105,558)			(2,299,062)				(4,806,496)	(7,105,558)	16	
17	33V0150	Nursing Home Diversion Expansion			(9,068,057)				(18,954,370)	(28,022,427)			(9,068,057)				(18,954,370)	(28,022,427)	17	
18	33V0190	Pharmaceutical Expense Assistance			(250,000)					(250,000)			(250,000)					(250,000)	18	
19	33V0200	Expanded Fraud And Abuse Recoupment			(5,282,526)				(11,041,721)	(16,324,247)			(5,282,526)				(11,041,721)	(16,324,247)	19	
20	33V0400	Limit Adult Vision Services			(18,778)				(40,610)	(59,388)								0	20	
21	33V4290	Reduce Clinic Services Reimbursement Rates			(1,258,950)				(2,647,453)	(3,906,403)			(974,734)				(2,049,772)	(3,024,506)	21	
22	33V7010	Nursing Home Rate Reduction			(26,319,479)				(55,013,890)	(81,333,369)			(26,319,479)				(55,013,890)	(81,333,369)	22	
23	33V7020	Hospital Outpatient Rate Reduction			(3,214,670)				(6,746,786)	(9,961,456)			(3,214,670)				(6,746,786)	(9,961,456)	23	
24	33V7030	Hospital Inpatient Rate Reduction			(11,595,095)				(23,883,476)	(35,478,571)			(11,595,095)				(23,883,476)	(35,478,571)	24	
25	33V7040	Health Maintenance Organization Rate Reduction			(6,332,180)				(13,321,892)	(19,654,072)			(6,183,544)				(13,009,184)	(19,192,728)	25	
26	33V7050	Intermediate Care Facility For The Developmentally Disabled (ICF-DD) Rate Reduction			(5,622,001)				(11,751,302)	(17,373,303)			(5,622,001)				(11,751,302)	(17,373,303)	26	
27	33V7070	Nursing Home Diversion Rate Reduction			(2,430,174)				(5,079,635)	(7,509,809)			(2,430,174)				(5,079,635)	(7,509,809)	27	
28	3300100	Delete Unfunded Budget							(60,072,089)	(60,072,089)							(60,072,089)	(60,072,089)	28	
29	3300110	Administrative Reductions	(6.00)	(221,791)	(537,195)				(1,031,402)	(1,568,597)	(6.00)	(221,791)	(537,195)				(1,031,402)	(1,568,597)	29	
30	34S0010	Federal Stimulus Package Adjustment - Add							1,851,339,619	1,851,339,619							1,851,339,619	1,851,339,619	30	
31	34S0020	Federal Stimulus Package Adjustment - Deduct			(1,443,080,201)				(408,259,418)	(1,851,339,619)			(1,443,080,201)				(408,259,418)	(1,851,339,619)	31	
32	3400120	General Revenue To Health Care Trust Fund - Deduct			(23,991)					(23,991)			(23,991)					(23,991)	32	
33	3400130	General Revenue To Health Care Trust Fund - Add							23,991	23,991							23,991	23,991	33	
34	3400140	Fund Shift Tobacco Surcharge - Deduct			(837,400,000)				(13,600,000)	(851,000,000)			(837,400,000)				(13,600,000)	(851,000,000)	34	
35	3400150	Fund Shift Tobacco Surcharge - Add							851,000,000	851,000,000							851,000,000	851,000,000	35	

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36	3400200	Realignment Of Tobacco Settlement Trust Fund/General Revenue Appropriations - Deduct					(30,000,000)			(30,000,000)					(30,000,000)			(30,000,000)	36
37	3400210	Realignment Of Tobacco Settlement Trust Fund/General Revenue Appropriations - Add			30,000,000					30,000,000			30,000,000					30,000,000	37
38	3400300	Public Medical Assistance Trust Fund To General Revenue - Deduct							(110,000,000)	(110,000,000)							(110,000,000)	(110,000,000)	38
39	3400400	Public Medical Assistance Trust Fund To General Revenue - Add			110,000,000					110,000,000			110,000,000					110,000,000	39
40	3400500	Fund Shift - General Revenue To Public Medical Assistance Trust Fund - Add							110,000,000	110,000,000							110,000,000	110,000,000	40
41	3400600	Fund Shift - General Revenue To Public Medical Assistance Trust Fund - Deduct			(110,000,000)					(110,000,000)			(110,000,000)					(110,000,000)	41
41A	3403000	General Revenue to Grants and Donations Trust Fund - Add							2,823,871	2,823,871							2,823,871	2,823,871	41A
41B	3403100	General Revenue to Grants and Donations Trust Fund - Deduct			(2,823,871)					(2,823,871)			(2,823,871)					(2,823,871)	41B
41C	4100020	Freestanding Dialysis Centers			403,703				846,537	1,250,240								0	41C
42	4100070	Nursing Home Quality Assessment							336,121	336,121							336,121	336,121	42
43	4100120	Consolidate Home And Community Based Services Waiver And Community Supported Living Waiver - Deduct							(70,153,797)	(70,153,797)							(70,153,797)	(70,153,797)	43
44	4100130	Consolidate Home And Community Based Services Waiver And Community Supported Living Waiver - Add							70,153,797	70,153,797							70,153,797	70,153,797	44
45	4100150	Intermediate Care Facilities For The Developmentally Disabled Quality Assessment Fee							27,938,946	27,938,946							27,938,946	27,938,946	45
45A	4100490	Restoration of Clinic Services Reimbursement Rates							3,906,403	3,906,403							3,024,506	3,024,506	45A
45B	4101010	Global Reimbursement for Intestinal and Multivisceral Transplants							6,000,000	6,000,000							6,000,000	6,000,000	45B
46	4101030	Transfer Position From Administration And Support Services To Executive Direction And Support Services - Add	1.00	31,108					56,717	56,717	1.00	31,108					56,717	56,717	46
47	4101040	Transfer Position From Administration And Support Services To Executive Direction And Support Services - Deduct	(1.00)	(31,108)					(56,717)	(56,717)	(1.00)	(31,108)					(56,717)	(56,717)	47
48	4101050	Transfer Positions From Health Care Regulation To Florida Center For Adverse Incident Reports - Deduct	(2.00)	(106,163)					(165,627)	(165,627)	(2.00)	(106,163)					(165,627)	(165,627)	48
49	4101060	Transfer Positions From Health Care Regulation To Florida Center For Adverse Incident Reports - Add	2.00	106,163					165,627	165,627	2.00	106,163					165,627	165,627	49
50	4101070	Transfer Position From Health Care Regulation To Managed Health Care - Deduct	(1.00)	(34,634)					(60,867)	(60,867)	(1.00)	(34,634)					(60,867)	(60,867)	50
51	4101080	Transfer Position From Health Care Regulation To Managed Health Care - Add	1.00	34,634					60,867	60,867	1.00	34,634					60,867	60,867	51
51A	4101690	Low income Pool Allocation Methodology Review								0			125,000				125,000	250,000	51A
51B	4101090	Transfer Positions From Managed Care to Facility Regulation Within Health Facility Regulation -Add	2.00	77,735					127,873	127,873	2.00	77,735					127,873	127,873	51B
51C	4101110	Transfer Positions From Managed Care to Facility Regulation Within Health Facility Regulation -Delete	(2.00)	(77,735)					(127,873)	(127,873)	(2.00)	(77,735)					(127,873)	(127,873)	51C

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52	4101700	Physician Upper Payment Limit (UPL)							51,000,000	51,000,000							51,000,000	51,000,000	52
53	4101740	Rural Disproportionate Share Program							1,000,000	1,000,000							1,000,000	1,000,000	53
54	4101750	Special Medicaid Payments To Hospitals							254,232,570	254,232,570							254,232,570	254,232,570	54
55	4101760	Low Income Pool							445,339	445,339							445,339	445,339	55
56	4101780	Hospital Ceiling Exemptions								0								0	56
57	4105300	Realignment Of Children's Special Health Care Appropriations - Add			5,463,653				10,453,744	15,917,397			5,463,653				10,453,744	15,917,397	57
58	4105320	Realignment Of Children's Special Health Care Appropriations - Deduct			(5,463,653)				(10,453,744)	(15,917,397)			(5,463,653)				(10,453,744)	(15,917,397)	58
59	4105400	Establish Budget Authority For Medicaid Services							161,865,598	161,865,598							161,865,598	161,865,598	59
60	4108260	Disproportionate Share Hospital Program							7,916,126	7,916,126							7,916,126	7,916,126	60
61	4200010	Intrathecal Baclofen (ITB) Therapy			178,119				372,311	550,430			178,119				372,311	550,430	61
62	4204400	Additional Resources For Fraud And Abuse Prevention	5.00	240,904	904,280				1,702,766	2,607,046	5.00	240,904	904,280				1,702,766	2,607,046	62
63	<b>AGENCY/HEALTH CARE ADMIN Total</b>		<b>1,672.50</b>	<b>73,216,844</b>	<b>2,684,320,037</b>	<b>273,726,574</b>	<b>140,164,108</b>	<b>0</b>	<b>15,264,479,096</b>	<b>18,088,963,241</b>	<b>1,672.50</b>	<b>73,216,844</b>	<b>2,684,320,037</b>	<b>273,726,574</b>	<b>140,164,108</b>	<b>0</b>	<b>15,263,465,203</b>	<b>18,087,949,348</b>	<b>63</b>

