

THE FLORIDA LEGISLATURE



May 6, 2009

The Honorable Jeff Atwater
President of the Senate

The Honorable Larry Cretul
Speaker, House of Representatives

Dear Mr. President and Mr. Speaker:

Your Conference Committee on the disagreeing votes of the two houses on CS/SB 1658, same being:

An act relating to the health care

having met, and after full and free conference, do recommend to their respective houses as follows:

1. That the House of Representatives recede from its Amendment 1.
2. That the Senate and House of Representatives adopt the Conference Committee Amendment attached hereto, and by reference made a part of this report.

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Senator Ronda Storms

Senator Frederica S. Wilson

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Representative Ron Saunders, At Large

Representative Ron Schultz

Representative Kelly Skidmore, At Large

Representative Darren Soto

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Representative Nicholas R. Thompson

Representative John Tobia

Representative Charles E. Van Zant

Representative Michael B. Weinstein

Representative Trudi K. Williams

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The Conference Committee Amendment for CS/SB 1658, relating to the health care, provides for the following:

- Amends s. 395.7017, F.S., to authorize the Agency for Health Care Administration to promulgate rules relating to assessments on inpatient and outpatient services and health care entities as authorized in chapter 395, Part IV, F.S.
- Amends s. 409.815, F.S., to provide for mental health parity, dental services, and the reimbursement of federally qualified health centers and rural health clinics in the Florida Healthy Kids program as required by federal law, effective October 1, 2009.
- Amends s. 409.818, F.S., to require that the Agency for Health Care Administration monitor the compliance with quality assurance and access standards of the Florida Healthy Kids plan in accordance with state and federal law.
- Amends s. 409.904, F.S., to provide that the Meds-AD and Medically Needy program will expire December 31, 2010.
- Amends s. 409.905, F.S., relating to home health services in the Medicaid program, to require home health agencies that exceed the statewide home health services utilization rate by 50 percent, to undergo prior authorization for Medicaid home health service visits not associated with a skilled nursing visit. The bill specifies that prior authorization includes the submission of a Medicaid recipient's plan of care and documentation that supports the recipient's diagnosis to the Agency for Health Care Administration. The bill requires that Medicaid home health services must be ordered by a physician and meet certain requirements.
- Creates undesignated sections of law that require the Agency for Health Care administration to implement two home health pilot projects.
- Amends s. 409.906, F.S., to provide limitations on vision services for adult Medicaid beneficiaries.
- Amends s. 409.9082, F.S., to modify circumstances requiring the discontinuance of the quality assessment for nursing home providers; to provide an additional provision to exempt or apply a lower quality assessment rate; and to authorize the use of quality assessments to restore Fiscal Year 2009-2010 rate reductions.
- Amends s. 409.9083, F.S., to provide definitions; to provide for a quality assessment to be imposed upon privately operated intermediate care facilities; to require the Agency for Health Care Administration to calculate the quality assessment rate annually, to provide requirements for reporting and collecting the assessment; to specify the purposes of the assessment and an order of priority; to require the Agency for Health Care Administration to seek federal authorization to implement the act; to specify circumstances requiring the discontinuance of the quality assessment; to authorize the imposition of certain penalties against providers that fail to pay the assessment; to require the adoption of rules; and to authorize the use of quality assessments to restore Fiscal Year 2008-2009 and 2009-2010 rate reductions.

- Amends s. 409.911, F.S., to update the years of audited data used in determining Medicaid and charity care days for each hospital in the Disproportionate Share program from 2002, 2003 and 2004 to 2003, 2004, and 2005; to change the fiscal year that the audited data is used to distribute funding through the Disproportionate Share program from Fiscal Year 2008-2009 to Fiscal Year 2009-2010; and to provide the formula for the distribution of disproportionate share dollars to provider service network hospitals.
- Amends s. 409.9112, F.S., to continue the prohibition of the distribution of funds through the Regional Perinatal Intensive Care Disproportionate Share program in Fiscal Year 2009-2010;
- Amends s. 409.9113, F.S., to allow for disproportionate share payments to statutorily defined teaching hospitals and family practice teaching hospitals in Fiscal Year 2009-2010; and allows the distribution of funds for statutorily defined teaching hospitals to be distributed as provided in the General Appropriations Act;
- Amends s. 409.9117, F.S., to continue the prohibition of the distribution of funds through the Primary Care Disproportionate Share program in Fiscal Year 2009-2010;
- Amends s. 409.9119, F.S., to allow for disproportionate share payments to specialty hospitals for children as provided in the General Appropriations Act.
- Amends s. 409.912, F.S., relating to an integrated fixed-payment delivery program (Florida Senior Care) to provide that implementation of the program is subject to a specific appropriation.
- Amends s. 409.912, F.S., to provide that an exclusive provider organization under contract with the Agency for Health Care Administration to provide services in a rural area with no Medicaid health maintenance organization shall be paid in accordance with the appropriate fee schedule for services to eligible Medicaid recipients for a period of no longer than 24 months.
- Amends s. 409.91211, F.S., to revise the date from 3 to 5 years that provider service networks, including the Children's Medical Services Network, convert from a fee-for-service model to a capitation model in the Medicaid reform pilot areas.
- Amends s. 409.9122, F.S., to remove language that required recipients in the MediPass program in counties with two or more managed care plans, to be assigned to a managed care plan if they failed to make a choice during the annual choice period;
- Creates s. 409.916(4) to provide that quality assessment fees received from Medicaid providers are to be deposited into the Grants and Donations Trust Fund within the Agency for Health Care Administration and are to be used for the purposes established by law and the General Appropriations Act.
- Amends s. 430.04, F.S., requires the Department of Elder Affairs to administer all Medicaid waiver programs and appropriations.

Amends s. 430.707, F.S., to require the Agency for Health Care Administration, in consultation with the Department of Elder Affairs, to accept and forward to the Centers for Medicare and

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Medicaid Services an Program of All-inclusive Care for the Elderly (PACE) application for expansion of a pilot project from an entity that provides certain PACE benefits. In addition, the bill directs the agency to seek federal approval for an application to be a PACE site and upon approval, the agency is directed to contract with a hospice organization in Hillsborough County to serve up to 100 elderly individuals.