

MEDICAID BILL (28-01190A-11)

Section, Page and Line Number References

Section	Provisions	Page	Line
1	amending s. 39.407, F.S.; requiring a motion by the Department of Children and Family Services to provide psychotropic medication to a child 10 years of age or younger to include a review by a child psychiatrist; providing that a court may not authorize the administration of such medication absent a finding of compelling state interest based on the review;	14	378
2	amending s. 216.262, F.S.; providing that limitations on an agency's total number of positions does not apply to certain positions in the Department of Health;	18	500
3	amending s. 393.063, F.S.; redefining the term "developmental disability" to include Down syndrome; defining the term "Down syndrome" as it relates to developmental disabilities;	19	536
4	amending s. 393.0661, F.S.; conforming provisions to changes made by the act;	19	551
5	amending s. 408.7057, F.S.; requiring that the dispute resolution program include a hearing in specified circumstances; providing that the dispute resolution program established to resolve claims disputes between providers and health plans does not provide an independent right of recovery; requiring that the conclusions of law in the written recommendation of the resolution organization identify certain information;	20	576
6	providing a directive to the Division of Statutory Revision;	21	604
7	amending s. 409.016, F.S.; conforming provisions to changes made by the act;	21	608
8	creating s. 409.16713, F.S.; providing for medical assistance for children in out-of-home care and adopted children; specifying how those services will be funded under certain circumstances; providing legislative intent;	22	620
9	providing a directive to the Division of Statutory Revision;	23	654
10	transferring, renumbering, and amending s. 624.91, F.S.; decreasing the administrative cost and raising the minimum loss ratio for health plans; increasing compensation to the insurer or provider for dental contracts; requiring the Florida Healthy Kids Corporation to include use of the school breakfast and lunch application form in the corporation's plan for publicizing the program; conforming provisions to changes made by the act;	23	657
11, 12, 13, 14, 15, 16	amending ss. 409.813, 409.8132, 409.815, 409.818, 154.503, and 408.915, F.S.; conforming provisions to changes made by the act;	27	778

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17	amending s. 1006.06, F.S.; requiring school districts to collaborate with the Florida Kidcare program to use the application form for the school breakfast and lunch programs to provide information about the Florida Kidcare program and to authorize data on the application form be shared with state agencies and the Florida Healthy Kids Corporation and its agents; authorizing each school district the option to share the data electronically; requiring interagency agreements to ensure that the data exchanged is protected from unauthorized disclosure and is used only for enrollment in the Florida Kidcare program;	30	853
18, 19	amending s. 409.901, F.S.; revising definitions relating to Medicaid;	30	863
20	amending s. 409.902, F.S.; revising provisions relating to the designation of the Agency for Health Care Administration as the state Medicaid agency; specifying that eligibility and state funds for medical services apply only to citizens and certain noncitizens; providing exceptions; providing a limitation on persons transferring assets in order to become eligible for Medicaid nursing facility services;	38	1081
21	amending s. 409.9021, F.S.; revising provisions relating to conditions for Medicaid eligibility; increasing the number of years a Medicaid applicant forfeits entitlements to the Medicaid program if he or she has committed fraud; providing for the payment of monthly premiums by Medicaid recipients; providing exemptions to the premium requirement; requiring applicants to agree to participate in certain health programs; prohibiting a recipient who has access to employer-sponsored health care from obtaining services reimbursed through the Medicaid fee-for-service system; requiring the agency to develop a process to allow the Medicaid premium that would have been received to be used to pay employer premiums; requiring that the agency allow opt-out opportunities for certain recipients;	41	1166
22	creating s. 409.9022, F.S.; specifying procedures to be implemented by a state agency if the Medicaid expenditures exceed appropriations;	43	1229
23	amending s. 409.903, F.S.; conforming provisions to changes made by the act; deleting obsolete provisions;	45	201
24	amending s. 409.904, F.S.; conforming provisions to changes made by the act; renaming the “medically needy” program as the “Medicaid nonpoverty medical subsidy”; narrowing the subsidy to cover only certain services for a family, persons age 65 or older, or blind or disabled persons; revising the criteria for the agency’s assessment of need for private duty nursing services;	48	1376
25	amending s. 409.905, F.S.; conforming provisions to changes made by the act; requiring prior authorization for home health services;	52	1487
26	amending s. 409.906, F.S.; providing for a parental fee based on family income to be assessed against the parents of children with developmental disabilities served by home and community-based waivers; prohibiting the agency from paying for certain psychotropic medications prescribed for a child; conforming provisions to changes made by the act;	63	1803
27, 28	amending ss. 409.9062 and 409.907, F.S.; conforming provisions to changes made by the act;	74	2143