# HEALTH CARE / HEALTH AND HUMAN SERVICES

## SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>AGENCY FOR HEALTH CARE ADMINISTRATION 03 68200000 2100010 TRC - DMS</p> <p style="background-color: yellow;">From funds in Specific Appropriation *****, the Agency for Health Care Administration shall submit a plan by October 1, 2009, to the Southwood Shared Resource Center (SSRC), Agency for Enterprise Information Technology, Executive Office of the Governor, the chair of the Senate Policy and Steering Committee on Ways and Means, and the chair of the House Full Appropriations Council on General Government &amp; Health Care, providing for the efficient transfer of all data center service resources allocated to data center functions within the agency to the SSRC, pursuant to Section 17, Chapter 2008-116, Laws of Florida.</p>		
<p>03 68500100 1000031 G/A-FL HEALTHY KIDS CORP</p> <p>Funds in Specific Appropriations ***** and 161 are provided to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children that are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2008-2009 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.</p> <p>From funds in Specific Appropriation *****, \$3,907,944 from the General Revenue Fund and \$8,494,290 from the Medical Care Trust Fund are to be used to implement the mandatory provisions related to mental health parity and reimbursement of federally qualified health centers and rural health clinics as required in the Children's Health Insurance Program Reauthorization Act of 2009.</p>	<p>Funds in Specific Appropriations ***** and 161 are provided to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children that are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2008-2009 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.</p> <p>From funds in Specific Appropriation *****, \$3,907,944 from the General Revenue Fund and \$8,494,290 from the Medical Care Trust Fund are provided to implement the mandatory provisions of the Children's Health Insurance Program Reauthorization Act of 2009.</p>	
<p>03 68500100 100784 G/A-CONTRACT SVCS-FHK ADMN</p> <p>From funds in Specific Appropriation *****, \$165,428 from the General Revenue Fund and \$359,573 from the Medical Care Trust Fund are to be used to implement the mandatory provisions related to citizenship and documentation required in the Children's Health Insurance Program Reauthorization Act of 2009.</p>	<p>From funds in Specific Appropriation *****, \$165,427 from the General Revenue Fund and \$359,573 from the Medical Care Trust Fund are provided to implement the mandatory provisions of the Children's Health Insurance Program Reauthorization Act of 2009.</p>	
<p>03 68500100 102336 G/A-FL HEALTHY KIDS DENTAL</p> <p>Funds in Specific Appropriation ***** are provided for Florida Healthy Kids dental services to be paid a monthly premium of no more than \$12 per member per month.</p>	<p>Funds in Specific Appropriation ***** are provided for Florida Healthy Kids dental services to be paid a monthly premium of no more than \$12 per member per month.</p>	
<p>03 68500200 000000 EXECUTIVE DIR/SUPPORT SVCS</p> <p>Any requests pursuant to chapter 216, Florida Statutes, by the Agency for Health Care Administration to increase budget authority to expand existing programs using increased federal reimbursement through Low Income Pool (LIP) provisions and exemptions to hospital Medicaid rate ceilings shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue or tobacco settlement funds. The</p>	<p>Any requests pursuant to chapter 216, Florida Statutes, by the Agency for Health Care Administration to increase budget authority to expand existing programs using increased federal reimbursement through Low Income Pool (LIP) provisions and exemptions to hospital Medicaid rate ceilings shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue or tobacco settlement funds. The</p>	

**HEALTH CARE / HEALTH AND HUMAN SERVICES**

**SIDE-BY-SIDE PROVISO**

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>agency is authorized to seek federal Medicaid waivers as necessary to implement this provision.</p> <p>The agency is authorized to contract on a contingency fee basis for post-audit claims analyses to identify and recover overpayments for the Medicaid program. The state may pay the contractor a rate based on recoveries. The agency shall receive approval from the Centers for Medicare and Medicaid prior to entering into a contractual relationship.</p>	<p>agency is authorized to seek federal Medicaid waivers as necessary to implement this provision.</p>	
<p>03 68500200 100549 PHARMACEUTICAL EXPENSE AST</p>	<p>Funds in Specific Appropriation ***** reflect a reduction of \$250,000 from the General Revenue Fund and represent the unused appropriation amount for the Pharmaceutical Expense Assistance Program based on current participation rates.</p>	
<p>03 68501400 100062 ADULT VISION/HEARING SVCS</p> <p>From the Funds in Specific Appropriations *****, 180, 184, 186, 188, 192, 193, 195, 197-199, 202-205, 207, 209, 210 and 212, \$113,039,411 in non-recurring general revenue funds, \$21,097,829 in non-recurring grants and donations trust funds, and \$233,715,186 in non-recurring medical care trust funds are provided to continue the Medicaid for the Aged and Disabled (MEDS-AD) program.</p> <p>From the funds in Specific Appropriations *****, 180-182, 184, 186, 188, 192-195, 197-199, 201, 202, 204-208, 211 and 212, \$160,687,163 in non-recurring general revenue funds, \$42,938,064 in non-recurring grants and donations trust funds, and \$325,123,181 in non-recurring medical care trust funds are provided to continue the Medically Needy program.</p>	<p>From the Funds in Specific Appropriations 176, 180, 184, 186, 188, 192, 193, 195, 197-199, 202-205, 207, 209, 210, and 212, \$113,039,411 in nonrecurring general revenue funds, \$21,097,829 in nonrecurring grants and donations trust funds, and \$233,715,186 in nonrecurring medical care trust funds are provided to restore the MEDS AD program on a nonrecurring basis through June 30, 2010.</p> <p>From the funds in Specific Appropriations 176, 180-182, 184, 186, 188, 192-195, 197-199, 201, 202, 204-208, 211, and 212, \$160,687,163 in nonrecurring general revenue funds, \$42,938,064 in nonrecurring grants and donations trust funds, and \$325,123,181 in nonrecurring medical care trust funds are provided to restore the Medically Needy program except for pregnant women and children on a nonrecurring basis through June 30, 2010.</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$18,778 from the General Revenue Fund, \$39,252 from the Medical Care Trust Fund, and \$1,358 from the Refugee Assistance Trust Fund to reflect a policy to limit eyeglass frames for adult recipients to one pair every two years and to limit lenses for adult recipients to one pair every 365 days, effective January 1, 2010.</p>	
<p>03 68501400 100311 CASE MANAGEMENT</p>	<p>The Agency for Health Care Administration is authorized to develop Requests for Proposals or Invitations to Negotiate for state of Florida Medicaid beneficiaries in Areas 1 and 6 and that are currently enrolled in Medipass for cost-savings disease management pilots using Florida based health information technology. The contracts for these services may be awarded by December 1, 2009. The agency is authorized to seek any federal Medicaid waivers or state plan amendments necessary to implement this provision.</p>	
<p>03 68501400 100616 COMMUNITY MENTAL HEALTH SV</p> <p>The agency is authorized to amend the Medicaid State Plan to include the following specialized substance abuse services: community based substance abuse intervention services and comprehensive community support services for substance abuse.</p> <p>The agency is authorized to work with the Department of Children and Family Services and Florida county governments to develop a local match</p>	<p>The agency is authorized to amend the Medicaid State Plan to include the following specialized substance abuse services: community based substance abuse intervention services, and comprehensive community support services for substance abuse.</p> <p>The agency is authorized to work with the Department of Children and Family Services and Florida county governments to develop a local match</p>	

HEALTH CARE / HEALTH AND HUMAN SERVICES

SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>program to fund these Medicaid specialized substance abuse services using local county funds. The public funds required to match the Medicaid funds for these specialized substance abuse services are limited to those funds that are local public tax revenues and are made available to the state for this purpose. As required by Medicaid policy, participating counties shall make these services available to any qualified Florida Medicaid recipient regardless of county of residence. Payment for these services is contingent upon the local matching funds being provided by participating counties.</p> <p>03 68501400 100919 DEVEL EVAL &amp; INTERV/PART C</p> <p>Funds in Specific Appropriation ***** are contingent on the availability of state match being provided in Specific Appropriation 516.</p>	<p>program to fund these Medicaid specialized substance abuse services using local county funds. The public revenue funds required to match the Medicaid funds for these specialized substance abuse services are limited to those funds that are local public tax revenues and are made available to the state for this purpose. As required by Medicaid policy, participating counties shall make these services available to any qualified Florida Medicaid recipient regardless of county of residence. Payment for these services is contingent upon the local matching funds being provided by participating counties.</p> <p>The agency is authorized to seek Medicaid waiver approval to include mental health services for juveniles in the evidence based redirection program at the Department of Juvenile Justice. The agency is authorized to work with the Department of Juvenile Justice to develop a match program to fund Medicaid specialized mental health services using</p> <p>Funds in Specific Appropriation ***** shall be contingent on the availability of state match being provided in Specific Appropriation 516.</p>	
<p>03 68501400 101240 G/A-RURAL HOSP FIN ASST</p> <p>Funds in Specific Appropriation ***** are provided for a federally matched Rural Hospital Disproportionate Share program and a state-funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.</p>	<p>Funds in Specific Appropriation ***** are provided for a federally matched Rural Hospital Disproportionate Share program and a state-funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.</p>	
<p>03 68501400 101321 G/A-SHANDS TEACHING HOSP</p>	<p>From the funds in Specific Appropriation ***** , \$9,673,569 shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid or Low Income Pool programs. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds, remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System.</p>	
<p>03 68501400 101561 HOME HEALTH SERVICES</p> <p>From the funds provided in Specific Appropriations ***** , 202, and 204 \$4,567,836 from the General Revenue Fund and \$9,547,851 from the Medical Care Trust Fund reflects the reduction of cost savings from increased fraud and abuse activities, the expansion of prior authorization of home health services, and deploying additional cost avoidance and recoupment strategies for improper payments.</p> <p>From the funds in Specific Appropriation ***** , the agency may implement accreditation requirements for Durable Medical Equipment and Consumable Medical Supply providers.</p> <p>The agency is authorized to competitively procure a statewide managed disposable incontinence medical supply program in order to maximize efficiencies and savings in the Medicaid program. This program may cover both Medicaid state plan recipients as well as recipients enrolled in Home and Community-Based Services Waivers. The contract for these services must be awarded by December 1, 2009. The agency shall ensure that any contract awarded through this procurement provides for a</p>	<p>The Agency for Health Care Administration is authorized to competitively procure a statewide managed disposable incontinence medical supply program in order to maximize efficiencies and savings in the Medicaid program. The program may cover both Medicaid state plan beneficiaries as well as beneficiaries enrolled in Home and Community Based Services waivers. The contract for the services may be awarded by December 1, 2009. The agency shall ensure that any contract awarded through this procurement provides for a minimum twenty percent cost savings. The agency is authorized to seek any federal Medicaid waivers or state plan amendments necessary to implement this provision.</p> <p>From the funds in Specific Appropriation ***** , the agency may implement accreditation requirements for Durable Medical Equipment and Consumable Medical Supply providers.</p>	

