



720102

LEGISLATIVE ACTION

Senate

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House

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The Committee on Health Policy (Grimsley) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (11) of section 409.908, Florida  
Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to  
specific appropriations, the agency shall reimburse Medicaid  
providers, in accordance with state and federal law, according  
to methodologies set forth in the rules of the agency and in



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11 policy manuals and handbooks incorporated by reference therein.  
12 These methodologies may include fee schedules, reimbursement  
13 methods based on cost reporting, negotiated fees, competitive  
14 bidding pursuant to s. 287.057, and other mechanisms the agency  
15 considers efficient and effective for purchasing services or  
16 goods on behalf of recipients. If a provider is reimbursed based  
17 on cost reporting and submits a cost report late and that cost  
18 report would have been used to set a lower reimbursement rate  
19 for a rate semester, then the provider's rate for that semester  
20 shall be retroactively calculated using the new cost report, and  
21 full payment at the recalculated rate shall be effected  
22 retroactively. Medicare-granted extensions for filing cost  
23 reports, if applicable, shall also apply to Medicaid cost  
24 reports. Payment for Medicaid compensable services made on  
25 behalf of Medicaid eligible persons is subject to the  
26 availability of moneys and any limitations or directions  
27 provided for in the General Appropriations Act or chapter 216.  
28 Further, nothing in this section shall be construed to prevent  
29 or limit the agency from adjusting fees, reimbursement rates,  
30 lengths of stay, number of visits, or number of services, or  
31 making any other adjustments necessary to comply with the  
32 availability of moneys and any limitations or directions  
33 provided for in the General Appropriations Act, provided the  
34 adjustment is consistent with legislative intent.

35 (11) A provider of independent laboratory services shall be  
36 reimbursed on the basis of competitive bidding or for the least  
37 of the amount billed by the provider, the provider's usual and  
38 customary charge, or the Medicaid maximum allowable fee  
39 established by the agency. For purposes of ss. 409.901-409.9201



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40 and with respect to a provider of independent laboratory  
41 services, the term "usual and customary charge" means the amount  
42 routinely billed by the provider to an uninsured consumer for  
43 services or goods before the application of any discount,  
44 rebate, or supplemental plan. Free or discounted charges for  
45 services or goods based on a person's uninsured or indigent  
46 status or other financial hardship are not usual and customary  
47 charges. This subsection is intended to be remedial in nature  
48 and to clarify existing law, and shall apply retroactively.

49       Section 2. This act shall take effect July 1, 2016.

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51 ===== T I T L E   A M E N D M E N T =====

52 And the title is amended as follows:

53       Delete everything before the enacting clause  
54 and insert:

55                               A bill to be entitled  
56       An act relating to Medicaid providers of independent  
57       laboratory services; amending s. 409.908, F.S.;  
58       providing a definition of "usual and customary charge"  
59       for providers of independent laboratory services;  
60       providing for applicability; providing an effective  
61       date.