

Committee on Appropriations

HB 5201 — Medicaid

by Health Care Appropriations Subcommittee and Representative Hudson (SB 2512 by Appropriations Committee)

The bill provides for the following:

Definition of Rural Hospital

The bill amends the definition of “rural hospital” to include hospitals meeting the qualifications of a federal “sole community hospital” having up to 340 beds. The bill also removes an obsolete statutory provision in the definition of rural hospital.

Residency Program Reconciliation

For the Statewide Medicaid Residency Program, the bill requires the Agency for Health Care Administration (AHCA) – beginning in the 2015-2016 fiscal year – to reconcile each participating hospital’s number of residents calculated under the program’s statutory formula with the most recent Medicare cost report submitted by the hospital. In any year in which retroactive adjustments are needed due to the reconciliation, those adjustments will be applied to the hospital’s allocation for that year.

Disproportionate Share Hospital Program

The bill updates statute so that data used by the AHCA to measure hospitals’ Medicaid and charity care will be applied to the 2014-2015 fiscal year. The bill provides that any non-state-owned or operated hospital that was eligible for public-hospital disproportionate share payments on July 1, 2011, remains eligible for those payments during the 2014-2015 fiscal year.

Statewide Medicaid Managed Care Enrollment

The bill adds Medicaid recipients residing in APD-licensed group homes and children receiving services in a prescribed pediatric extended care (PPEC) center, to the list of recipients who are exempt from mandatory managed care enrollment under Statewide Medicaid Managed Care but who are allowed to join managed care plans voluntarily.

Reimbursement for PPEC Services

The bill provides that reimbursement for PPEC services provided to children enrolled in a Medicaid managed care plan will be paid to the PPEC service provider by AHCA on a fee-for-service basis.

Medically Needy in Statewide Medicaid Managed Care

The bill repeals the requirement in the Statewide Medicaid Managed Care program that persons eligible for the Medically Needy program must enroll in managed care plans and pay a monthly premium of an amount up to their share of cost calculated under the Medically Needy program. The bill also repeals requirements for Medicaid managed care plans related to Medically Needy.

Corrections to the GAA

The bill contains two non-statutory sections of law that correct scrivener's errors in the 2014-2015 General Appropriations Act (HB 5001).

If approved by the Governor, these provisions take effect July 1, 2014.

Vote: Senate 40-0; House 115-0