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISIO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>minimum ten percent cost savings. The agency is authorized to seek any federal Medicaid waivers necessary to implement this provision.</p>		
<p>03 68501400 101575 HOSPICE SERVICES</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$2,299,062 from the General Revenue Fund, \$4,805,581 from the Medical Care Trust Fund, and \$915 from the Refugee Assistance Trust Fund as a result of adjusting nursing home rates.</p>	<p>Funds in Specific Appropriation ***** reflect a reduction of \$1,961,833 from the General Revenue Fund, \$4,100,693 from the Medical Care Trust Fund, and \$781 from the Refugee Assistance Trust Fund as a result of adjusting nursing home rates.</p>	
<p>Funds in Specific Appropriations *****, 202-204 and 219 from the Health Care Trust reflect revenues from the tobacco surcharge generated in SB 1840 to address health care costs in the Medicaid program related to tobacco use.</p>		
<p>03 68501400 101582 HOSPITAL INPATIENT SERVICE</p> <p>From the funds in Specific Appropriation *****, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 332 and 311.</p> <p>From the funds in Specific Appropriation *****, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$22,887,045 from the General Revenue Fund and \$47,516,003 from the Medical Care Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation *****, \$50,160,394 from the Grants and Donations Trust Fund and \$104,847,003 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, the public hospital shall be exempt from the inpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the</p>	<p>From the funds in Specific Appropriation *****, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 311 and 332.</p> <p>From the funds in Specific Appropriation *****, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.</p> <p>From the funds in Specific Appropriation *****, \$50,929,931 from the Grants and Donations Trust Fund and \$106,455,516 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>From the funds in Specific Appropriation *****, \$1,603,186 from the Grants and Donation Trust Fund and \$3,351,040 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.</p> <p>From the funds in Specific Appropriation *****, \$45,827,167 from the Grants and Donations Trust Fund and \$95,789,541 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals</p>	

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>From the funds in Specific Appropriation *****, \$1,603,186 from the Grants and Donation Trust Fund and \$3,351,040 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.</p> <p>From the funds in Specific Appropriation *****, \$45,827,167 from the Grants and Donations Trust Fund and \$95,789,541 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2009 and any hospitals that becomes a designated or provisional trauma center during State Fiscal Year 2009-2010. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>Funds in Specific Appropriation *****, are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.</p> <p>From the funds in Specific Appropriation *****, \$3,213,995 from the Grants and Donations Trust Fund and \$6,718,005 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid recipients.</p> <p>From the funds in Specific Appropriation *****, \$13,675,000 from the General Revenue Fund, \$112,988,660 from the Grants and Donations Trust Fund and \$264,756,798 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida. Of these funds, \$9,673,569 from the General Revenue Fund, is specifically appropriated for the Shands Healthcare System. The Agency for Health Care Administration shall use these funds for the elimination of hospital inpatient reimbursement ceilings in the Medicaid program, as specified in this section. If the agency is unable to use the full amount of these designated funds, any remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System.</p>	<p>that are designated or provisional trauma centers on July 1, 2009 and any hospitals that becomes a designated or provisional trauma center during State Fiscal Year 2009-2010. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>Funds in Specific Appropriation ***** are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.</p> <p>From the funds in Specific Appropriation *****, \$3,213,995 from the Grants and Donations Trust Fund and \$6,718,005 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid recipients.</p> <p>From the funds in Specific Appropriation *****, \$13,750,000 from the General Revenue Fund, \$112,913,660 from the Grants and Donations Trust Fund and \$264,756,798 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida.</p> <p>From the funds in Specific Appropriation *****, \$22,252,267 from the Grants and Donations Trust Fund, and \$46,512,463 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Of these funds \$40,413,093 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,247,077 is for Jackson Memorial Hospital; \$5,661,789 is for hospitals in Broward Health; \$6,969,876 is for hospitals in the Memorial Healthcare System; and \$2,764,834 is for Shands Jacksonville and \$6,769,517 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$19,014,315 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$9,337,322 shall be used for</p>	

**HEALTH CARE / HEALTH AND HUMAN SERVICES**

**SIDE-BY-SIDE PROVISO**

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>From the funds in Specific Appropriation *****, \$22,252,267 from the Grants and Donations Trust Fund, and \$46,512,463 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Of these funds \$40,413,093 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,247,077 is for Jackson Memorial Hospital; \$5,661,789 is for hospitals in Broward Health; \$6,969,876 is for hospitals in the Memorial Healthcare System; and \$2,764,834 is for Shands Jacksonville and \$6,769,517 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$19,014,315 shall be used for the second category to buy back the Medicaid trend adjustment in effect as of June 30, 2009, that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for individual hospitals. Of the above funds, \$9,337,322 shall be used for the third category to buy back the Medicaid trend adjustment in effect as of June 30, 2009, that is being applied against the Medicaid inpatient rates to rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>From the funds in Specific Appropriation *****, \$48,217,234 from the Grants and Donations Trust Fund and \$100,785,342 from the Medical Care Trust Fund are provided for public hospitals, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for trauma hospitals whose Medicaid and charity care days divided by total adjusted days exceeds 25 percent to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p>	<p>the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>From the funds in Specific Appropriation *****, \$48,217,234 from the Grants and Donations Trust Fund and \$100,785,342 from the Medical Care Trust Fund are provided for public hospitals, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for trauma hospitals whose Medicaid and charity care days divided by total adjusted days exceeds 25 percent to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p>	
<p>03 68501400 101583 REGULAR DISPROP SHARE</p> <p>Funds in Specific Appropriation ***** shall be used for a Disproportionate Share Hospital Program as provided in section 409.911, 409.9113, and 409.9119 Florida Statutes, and are contingent on the state share being provided through grants and donations from state, county, or other government entities.</p>	<p>Funds in Specific Appropriation ***** shall be used for a Disproportionate Share Hospital Program as provided in section 409.911, 409.9113, and 409.9119, Florida Statutes, and is contingent on the state share being provided through grants and donations from state, county, or other government entities.</p>	

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>From the funds in Specific Appropriation *****, \$68,530,887 from the Grants and Donations Trust Fund and \$83,692,318 from the Medical Care Trust Fund are provided for payments to public hospitals.</p> <p>From the funds in Specific Appropriation *****, \$6,198,263 from the General Revenue Fund, \$25,474,585 from the Grants and Donations Trust Fund and \$39,458,324 from the Medical Care Trust Fund are provided for payments to defined statutory teaching hospitals. Prior to the distribution of these funds to the statutorily defined teaching hospitals, \$6,487,220 shall be allocated to Shands Jacksonville Hospital, \$2,660,440 shall be distributed to Tampa General Hospital, and \$1,083,512 shall be distributed to Shands Teaching Hospital. From the above funds \$5,000,000 is provided for Graduate Medical Education Initiatives.</p> <p>From the funds in Specific Appropriation *****, \$5,942,640 from the Grants and Donations Trust Fund and \$7,257,360 from the Medical Care Trust Fund are provided for payments to family practice teaching hospitals.</p> <p>From the funds in Specific Appropriation *****, \$360,160 from the Grants and Donations Trust Fund and \$439,840 from the Medical Care Trust Fund are provided for payments to hospitals licensed as specialty children's hospitals. The funds shall be distributed equally among the hospitals that qualify.</p> <p>From the funds in Specific Appropriation *****, \$4,149,133 from the Grants and Donations Trust Fund and \$5,067,067 from the Medical Care Trust Fund are provided for payments to Provider Service Networks (PSN). Distributions are made to qualifying PSN hospitals or systems proportionally based on state fiscal year 2006-2007 PSN patient days from qualifying PSN hospitals or systems.</p> <p>03 68501400 101584 LOW INCOME POOL</p> <p>From the funds in Specific Appropriation *****, \$8,257,428 from the Grants and Donations Trust Fund and \$17,259,965 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals providing primary care to low-income individuals, hospitals operating as designated or provisional trauma centers, and rural hospitals. Of these funds, hospitals providing primary care to low-income individuals and participating in the Primary Care DSH program in Fiscal Year 2003-2004 shall be paid \$9,518,238 distributed in the same proportion as the Primary Care DSH payments for State Fiscal Year 2003-2004, excluding Imperial Point Hospital and Memorial Regional Hospital who will receive individual amounts equal to \$536,489 and \$1,620,659, respectively. Hospitals that are designated or provisional trauma centers shall be paid \$9,683,541. Of that amount, \$4,237,709 shall be distributed equally among hospitals that are a Level I trauma center; \$3,475,560 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,970,272 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,315,614 distributed in the same proportion as the DSH payments.</p> <p>From the funds in Specific Appropriation *****, \$3,820,670 from the General Revenue Fund, \$271,102,811 from the Grants and Donations Trust Fund and \$574,654,644 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems.</p>	<p>From the funds in Specific Appropriation *****, \$70,781,887 from the Grants and Donations Trust Fund and \$86,441,318 from the Medical Care Trust Fund are provided for payments to public hospitals.</p> <p>From the funds in Specific Appropriation *****, \$29,772,254 from the Grants and Donations Trust Fund and \$36,358,918 from the Medical Care Trust Fund are provided for payments to defined statutory teaching hospitals. Prior to the distribution of these funds to the statutorily defined teaching hospitals, \$6,487,220 shall be allocated to Shands Jacksonville Hospital, \$2,660,440 shall be distributed to Tampa General Hospital, and \$1,083,512 shall be distributed to Shands Teaching Hospital.</p> <p>From the funds in Specific Appropriation *****, \$750,000 from the General Revenue Fund, \$5,192,640 from the Grants and Donations Trust Fund and \$7,257,360 from the Medical Care Trust Fund are provided for payments to family practice teaching hospitals.</p> <p>From the funds in Specific Appropriation *****, \$360,160 from the Grants and Donations Trust Fund and \$439,840 from the Medical Care Trust Fund are provided for payments to hospitals licensed as specialty children's hospitals. The funds shall be distributed equally among the hospitals that qualify.</p> <p>From the funds in Specific Appropriation *****, \$4,149,133 from the Grants and Donations Trust Fund and \$5,067,067 from the Medical Care Trust Fund are provided for payments to Provider Service Networks (PSN). Distributions are made to qualifying PSN hospitals or systems proportionally based on state fiscal year 2006-2007 PSN patient days from qualifying PSN hospitals or systems.</p> <p>From the funds in Specific Appropriation *****, \$8,257,428 from the Grants and Donations Trust Fund and \$17,259,965 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals providing primary care to low-income individuals, hospitals operating as designated or provisional trauma centers, and rural hospitals. Hospitals providing primary care to low-income individuals and participating in the Primary Care DSH program in Fiscal Year 2003-2004 shall be paid \$9,518,238 distributed in the same proportion as the Primary Care DSH payments for State Fiscal Year 2003-2004, excluding Imperial Point Hospital and Memorial Regional Hospital who will receive individual amounts equal to \$536,489 and \$1,620,659, respectively. Hospitals that are designated or provisional trauma centers shall be paid \$9,683,541. Of that amount, \$4,237,709 shall be distributed equally among hospitals that are a Level I trauma center; \$3,475,560 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,970,272 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,315,614 distributed in the same proportion as the DSH payments.</p> <p>From the funds in Specific Appropriation *****, \$274,923,481 from the Grants and Donations Trust Fund and \$574,654,644 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding shall be distributed in a two-step allocation process. The first phase of the allocation process</p>	