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29	amending s. 409.908, F.S.; modifying the nursing home patient care per diem rate to include dental care and podiatric care; directing the agency to seek a waiver to treat a portion of the nursing home per diem as capital for self-insurance purposes; requiring primary physicians to be paid the Medicare fee-for-service rate by a certain date; deleting the requirement that the agency contract for transportation services with the community transportation system; authorizing qualified plans to contract for transportation services; deleting obsolete provisions; conforming provisions to changes made by the act;	75	2175
30	amending s. 409.9081, F.S.; revising copayments for physician visits; requiring the agency to seek a waiver to allow the increase of copayments for nonemergency services furnished in a hospital emergency department;	97	2786
31	amending s. 409.912, F.S.; requiring Medicaid-eligible children who have open child welfare cases who reside in AHCA area 10 to be enrolled in specified capitated managed care plans; expanding the number of children eligible to receive behavioral health care services through a specialty prepaid plan; repealing provisions relating to a provider lock-in program; eliminating obsolete provisions and updating provisions; conforming cross-references;	97	2812
32	amending s. 409.915, F.S.; conforming provisions to changes made by the act;	110	3162
33	transferring, renumbering, and amending s. 409.9301, F.S.; conforming provisions to changes made by the act;	110	3179
34, 35	amending s. 409.9126, F.S.; conforming a cross-reference; providing a directive to the Division of Statutory Revision;	111	3200
36	creating s. 409.961, F.S.; providing for statutory construction of provisions relating to Medicaid managed care;	111	3213
37	creating s. 409.962, F.S.; providing definitions;	112	3221
38	creating s. 409.963, F.S.; establishing the Medicaid managed care program as the statewide, integrated managed care program for medical assistance and long-term care services; directing the agency to apply for and implement waivers; providing for public notice and comment; providing for a limited managed care program if waivers are not approved;	112	3246
39	creating s. 409.964, F.S.; requiring all Medicaid recipients to be enrolled in Medicaid managed care; providing exemptions; prohibiting a recipient who has access to employer-sponsored health care from enrolling in Medicaid managed care; requiring the agency to develop a process to allow the Medicaid premium that would have been received to be used to pay employer premiums; requiring that the agency allow opt-out opportunities for certain recipients; providing for voluntary enrollment;	115	3325

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40	creating s. 409.965, F.S.; providing requirements for qualified plans that provide services in the Medicaid managed care program; requiring the agency to issue an invitation to negotiate; requiring the agency to compile and publish certain information; establishing regions for separate procurement of plans; establishing selection criteria for plan selection; limiting the number of plans in a region; authorizing the agency to conduct negotiations if funding is insufficient; providing that the Children’s Medical Service Network is a qualified plan;	117	3388
41	creating s. 409.966, F.S.; providing managed care plan contract requirements; establishing contract terms; providing for annual rate setting; providing for contract extension under certain circumstances; establishing access requirements; requiring the agency to establishing performance standards for plans; providing for program integrity; requiring plans to provide encounter data; providing penalties for failure to submit data; requiring plans to accept electronic claims; providing for prompt payment; providing for payments to noncontract emergency providers; requiring a surety bond; requiring plans to establish a grievance resolution process; requiring plan solvency; requiring guaranteed savings; providing costs and penalties for early termination of contracts or reduction in enrollment levels; requiring the agency to terminate qualified plans for noncompliance under certain circumstances;	123	3551
42	creating s. 409.967, F.S.; providing for managed care plan accountability; establishing a medical loss ratio; requiring that a plan pay back to the agency a specified amount in specified circumstances; authorizing plans to limit providers in networks; mandating that certain providers be offered contracts during the first year; authorizing plans to exclude certain providers in certain circumstances; requiring plans to monitor the quality and performance history of providers; requiring plans to hold primary care physicians responsible for certain activities; requiring plans to offer certain programs and procedures; requiring plans to pay primary care providers the same rate as Medicare by a certain date; providing for conflict resolution between plans and providers;	129	3725
43	creating s. 409.968, F.S.; providing for managed care plan payments on a per-member, per-month basis; requiring the agency to establish a methodology to ensure the availability of certain types of payments to specified providers; requiring the development of rate cells; requiring that the amount paid to the plans for supplemental payments or enhanced rates be reconciled to the amount required to pay providers; requiring that plans make certain payments to providers within a certain time;	134	3876
44	creating s. 409.969, F.S.; authorizing Medicaid recipients to select any plan within a region; providing for automatic enrollment of recipients by the agency; providing criteria for automatic enrollment; authorizing disenrollment under certain circumstances; providing for a grievance process; defining the term “good cause” for purposes of disenrollment; requiring recipients to stay in plans for a specified time; providing for reenrollment of recipients who move out of a region;	136	3917