# HEALTH CARE / HEALTH AND HUMAN SERVICES

## SIDE-BY-SIDE PROVISO

**SB 2600 1E**

The funding shall be distributed in a two-step allocation process. The first phase of the allocation process will distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals will be capped at 115.0 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase \$2,419,573 shall be allocated to the rural hospitals and the remaining funds allocated to the remaining hospitals that qualify for a 2007 FHURS data are eligible for the second phase of the allocation process.

From the funds in Specific Appropriation \*\*\*\*\*, \$512,243 from the Grants and Donations Trust Fund and \$1,070,709 from the Medical Care Trust Fund are for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation \*\*\*\*\*, \$700,000 from the General Revenue Fund, \$23,886,181 from the Grants and Donations Trust Fund and \$50,868,334 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital.....	2,388,887
Shands Jacksonville Hospital.....	32,766,305
All Children's Hospital.....	4,945,075
Shands Teaching Hospital.....	4,796,704
Tampa General Hospital.....	12,990,914
Orlando Regional Medical Center.....	4,159,665
Lee Memorial Hospital/CMS.....	886,896
St. Mary's Hospital.....	195,801
Miami Children's Hospital.....	4,013,059
Broward General Medical Center.....	144,898
Tallahassee Memorial Healthcare.....	40,983
St. Joseph's Hospital.....	15,852
Florida Hospital.....	41,488
Baptist Hospital of Pensacola.....	321,894
Mt. Sinai Medical Center.....	6,834,326
Bayfront Medical Center.....	145,594
Sacred Heart Hospital.....	327,840
Naples Community Hospital.....	188,334
Baptist Medical Center - Jacksonville.....	250,000

From the funds in Specific Appropriation \*\*\*\*\*, \$1,972,546 from the General Revenue Fund, \$3,294,450 from the Grants and Donations Trust Fund, and \$11,009,260 from the Medical Care Trust Fund are provided to

**HOUSE BILLS (5001, 5101)**

will distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals will be capped at 115.0 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2007 FHURS data are eligible for the second phase of the allocation process.

From the funds in Specific Appropriation \*\*\*\*\*, \$512,243 from the Grants and Donations Trust Fund and \$1,070,709 from the Medical Care Trust Fund are for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation \*\*\*\*\*, \$700,000 from the General Revenue Fund, \$23,886,181 from the Grants and Donations Trust Fund and \$50,868,334 from the Medical Care Trust Fund is provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital.....	2,388,887
Shands Jacksonville Hospital.....	32,766,305
All Children's Hospital.....	4,945,075
Shands Teaching Hospital.....	4,796,704
Tampa General Hospital.....	12,990,914
Orlando Regional Medical Center.....	4,159,665
Lee Memorial Hospital/CMS.....	886,896
St. Mary's Hospital.....	195,801
Miami Children's Hospital.....	4,013,059
Broward General Medical Center.....	144,898
Tallahassee Memorial Healthcare.....	40,983
St. Joseph's Hospital.....	15,852
Florida Hospital.....	41,488
Baptist Hospital of Pensacola.....	321,894
Mt. Sinai Medical Center.....	6,834,326
Bayfront Medical Center.....	145,594
Sacred Heart Hospital.....	327,840
Naples Community Hospital.....	188,334
Baptist Medical Center - Jacksonville.....	250,000

From the funds in Specific Appropriation \*\*\*\*\*, \$1,177,298 from the General Revenue Fund, \$4,089,698 from the Grants and Donations Trust Fund and \$11,009,260 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health

**COMMENTS**

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used, in collaboration with the Department of Health, to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.</p> <p>From the funds in Specific Appropriation *****, \$3,090,684 from the Grants and Donations Trust Fund and \$6,460,255 from the Medical Care Trust Fund are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, emergency room diversion potential, and health care innovations that are replicable and with a three-year limit on LIP funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.</p> <p>From the funds in Specific Appropriation *****, \$970,800 from the Grants and Donations Trust Fund and \$2,029,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals with hospital based primary care initiatives.</p> <p>From the funds in Specific Appropriation *****, \$5,215,465 from the Grants and Donations Trust Fund and \$10,901,549 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs. Of these funds \$15,867,014 is for the premium assistance program operated by the Palm Beach County Health Care District and \$250,000 to the Miami Dade Premium Assistance Program. These funds are contingent on a local government contribution from the Palm Beach Health Care District in the amount of \$13,367,014.</p> <p>From the funds in Specific Appropriation *****, \$1,026,720 from the General Revenue Fund and \$2,146,086 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health, to provide funding for hospitals providing poison control programs.</p> <p>The agency may make low-income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis, subject to the availability of state, local and federal funds.</p> <p>The agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.</p> <p>In the event that the amount of approved non-federal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient non-federal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local non-federal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.</p>	<p>Centers. These payments may be used, in collaboration with the Department of Health, to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.</p> <p>From the funds in Specific Appropriation *****, \$970,800 from the Grants and Donations Trust Fund and \$2,029,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used, in collaboration with the Department of Health, to provide funding for Federally Qualified Health Centers for the establishment of medical homes for the uninsured.</p> <p>From the funds in Specific Appropriation *****, \$2,119,884 from the Grants and Donations Trust Fund and \$4,431,055 from the Medical Care Trust Fund are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, ER diversion potential, and health care innovations that are replicable and with a three-year limit on LIP funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.</p> <p>From the funds in Specific Appropriation *****, \$970,800 from the Grants and Donations Trust Fund and \$2,029,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals with hospital based primary care initiatives.</p> <p>From the funds in Specific Appropriation *****, \$80,900 from the Grants and Donations Trust Fund and \$169,100 from the Medical Care Trust Fund are provided to make health insurance premium payments for low-income residents enrolled in the Miami-Dade Premium Assistance Program. These funds are contingent on a local government contribution of \$80,900.</p> <p>From the funds in Specific Appropriation *****, \$5,134,565 from the Grants and Donations Trust Fund and \$10,732,449 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs operated by the Palm Beach County Health Care District. These funds are contingent on a local government contribution from the Palm Beach Health Care District in the amount of \$13,367,014.</p> <p>From the funds in Specific Appropriation *****, \$1,026,720 from the General Revenue Fund and \$2,146,086 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.</p> <p>The agency may make low-income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis, subject to the availability of state, local and federal funds.</p> <p>The agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.</p>	

**HEALTH CARE / HEALTH AND HUMAN SERVICES**

**SIDE-BY-SIDE PROVISO**

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>Funds provided in Specific Appropriation *****, are contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. In the event the non-federal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific Appropriation 208 are contingent upon approval from the Centers for Medicare and Medicaid.</p>	<p>In the event that the amount of approved non-federal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient non-federal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local non-federal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.</p> <p>Funds provided in Specific Appropriation ***** are contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. In the event the non-federal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval.</p> <p>Distribution of such funds provided in Specific Appropriation ***** are contingent upon approval from the Centers for Medicare and Medicaid.</p>	
<p>03 68501400 101585 FREESTANDING DIALYSIS CTRS</p>	<p>Funds in Specific Appropriation ***** are for the inclusion of freestanding dialysis clinics in the Medicaid program. The agency shall limit payment to \$95.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-StageRenal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include National Drug Code information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.</p>	
<p>03 68501400 101596 HOSPITAL OUTPATIENT SVCS</p> <p>From the funds in Specific Appropriation *****, \$16,535,960 from the Grants and Donations Trust Fund and \$34,564,042 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care DSH program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$6,083,722 from the General Revenue Fund, \$12,721,920 from the Medical Care Trust Fund, and \$40,982 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used</p>	<p>From the funds in Specific Appropriation *****, \$16,535,960 from the Grants and Donations Trust Fund and \$34,564,042 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care DSH program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.</p> <p>From the funds in Specific Appropriation *****, \$28,595,811 from the Grants and Donations Trust Fund and \$59,771,961 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow</p>	

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation *****, \$28,595,811 from the Grants and Donations Trust Fund and \$59,771,961 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.</p> <p>From the funds in Specific Appropriation *****, \$5,915,170 from the Grants and Donations Trust Fund and \$12,364,094 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, the public hospital shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>From the funds in Specific Appropriation *****, \$132,125 from the Grants and Donation Trust Fund and \$276,173 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.</p> <p>From the funds in Specific Appropriation *****, \$7,109,906 from the Grants and Donations Trust Fund and \$14,861,374 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma center during Fiscal Year 2009-2010. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>Funds provided for the elimination of hospital outpatient ceilings in</p>	<p>transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.</p> <p>From the funds in Specific Appropriation *****, \$5,915,170 from the Grants and Donations Trust Fund and \$12,364,094 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, the public hospital shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>From the funds in Specific Appropriation *****, \$132,125 from the Grants and Donation Trust Fund and \$276,173 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.</p> <p>From the funds in Specific Appropriation *****, \$7,109,906 from the Grants and Donations Trust Fund and \$14,861,374 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2009 or become a designated or provisional trauma center during Fiscal Year 2009-2010. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.</p> <p>Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation ***** are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.</p> <p>From the funds in Specific Appropriation *****, \$6,388,120 from the Grants and Donations Trust Fund and \$13,352,670 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following three categories of hospitals. Of these funds \$7,174,047 is provided to</p>	

# HEALTH CARE / HEALTH AND HUMAN SERVICES

## SIDE-BY-SIDE PROVISO

SB 2600 1E

Specific Appropriation \*\*\*\*\* are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.

From the funds in Specific Appropriation \*\*\*\*\*, \$6,388,120 from the Grants and Donations Trust Fund and \$13,352,670 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following three categories of hospitals. Of these funds \$7,174,047 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$2,762,760 is for Jackson Memorial Hospital; \$803,934 is for hospitals in Broward Health; \$1,674,628 is for hospitals in the Memorial Healthcare System; and \$795,574 to Shands Jacksonville and \$1,137,151 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$7,346,706 shall be used for the second category to buy back the Medicaid trend adjustment in effect as of June 30, 2009 that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$5,220,037 shall be used for the third category to buy back the Medicaid trend adjustment in effect as of June 30, 2009 that is being applied against the Medicaid outpatient rates for rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation \*\*\*\*\*, \$8,573,019 from the Grants and Donations Trust Fund and \$17,919,623 from the Medical Care Trust Fund are provided for public hospitals, teaching hospitals as defined in s.408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and trauma hospitals whose Medicaid and charity care days divided by total adjusted days exceeds twenty five percent to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

HOUSE BILLS (5001, 5101)

the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$2,762,760 is for Jackson Memorial Hospital; \$803,934 is for hospitals in Broward Health; \$1,674,628 is for hospitals in the Memorial Healthcare System; and \$795,574 to Shands Jacksonville and \$1,137,151 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$7,346,706 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$5,220,037 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation \*\*\*\*\*, \$8,573,019 from the Grants and Donations Trust Fund and \$17,919,623 from the Medical Care Trust Fund are provided for public hospitals, teaching hospitals as defined in s. 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and trauma hospitals whose Medicaid and charity care days divided by total adjusted days exceeds twenty five percent to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

COMMENTS

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>03 68501400102324 OTHER LAB &amp; X-RAY SERVICES</p>	<p>From the funds in Specific Appropriation *****, the agency shall continue a program to assess HIV drug resistance for cost-effective management of anti-retroviral drug therapy.</p> <p>From the funds in Specific Appropriation *****, the agency is authorized to implement a utilization management program for outpatient diagnostic imaging services.</p>	
<p>03 68501400 102538 PERSONAL CARE SERVICES</p> <p>The Agency for Health Care Administration shall encourage a recipient who is medically able to attend a Prescribed Pediatric Extended Care (PPEC) center and whose needs can be met by the PPEC to have PPEC services instead of private duty nursing services. Private duty nursing may be provided as a wraparound alternative for an individual needing additional services when PPEC is not available.</p>	<p>The Agency for Health Care Administration shall encourage a beneficiary who is medically able to attend a Prescribed Pediatric Extended Care (PPEC) center and whose needs can be met by the PPEC to have PPEC services instead of private duty nursing services when PPEC services are medically appropriate and are available within a reasonable distance from the pick-up or drop-off location for the child. Private duty nursing may be provided as a wraparound alternative for an individual requiring additional services when PPEC is not available.</p>	
<p>03 68501400 102541 PHYSICIAN SERVICES</p> <p>From the funds in Specific Appropriation *****, the agency is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.</p> <p>From the funds in Specific Appropriation *****, \$178,119 from the General Revenue Fund and \$372,311 from the Medical Care Trust Fund is provided for the implementation of a Intrathecal Baclofen Therapy (ITB) program for spasticity patients, effective July 1, 2009.</p> <p>In conducting the hospitalist program as required in section 409.905 (5) 3(d), Florida Statutes, the Agency shall exclude the University of Miami at Cedars Hospital in Miami-Dade County from participation in the program. The Agency is authorized to modify appropriate contractual arrangements or federal waivers, as necessary, to effect this exclusion.</p>	<p>From the funds in Specific Appropriation *****, \$51,000,000 from the Medical Care Trust Fund is provided for special Medicaid payments for services provided by doctors of medicine and osteopathy employed by or under contract with a medical school in Florida. The expansion of existing programs to increase federal reimbursements through Upper Payment Limit (UPL) provisions, shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue or tobacco settlement funds. The agency is authorized to seek a Florida Title XIX State Plan Amendment or waiver to include additional medical schools in Florida.</p> <p>In conducting the hospitalist program as required in section 409.905 (5) 3(d), Florida Statutes, the Agency shall exclude the University of Miami at Cedars Hospital in Miami-Dade County from participation in the program. The Agency is authorized to modify appropriate contractual arrangements or federal waivers, as necessary, to effect this exclusion.</p> <p>From the funds in Specific Appropriation *****, the agency is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.</p>	
<p>03 68501400 102673 PREPAID HEALTH PLANS</p> <p>Funds in Specific Appropriation *****, include reductions of \$11,194,683 from the General Revenue Fund, \$23,399,774 from the Medical Care Trust Fund and \$152,047 from the Refugee Assistance Trust Fund to HMO capitation payments as a result of reducing the reimbursement of inpatient and outpatient hospital rates.</p> <p>Funds in Specific Appropriation *****, include reductions of \$483,069 from the General Revenue Fund, \$1,009,738 from the Medical Care Trust Fund, and \$6,561 from the Refugee Assistance Trust Fund to HMO capitation payments as a result of reducing the Medicaid reimbursement rates for clinic services.</p>	<p>From the funds appropriated in Specific Appropriation *****, the agency is authorized to provide Medicaid children enrolled in the Medicaid Prepaid Dental Health Program in Miami-Dade County with a choice of at least two licensed managed care dental providers, who shall have experience in providing dental care to Medicaid or Title XXI enrollees, and who meet all standards and requirements of the agency.</p>	

**HEALTH CARE / HEALTH AND HUMAN SERVICES**

**SIDE-BY-SIDE PROVISO**

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>Funds in Specific Appropriation *****, reflect a reduction of \$6,970,657 from the General Revenue Fund, \$14,570,473 from the Medical Care Trust Fund, and \$94,676 from the Refugee Assistance Trust Fund as a result of reducing managed care plan capitation rates, effective September 1, 2009. In establishing HMO rates through the normal process, prior to including this reduction and the reductions in the paragraphs above relating to inpatient, outpatient, and clinic services, if the rates unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing HMO rates through the normal process, prior to including this reduction and the reductions in the paragraphs above relating to inpatient, outpatient, and clinic services, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve the reductions, but shall not be reduced below the unit cost used in establishing the budget.</p>		
<p>03 68501400 103742 CLINIC SERVICES</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$974,734 from the General Revenue Fund, \$2,037,438 from the Medical Care Trust Fund, and \$12,334 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for county health department rates. The agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	<p>Funds in Specific Appropriation ***** reflect a reduction of \$486,739 from the General Revenue Fund, \$1,017,408 from the Medical Care Trust Fund, and \$6,159 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for county health department rates. The agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	
<p>03 68501500100602 ASSISTIVE CARE SERVICES</p>	<p>Funds in Specific Appropriation ***** are provided to implement Medicaid coverage for Assistive Care Services and are contingent on the availability of state match being provided in Specific Appropriation 363.</p>	
<p>03 68501500 101554 HOME &amp; COMMUNITY BASED SVC</p> <p>Funds in Specific Appropriation *****, and 224 for the Developmental Services Waiver, the Aged and Disabled Waiver, the Project AIDS Care Waiver, and the Nursing Home Diversion Waiver may be used for reimbursement for services provided through agencies licensed pursuant to section 400.506, Florida Statutes.</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$5,387,170 from the General Revenue Fund to reflect the transfer of state funds for the administration of the Adult Day Health Care Waiver and the Channeling Services Waiver for Frail Elders to the Department of Elder Affairs to administer, effective July 1, 2009.</p> <p>From the funds in Specific Appropriations ***** and 216, the agency is authorized to seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to add wireless sensor and two-way audio/visual communication technology monitoring as an approved waiver service</p>	<p>Funds in Specific Appropriation ***** and 224 for the Developmental Services Waiver, the Aged and Disabled Waiver, the Project AIDS Care Waiver, and the Nursing Home Diversion Waiver may be used for reimbursement for services provided through agencies licensed pursuant to section 400.506, Florida Statutes.</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$5,387,170 from the General Revenue Fund to reflect the transfer of state funds for the Adult Day Health Care Waiver and the Channeling Services Waiver for Frail Elders to the Department of Elder Affairs, effective July 1, 2009.</p>	