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45	creating s. 409.970, F.S.; requiring the agency to maintain an encounter data system; providing requirements for prepaid plans to submit data in a certain format; requiring the agency to analyze the data; requiring the agency to test the data for certain purposes by a certain date;	138	4002
46	creating s. 409.971, F.S.; providing for managed care medical assistance; providing deadlines for beginning and finalizing implementation;	140	4037
47	creating s. 409.972, F.S.; establishing minimum services for the managed medical assistance; providing for optional services; authorizing plans to customize benefit packages;	140	4048
48	creating s. 409.973, F.S.; providing for managed long-term care; providing deadlines for beginning and finalizing implementation; providing duties for the Department of Elderly Affairs relating to the program;	142	4102
49	creating s. 409.974, F.S.; providing recipient eligibility requirements for managed long-term care; listing programs for which certain recipients are eligible; specifying that an entitlement to home and community-based services is not created;	143	4127
50	creating s. 409.975, F.S.; establishing minimum services for managed long-term care;	144	4159
51	creating s. 409.976, F.S.; providing criteria for the selection of plans to provide managed long-term care;	145	4177
52	creating s. 409.977, F.S.; providing for managed long-term care plan accountability; requiring the agency to establish and plans to comply with standards for specified providers;	147	4239
53	creating s. 409.978, F.S.; requiring that the agency operate the Comprehensive Assessment and Review for Long-Term Care Services program through an interagency agreement with the Department of Elderly Affairs; providing duties of the program; requiring the program to assign plan enrollees to a level of care; providing for the evaluation of dually eligible nursing home residents;	147	4256
54, 55, 56,	transferring, renumbering, and amending ss. 409.91207, 409.91211, 409.9122, F.S.; conforming provisions to changes made by the act; updating provisions and deleting obsolete provisions;	149	4306
57, 58	transferring and renumbering ss. 409.9123 and 409.9124, F.S.;	153	4433
59	amending s. 430.04, F.S.; eliminating outdated provisions; requiring the Department of Elderly Affairs to develop a transition plan for specified elders and disabled adults receiving long-term care Medicaid services if qualified plans become available;	153	4437
60	amending s. 430.2053, F.S.; eliminating outdated provisions; providing additional duties of aging resource centers; providing an additional exception to direct services that may not be provided by an aging resource center; providing for the cessation of specified payments by the department as qualified plans become available; eliminating provisions requiring reports;	154	4461
61	amending s. 400.023, F.S.; requiring the trial judge to conduct an evidentiary hearing to determine the sufficiency of evidence for claims against certain persons relating to a nursing home; limiting noneconomic damages in a wrongful death action against the nursing home;	165	4782