HEALTH CARE / HEALTH AND HUMAN SERVICES

SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>designed to reduce long term care costs and prevent institutionalization of functionally impaired seniors by offering qualified individuals an opportunity to remain independent and ensure their safety through the provision of services by highly trained, qualified telecaregivers. The agency shall coordinate with the Department of Elder Affairs on implementation activities following CMS approval.</p>		
<p>03 68501500 101649 ICF/DD COMMUNITY</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$1,458,250 from the General Revenue Fund and \$3,048,085 from the Medical Care Trust Fund as a result of modifying the reimbursement for intermediate care facilities for the developmentally disabled, effective October 1, 2009. The agency shall implement a recurring methodology in the Title XIX Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled for Community Owned and Operated Facilities Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	<p>Funds in Specific Appropriation ***** reflect a reduction of \$6,781,424 from General Revenue Fund as a result of transferring state intermediate care facilities for the developmentally disabled funding to the Agency for Persons with Disabilities.</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$5,622,001 from the General Revenue Fund and \$11,751,302 from the Medical Care Trust Fund as a result of modifying the reimbursement for intermediate care facilities for the developmentally disabled, effective October 1, 2009.</p> <p>From the funds in Specific Appropriation *****, \$9,041,043 from the Grants and Donations Trust Fund and \$18,897,903 from the Medical Care Trust Fund are provided to buy back intermediate care facilities for the developmentally disabled rate reductions, effective October 1, 2009 and are contingent upon passage of HB 5105 or similar legislation becoming law. The agency is authorized to seek a federal Medicaid waiver as necessary to implement this provision. Funds provided in the Grants and Donations Trust Fund are contingent upon the non-federal share being provided through an intermediate care facilities for the developmentally disabled quality assessment. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p>	
<p>03 68501500 102233 NURSING HOME CARE</p> <p>From the funds in Specific Appropriation *****, \$4,374,538 from the Grants and Donations Trust Fund and \$9,143,812 from the Medical Care Trust Fund are provided for the purpose of maximizing federal revenues through the continuation of the Special Medicaid Payment Program for governmentally funded nursing homes. Any requests pursuant to chapter 216, Florida Statutes, by the Agency for Health Care Administration to increase budget authority to expand existing programs using increased federal reimbursement through these provisions, shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue. The agency is authorized to seek federal Medicaid waivers as necessary to implement this provision.</p> <p>Funds in Specific Appropriation *****, include a reduction of \$9,358,471 from the General Revenue Fund and \$19,561,402 from the Medical Care Trust Fund as a result of expanding the Nursing Home Diversion Program, effective July 1, 2009.</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$26,319,479, from the General Revenue Fund and \$55,013,890 from the Medical Care Trust Fund as a result of modifying the reimbursement for nursing home rates. The agency shall implement a recurring methodology in the Title XIX Nursing Home Reimbursement Plan to reduce nursing home rates to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is</p>	<p>From the funds in Specific Appropriation *****, \$6,085,961 from the Grants and Donations Trust Fund and \$7,432,389 from the Medical Care Trust Fund are provided for the purpose of maximizing federal revenues through the continuation of the Special Medicaid Payment Program for governmentally funded nursing homes. Any requests pursuant to chapter 216, Florida Statutes, by the Agency for Health Care Administration to increase budget authority to expand existing programs using increased federal reimbursement through these provisions, shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue. The agency is authorized to seek federal Medicaid waivers as necessary to implement this provision.</p> <p>Funds in Specific Appropriation ***** include a reduction of \$9,358,471 from the General Revenue Fund and \$19,561,402 from the Medical Care Trust Fund as a result of expanding the Nursing Home Diversion Program, effective July 1, 2009.</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$22,459,706 from the General Revenue Fund and \$46,946,059 from the Medical Care Trust Fund as a result of modifying the reimbursement for nursing home rates. The agency shall implement a recurring methodology in the Title XIX Nursing Home Reimbursement Plan to reduce nursing home rates to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is</p>	

## HEALTH CARE / HEALTH AND HUMAN SERVICES

### SIDE-BY-SIDE PROVISO

SB 2600 1E	HOUSE BILLS (5001, 5101)	COMMENTS
<p>equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation *****, \$284,862,032 from the Grants and Donations Trust Fund and \$595,428,549 from the Medical Care Trust Fund are contingent upon the non-federal share being provided through nursing home quality assessments. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p> <p>From the funds in Specific Appropriation *****, the Agency for Health Care Administration, in consultation with the Department of Elder Affairs, is authorized to transfer funds, in accordance with the provisions of chapter 216, F.S., to Specific Appropriation 215, Home and Community Based Services Waiver, Specific Appropriation 243, Home and Community Based Services Waiver, Specific Appropriation 306, Home and Community Based Services Waiver, Specific Appropriation 386, Home and Community Based Services Waiver, Specific Appropriation 387, Assisted Living Facility Waiver, and Specific Appropriation 392, Capitated Nursing Home Diversion Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for diversion.</p> <p>03 68501500 109970 NURSNNG HOME DIVRSN WAIVER</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$102,502,755 from the General Revenue Fund to reflect the transfer of the administration of the nursing home diversion waiver to the Department of Elder Affairs, effective July 1, 2009.</p> <p>From the funds in Specific Appropriation *****, \$5,391,196 from the General Revenue Fund and \$11,268,865 from the Medical Care Trust Fund are provided to expand the current Nursing Home Diversion Program by an additional 1,000 slots, effective July 1, 2009. The agency is authorized, in coordination with the Agency for Health Care Administration to seek the necessary federal waivers to implement this provision.</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$2,430,174 from the General Revenue Fund and \$5,079,635 from the Medical Care Trust Fund as a result of implementing a reduction in nursing home diversion reimbursement rates, effective September 1, 2009. The agency shall implement a recurring methodology to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. If the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	<p>equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>From the funds in Specific Appropriation *****, the Agency for Health Care Administration, in consultation with the Department of Elder Affairs, is authorized to transfer funds, in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 306, Home and Community Based Services Waiver, Specific Appropriation 386, Home and Community Based Services Waiver, Specific Appropriation 387, Assisted Living Facility Waiver, Specific Appropriation 392, Capitated Nursing Home Diversion Waiver, and Specific Appropriation 243, Home and Community Based Services Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for diversion-transition success.</p> <p>From the funds in Specific Appropriation *****, \$284,862,032 from the Grants and Donations Trust Fund and \$595,428,549 from the Medical Care Trust Fund are contingent upon the non-federal share being provided through nursing home quality assessments. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p> <p>From the funds in Specific Appropriation *****, \$5,391,196 from the General Revenue Fund and \$11,268,865 from the Medical Care Trust Fund are provided to expand the current Nursing Home Diversion Program by an additional 1,000 slots, effective July 1, 2009. The agency is authorized to seek the necessary federal waivers to implement this provision.</p> <p>Funds in Specific Appropriation ***** reflect a reduction of \$2,430,174 from the General Revenue Fund and \$5,079,635 from the Medical Care Trust Fund as a result of modifying the reimbursement rate, effective September 1, 2009. The agency shall implement a recurring methodology to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. If the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p> <p>Funds in Specific Appropriation *****, reflect a reduction of \$102,502,776 from the General Revenue Fund to reflect the transfer of state funding for the Nursing Home Diversion waiver to the Department of Elder Affairs, effective July 1, 2009.</p>	

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

## New Draft Provisions

### 1. Disease Management

Upon approval of an amendment of the existing disease management waiver, the agency is authorized to develop Requests for Proposals or Invitations to Negotiate for State of Florida Medicaid recipients residing in certain counties in AHCA Areas 1 and 6 currently enrolled in Medipass. In both Areas, qualified providers must meaningfully deploy health information technology for the provision of health care services and reimbursement for those services shall be on a per member per month basis based on the person's underlying disease state. In Area 1 the agency shall give preference to a non-profit consortium of hospitals that supports primary care in the community and whose member entities contribute health information to a regional health information organization. In Area 6 the agency shall give preference to a federally qualified health care center using a Florida-based health information technology company with disease management functionality. The pilot programs shall be for a period of 36 months. The agency is authorized to seek any necessary state plan amendment or federal waiver to implement this provision.

### 2. Jackson Memorial Hospital Mental/Acute Integration

The agency is directed to integrate provisions of acute care and behavioral health services in the public hospital-operated managed care model to the extent feasible and consistent with continuity of care and patient choice.

# **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

### **3. Multi Visceral and Intestine Transplants**

From the funds in Specific Appropriation XX, \$1,941,600 from the Grants and Donations Trust Fund and \$4,058,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid recipients. Payment of the global fee is contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

### **4. County Health Department / Clinic Services – Rate Reduction**

From the funds in Specific Appropriation 212 \$2,647,453 from the Medical Care Trust Fund and \$1,258,950 from the Grants and Donations Trust Fund are provided to buy back the Clinic Services trend adjustment. The payments under this proviso are contingent on the state share provided through grants and donations from state, county, or other governmental funds.

### **5. Low Income Pool Allocation Methodology**

The Agency for Healthcare Administration shall contract with an independent consultant to prepare recommendations on financing and distribution of funds for the low-income pool, disproportionate share hospital program and adjustments to inpatient rates, rebase rates or otherwise exempt hospitals for fiscal year 2010-2011. The selected contractor shall not provide any services to any recipient of these

# **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

funds while under contract with the State or during fiscal year 2010-2011. The contractor shall monitor the LIP Council process and report findings and recommendations, including a detailed analysis by entity that presents an equitable approach for the financing and distribution of these funds. The findings and recommendations shall be submitted to the Governor and the Legislature within 15 days after the Low Income Pool Council's recommendations are submitted for fiscal year 2010-2011.

## **6. Low Income Pool – Fiscal Year 2010-2011**

The agency shall, by October 1, 2009, submit a request to the federal Centers for Medicare and Medicaid Services to modify the Special Terms and Conditions related to Florida's Medicaid Reform Section 1115 Demonstration waiver. This amendment shall be designed with sufficient justification and reasonable performance requirements to enable Florida to earn the full allocation of \$1.0 billion of Low Income Pool funding in Fiscal Year 2010-11.

## **7. Alternative Payments for Physicians**

The Agency for Health Care Administrative shall seek federal approval to implement a supplemental payment program for medical school faculty who provide services to Medicaid recipients enrolled in capitated managed care plans so that such payments may be made directly to physicians employed by or under contract with the state's medical schools for costs associated with graduate medical education. The agency shall amend its Medicaid policies as necessary to implement this program. Nothing herein shall be construed as requiring

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

capitated managed care plans to fund the state share of the supplemental payments.

## 8. Oncological Clinical Trial Study

The Agency for Health Care Administration shall study the fiscal impact for mandating coverage for treatment modalities within the "standard of care" portion of care utilized in connection with an oncological clinical trial and whether any costs in this comprehensive care would be offset by the carrier or by other costs being covered by the funding of the clinical trial in the context of oncology patient treatments.

## Modified or Deleted Provisions

### 9. Shands Teaching Hospital

From the funds in Specific Appropriation \*, \$9,673,569 shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid or Low Income Pool programs. From these funds, up to \$3,820,670 may be used in the Low Income Pool program or as funding to buy back the Medicaid inpatient and outpatient trend adjustments applied to Shands Healthcare Systems' individual hospital rates and other Medicaid reductions to their rates up to the actual Medicaid inpatient and outpatient costs. The transfer of the funds from the Low Income Pool program is contingent upon another local government or healthcare taxing district providing an equivalent amount of funds to be used in the Low Income Pool program. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds, remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

providing health care services to indigent patients through Shands Healthcare System.

## 10. Hospital Inpatient Services

From the funds in Specific Appropriation \*, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 311 and 332.

From the funds in Specific Appropriation \*, \$168,300 from the General Revenue Fund is provided to Lee Memorial Hospital for the Regional Perinatal Intensive Care Center (RPICC) Program.

From the funds in Specific Appropriation \*, \$53,753,801 from the Grants and Donations Trust Fund and \$112,358,069 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equal or exceed 11 percent. For any public hospital or hospital with graduate medical education positions that does not qualify for the elimination of the inpatient ceilings under this section of proviso or any other proviso listed, such hospitals shall be exempt from the inpatient

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

reimbursement ceilings contingent on the hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation \*, \$1,603,186 from the Grants and Donation Trust Fund and \$3,351,040 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

From the funds in Specific Appropriation \*, \$45,827,167 from the Grants and Donations Trust Fund and \$95,789,541 from the Medical Care Trust Fund are provided to eliminate the inpatient hospital reimbursement ceilings for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2009 and any hospitals that becomes a designated or provisional trauma center during State Fiscal Year 2009-2010. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in Section 12, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds in Specific Appropriation \* are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation \*, \$3,213,995 from the Grants and Donations Trust Fund and \$6,718,005 from the Medical Care Trust Fund are provided to make Medicaid payments to hospitals. These payments shall be used to pay approved liver transplant facilities a global fee for providing transplant services to Medicaid recipients.

From the funds in Specific Appropriation \*, \$13,750,000 from the General Revenue Fund, \$112,913,660 from the Grants and Donations Trust Fund and \$264,756,798 from the Medical Care Trust Fund are provided to eliminate the inpatient reimbursement ceilings for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

certified trauma centers, as identified in Section 12, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation \*, \$22,619,504 from the Grants and Donations Trust Fund, and \$47,280,077 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Of these funds \$38,503,310 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$18,152,419 is for Jackson Memorial Hospital; \$5,407,484 is for hospitals in Broward Health; \$5,457,550 is for hospitals in the Memorial Healthcare System; and \$2,748,092 is for Shands Jacksonville and \$6,737,765 is for Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Of the above funds, \$21,365,269 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a Children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Of the above funds, \$10,031,002 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates to rural hospitals.

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this section of proviso the agency shall use the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation \*, \$57,407,321 from the Grants and Donations Trust Fund and \$119,994,783 from the Medical Care Trust Fund are provided for public hospitals, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.

### **11. Regular Disproportionate Share**

Funds in Specific Appropriation \* shall be used for a Disproportionate Share Hospital Program as provided in section 409.911, 409.9113, and 409.9119, Florida Statutes, and is contingent on the state share being provided through grants and donations from state, county, or other government entities.

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

From the funds in Specific Appropriation \*, \$69,881,487 from the Grants and Donations Trust Fund and \$85,341,718 from the Medical Care Trust Fund are provided for payments to public hospitals.

From the funds in Specific Appropriation \*, \$29,772,254 from the Grants and Donations Trust Fund and \$36,358,918 from the Medical Care Trust Fund are provided for payments to defined statutory teaching hospitals. Prior to the distribution of these funds to the statutorily defined teaching hospitals, \$6,487,220 shall be allocated to Shands Jacksonville Hospital, \$2,660,440 shall be distributed to Tampa General Hospital, and \$1,083,512 shall be distributed to Shands Teaching Hospital.

From the funds in Specific Appropriation \*, \$900,400 from the Grants and Donations Trust Fund and \$1,099,600 from the Medical Care Trust Fund is provided for payments to hospitals participating in graduate medical education initiatives, specifically consortiums engaged in developing new graduate medical education positions and programs. Consortiums shall consist of a combination of statutory teaching hospitals, statutory rural hospitals, hospitals with existing accredited graduate medical education positions, medical schools, Department of Health clinics, federally qualified health centers, and where possible the Department of Veterans' Affairs clinics. Ideally, each consortium will have at least five residents per training year. Each consortium must include primary care providers and at least one hospital, and consortium residents shall rotate between participating primary care sites and hospitals. On or before September 1, 2009, consortiums will apply to the agency for funding with the objective of initiating new medical resident programs and five initial resident

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

positions by July 2010. On or before October 1, 2009, the agency in consultation with the department of health shall at a minimum fund two consortiums, one of which shall be designed to serve a rural area. All consortium-initiated residency programs and positions shall be reviewed by the Community Hospital Education Council, which shall report all findings to the Legislature and the Executive Office of the Governor. The agency in consultation with the Department of Health shall submit a legislative budget request for State Fiscal Year 2010-2011 to support consortium residents and faculty.

From the funds in Specific Appropriation \*, \$750,000 from the General Revenue Fund, \$5,192,640 from the Grants and Donations Trust Fund and \$7,257,360 from the Medical Care Trust Fund are provided for payments to family practice teaching hospitals.

From the funds in Specific Appropriation \*, \$360,160 from the Grants and Donations Trust Fund and \$439,840 from the Medical Care Trust Fund are provided for payments to hospitals licensed as specialty children's hospitals. The funds shall be distributed equally among the hospitals that qualify.

From the funds in Specific Appropriation \*, \$4,149,133 from the Grants and Donations Trust Fund and \$5,067,067 from the Medical Care Trust Fund are provided for payments to Provider Service Networks. Distributions are made to qualifying Provider Service Network hospitals or systems proportionally based on state fiscal year 2006-2007 Provider Service Network patient days from qualifying PSN hospitals or systems. For purposes of this section of proviso, the Provider Service Network inpatient days used in distributing these funds shall be based on the utilization for the following individual

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

hospitals or hospital systems only: Jackson Memorial Hospital - 15,464 days; Broward Health - 18,109 days; Memorial Healthcare System - 12,047 days; Shands Teaching - Gainesville - 1,581 days; and Shands Teaching - Jacksonville - 13,227 days.

## 12. Low Income Pool

From the funds in Specific Appropriation \*, \$8,257,428 from the Grants and Donations Trust Fund and \$17,259,965 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals providing primary care to low-income individuals, hospitals operating as designated or provisional trauma centers, and rural hospitals. Hospitals providing primary care to low-income individuals and participating in the Primary Care DSH program in Fiscal Year 2003-2004 shall be paid \$9,518,238 distributed in the same proportion as the Primary Care DSH payments for State Fiscal Year 2003-2004, excluding Imperial Point Hospital and Memorial Regional Hospital who will receive individual amounts equal to \$536,489 and \$1,620,659, respectively. Hospitals that are designated or provisional trauma centers shall be paid \$9,683,541. Of that amount, \$4,237,709 shall be distributed equally among hospitals that are a Level I trauma center; \$3,475,560 shall be distributed equally among hospitals that are either a Level II or pediatric trauma center; and \$1,970,272 shall be distributed equally among hospitals that are both a Level II and pediatric trauma center. Rural hospitals participating in the Rural Hospital DSH Program shall be paid \$6,315,614 distributed in the same proportion as the DSH payments.

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

From the funds in Specific Appropriation \*, \$273,887,962 from the Grants and Donations Trust Fund and \$572,490,164 from the Medical Care Trust Fund are provided for Medicaid low-income pool payments to hospitals provider access systems. The funding shall be distributed in a two-step allocation process. The first phase of the allocation process will distribute payments to qualified hospitals based on the amount of local government funding provided for the uninsured and underinsured. Payments to qualified hospitals will be capped at 115.0 percent of the amount of local government funding it would have received for the uninsured and underinsured without the Low Income Pool program. The second phase of the allocation process is to distribute the remaining funds based on a hospital's Medicaid days, charity care days, and 50 percent of bad debt days to the total Medicaid days, charity care days, and 50 percent of bad debt days of all qualifying hospitals. To receive funds in this distribution, the hospital's Medicaid days, charity care days and 50 percent of bad debt days divided by the hospital's total days must equal or exceed 10 percent. Of the funds allocated in the second phase, \$2,419,573 shall be allocated to the rural hospitals and the remaining funds allocated to the remaining hospitals that qualify for a distribution. All hospitals with accepted 2007 FHURS data are eligible for the second phase of the allocation process.

From the funds in Specific Appropriation \*, \$512,243 from the Grants and Donations Trust Fund and \$1,070,709 from the Medical Care Trust Fund are for Medicaid low-income pool payments to specialty pediatric facilities. To qualify for a Medicaid low-income pool payment under this section, a hospital must be licensed as a children's specialty hospital and its combined Medicaid managed care and fee-for-service days as a percentage to total inpatient days must

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

equal or exceed 30 percent. The agency shall use the 2003 Financial Hospital Uniform Reporting System (FHURS) data to determine the combined Medicaid managed care and fee-for-service days. The total Medicaid low-income pool payments made shall be distributed equally to the qualifying hospitals.

From the funds in Specific Appropriation \*, \$700,000 from the General Revenue Fund, \$23,886,181 from the Grants and Donations Trust Fund and \$50,868,334 from the Medical Care Trust Fund is provided to make Medicaid low-income pool payments to hospitals that serve as a safety net in providing emergency, specialized pediatric trauma services and inpatient hospital care to low-income individuals. These amounts shall be paid to the following:

Jackson Memorial Hospital.....	2,388,887
Shands Jacksonville Hospital.....	32,766,305
All Children's Hospital.....	4,945,075
Shands Teaching Hospital.....	4,796,704
Tampa General Hospital.....	12,990,914
Orlando Regional Medical Center.....	4,159,665
Lee Memorial Hospital/CMS.....	886,896
St. Mary's Hospital.....	195,801
Miami Children's Hospital.....	4,013,059
Broward General Medical Center.....	144,898
Tallahassee Memorial Healthcare.....	40,983
St. Joseph's Hospital.....	15,852
Florida Hospital.....	41,488
Baptist Hospital of Pensacola.....	321,894
Mt. Sinai Medical Center.....	6,834,326

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

Bayfront Medical Center.....	145,594
Sacred Heart Hospital.....	327,840
Naples Community Hospital.....	188,334
Baptist Medical Center - Jacksonville.....	250,000

From the funds in Specific Appropriation 190, \$1,177,298 from the General Revenue Fund, \$4,736,898,698 from the Grants and Donations Trust Fund and \$12,362,060 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to Federally Qualified Health Centers. These payments may be used to provide funding for Federally Qualified Health Centers supporting primary care services in medically underserved areas.

From the funds in Specific Appropriation \*, \$3,090,684 from the Grants and Donations Trust Fund and \$6,460,255 from the Medical Care Trust Fund are provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks. The Department of Health will develop the funding criteria processes, which include assessing statewide benefits, sustainability, access to primary care improvements, ER diversion potential, and health care innovations that are replicable and with a three-year limit on LIP funding. The total low-income pool payments provided in this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds.

From the funds in Specific Appropriation \*, \$970,800 from the Grants and Donations Trust Fund and \$2,029,200 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

Department of Health to provide funding for hospitals with hospital based primary care initiatives.

From the funds in Specific Appropriation \*, \$80,900 from the Grants and Donations Trust Fund and \$169,100 from the Medical Care Trust Fund are provided to make health insurance premium payments for low-income residents enrolled in the Miami-Dade Premium Assistance Program. These funds are contingent on a local government contribution of \$80,900.

From the funds in Specific Appropriation \*, \$5,134,565 from the Grants and Donations Trust Fund and \$10,732,449 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments for premium assistance programs operated by the Palm Beach County Health Care District. These funds are contingent on a local government contribution from the Palm Beach Health Care District in the amount of \$13,367,014.

From the funds in Specific Appropriation \*, \$1,026,720 from the General Revenue Fund and \$2,146,086 from the Medical Care Trust Fund are provided to make Medicaid low-income pool payments to hospitals. These payments shall be used, in collaboration with the Department of Health to provide funding for hospitals providing poison control programs.

The agency may make low-income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis, subject to the availability of state, local and federal funds.

From the funds in Specific Appropriation \*, \$388,320 from the General Revenue Fund and \$811,680 from the Medical Care Trust Fund are

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

provided to continue the primary care and emergency room diversion program in Manatee, Sarasota and DeSoto counties.

The agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.

In the event that the amount of approved non-federal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient non-federal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local non-federal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.

Funds provided in Specific Appropriation \* are contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. In the event the non-federal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific

# Appropriations Conference Committee on Health and Human Services/Health Care Proviso

Appropriation \* are contingent upon approval from the Centers for Medicare and Medicaid.

## 13. Hospital Outpatient Services

From the funds in Specific Appropriation \*, \$16,535,960 from the Grants and Donations Trust Fund and \$34,564,042 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care DSH program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.

From the funds in Specific Appropriation \*, \$28,595,811 from the Grants and Donations Trust Fund and \$59,771,961 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year and to eliminate the outpatient reimbursement ceilings for teaching, specialty, Community Health Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the certificate of need program:

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in section 408.07 (45), Florida Statutes, that are not certified trauma centers, as identified in Section 13, chapter 2007-326, Laws of Florida.

From the funds in Specific Appropriation \*, \$5,915,170 from the Grants and Donations Trust Fund and \$12,364,094 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. For any public hospital or hospital with graduate medical education positions that does not qualify for the elimination of the outpatient ceilings under this provision of proviso or any other proviso listed, such hospitals shall be exempt from the outpatient reimbursement ceilings contingent on the public hospital or local governmental entity providing the required state match. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation \*, \$132,125 from the Grants and Donation Trust Fund and \$276,173 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

From the funds in Specific Appropriation \*, \$7,109,906 from the Grants and Donations Trust Fund and \$14,861,374 from the Medical Care Trust Fund are provided to eliminate the outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2009 or become a designated or provisional trauma center during Fiscal Year 2009-2010. Included in these funds are the annualized amounts to offset the reductions taken against certified trauma centers as identified in section 13, chapter 2007-326, Laws of Florida. The agency shall use the average of the 2003, 2004 and 2005 audited DSH data available as of March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation \* are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

From the funds in Specific Appropriation \*, \$5,969,075 from the Grants and Donations Trust Fund and \$12,476,770 from the Medical Care Trust Fund are provided to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for the following three categories of hospitals. Of these funds \$6,711,233 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$2,762,760 is for Jackson Memorial Hospital; \$803,934 is for hospitals in Broward Health; \$1,211,814 is for hospitals in the Memorial Healthcare System; and \$795,574 to Shands Jacksonville and \$1,137,151 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$5,985,074 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, then the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Of the above funds, \$5,749,538 shall be used for the third category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for rural hospitals. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the outpatient rate for those individual hospitals. For this section of proviso the agency shall use the average of 2003, 2004 and 2005 audited DSH data available as of

## **Appropriations Conference Committee on Health and Human Services/Health Care Proviso**

March 1, 2009. In the event the agency does not have the prescribed three years of audited DSH data for a hospital, the agency shall use the average of the audited DSH data for 2003, 2004 and 2005 that are available.

From the funds in Specific Appropriation \*, \$10,755,108 from the Grants and Donations Trust Fund and \$22,480,702 from the Medical Care Trust Fund are provided for public hospitals, teaching hospitals as defined in s. 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.

# Appropriations Conference Committee on Health and Human Services/Health Care Implementing Bill

## Existing Provisions

### 1. Nursing Home Staffing Ratios

See attached document.

## New Provisions

### 2. Nursing Home Lease Bond Requirements

Section XX. In order to implement Specific Appropriation XXXX of the 2009-2010 General Appropriations Act, subsection (3) of section 400.179, Florida Statutes, is created to read:

400.179 Liability for Medicaid underpayments and overpayments.—

(3) For the 2009-2010 fiscal year only, the provisions of section 400.179(2)(d), Florida Statutes, shall not apply. This paragraph expires July 1, 2010.

141 of this initiative by July 1, 2008. This paragraph expires July  
 142 1, 2010 ~~2009~~.

143 Section 5. Paragraph (d) is added to subsection (3) of  
 144 section 400.23, Florida Statutes, to read:

145 400.23 Rules; evaluation and deficiencies; licensure  
 146 status.--

147 (3)

148 (d) Notwithstanding any other provision of this subsection  
 149 and for the 2009-2010 fiscal year only, the agency may not  
 150 impose sanctions against a nursing home for failure to meet the  
 151 staffing ratios in paragraph (a), as long as the certified  
 152 nursing assistant ratio is not below 2.6 hours per resident per  
 153 day and the licensed nurse ratio is not below 1 hour per  
 154 resident per day. This paragraph expires July 1, 2010.

155 Section 6. Paragraph (d) of subsection (15) of section  
 156 400.141, Florida Statutes, is amended to read:

157 400.141 Administration and management of nursing home  
 158 facilities.--Every licensed facility shall comply with all  
 159 applicable standards and rules of the agency and shall:

160 (15) Submit semiannually to the agency, or more frequently  
 161 if requested by the agency, information regarding facility  
 162 staff-to-resident ratios, staff turnover, and staff stability,  
 163 including information regarding certified nursing assistants,  
 164 licensed nurses, the director of nursing, and the facility  
 165 administrator. For purposes of this reporting:

166 (d)1. A nursing facility that has failed to comply with  
 167 state minimum-staffing requirements for 2 consecutive days is  
 168 prohibited from accepting new admissions until the facility has

169 achieved the minimum-staffing requirements for a period of 6  
170 consecutive days. For the purposes of this paragraph, any person  
171 who was a resident of the facility and was absent from the  
172 facility for the purpose of receiving medical care at a separate  
173 location or was on a leave of absence is not considered a new  
174 admission. Failure to impose such an admissions moratorium  
175 constitutes a class II deficiency.

176 2. Notwithstanding the provisions of subparagraph 1. and  
177 for the 2009-2010 fiscal year only, the agency may not impose  
178 sanctions against a nursing home for failure to impose a  
179 moratorium on new admissions under subparagraph 1., as long as  
180 the licensed nurse ratio is not below 1 hour per resident per  
181 day and the certified nursing assistant ratio is not below 2.6  
182 hours per resident per day. This subparagraph expires July 1,  
183 2010.

184  
185 Nothing in this section shall limit the agency's ability to  
186 impose a deficiency or take other actions if a facility does not  
187 have enough staff to meet the residents' needs.

188  
189 Facilities that have been awarded a Gold Seal under the program  
190 established in s. 400.235 may develop a plan to provide  
191 certified nursing assistant training as prescribed by federal  
192 regulations and state rules and may apply to the agency for  
193 approval of their program.

194 Section 7. In order to fulfill legislative intent  
195 regarding the use of funds contained in Specific Appropriations  
196 617, 631, 644, and 1112 of the 2009-2010 General Appropriations