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62	amending s. 400.0237, F.S.; revising provisions relating to punitive damages against a nursing home; authorizing a defendant to proffer admissible evidence to refute a claimant's proffer of evidence for punitive damages; requiring the trial judge to conduct an evidentiary hearing and the plaintiff to demonstrate that a reasonable basis exists for the recovery of punitive damages; prohibiting discovery of the defendant's financial worth until the judge approves the pleading on punitive damages; revising definitions;	169	4891
63	amending s. 409.1671, F.S.; modifying the amount and limits of general liability coverage, automobile coverage, and tort coverage that must be carried by eligible community lead agency providers and their subcontractors; providing that the Department of Children and Family Services is not liable for the acts or omissions of such lead agencies and that the agencies may not be required to indemnify the department;	171	4953
64, 66	creating ss. 458.3167 and 459.0078, F.S.; providing for an expert witness certificate for allopathic and osteopathic physicians licensed in other states or Canada which authorizes such physicians to provide expert medical opinions in this state; providing application requirements and timeframes for approval or denial by the Board of Medicine and Board of Osteopathic Medicine, respectively; requiring the boards to adopt rules and set fees; providing for expiration of a certificate;	178	5137
65, 67	amending ss. 458.331 and 459.015, F.S.; providing grounds for disciplinary action for providing misleading, deceptive, or fraudulent expert witness testimony relating to the practice of medicine and of osteopathic medicine, respectively; providing for construction with respect to the doctrine of incorporation by reference;	179	5172
68	amending s. 766.102, F.S.; providing that a physician who is an expert witness in a medical malpractice presuit action must meet certain requirements;	181	5240
69	amending s. 766.104, F.S.; requiring a good faith demonstration in a medical malpractice case that there has been a breach of the standard of care;	182	5252
70	amending s. 766.106, F.S.; clarifying that a physician acting as an expert witness is subject to disciplinary actions;	183	5287
71	amending s. 766.1115, F.S.; conforming provisions to changes made by the act;	183	5305
72	creating s. 766.1183, F.S.; defining terms; providing for the recovery of civil damages by Medicaid recipients according to a modified standard of care; providing for recovery of certain excess judgments by act of the Legislature; requiring the Department of Children and Family Services to provide notice to program applicants;	184	5321
73	creating s. 766.1184, F.S.; defining terms; providing for the recovery of civil damages by certain recipients of primary care services at primary care clinics receiving specified low-income pool funds according to a modified standard of care; providing for recovery of certain excess judgments by act of the Legislature; providing requirements of health care providers receiving such funds in order for the liability provisions to apply; requiring notice to low-income pool recipients;	186	5370

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74	amending s. 766.203, F.S.; requiring the presuit investigations conducted by the claimant and the prospective defendant in a medical malpractice action to provide grounds for a breach of the standard of care;	188	5452
75	amending s. 768.28, F.S.; revising a definition; providing that colleges and universities that own or operate an accredited medical school and their employees and agents providing patient services in a public teaching hospital pursuant to an affiliation agreement or contract with the teaching hospital are considered agents of the hospital for the purposes of the applicability of sovereign immunity; providing definitions; requiring patients of such hospitals to be provided with notice of their remedies under sovereign immunity; providing legislative findings and intent with respect to including colleges and universities and their employees and agents under sovereign immunity; providing a statement of public necessity;	189	5466
76	relating to legislative intent concerning managed care;	192	5552
77	amending s. 1004.41, F.S.; clarifying provisions relating to references to the corporation known as Shands Teaching Hospital and Clinics, Inc.; clarifying provisions regarding the purpose of the corporation; authorizing the corporation to create corporate subsidiaries and affiliates; providing that Shands Teaching Hospital and Clinics, Inc., Shands Jacksonville Medical Center, Inc., Shands Jacksonville Healthcare, Inc., and any not-for-profit subsidiary of such entities are instrumentalities of the state for purposes of sovereign immunity;	195	5629
78	repealing s. 409.9121, F.S., repealing s. 409.919, F.S., relating to rule authority; repealing s. 624.915, F.S., relating to the Florida Healthy Kids Corporation operating fund;	200	5775
79, 81, 82,	renumbering and transferring ss. 409.942, 409.944, 409.945, 409.946, 409.953, and 409.9531, F.S., as ss. 414.29, 163.464, 163.465, 163.466, 402.81, and 402.82, F.S., respectively;	200	5777
80, 83, 84, 85	amending s. 443.111, F.S.; conforming a cross-reference; directing the Agency for Health Care Administration to submit a reorganization plan to the Legislature; providing for the state's withdrawal from the Medicaid program under certain circumstances; providing for severability;	200	5779
86	providing an effective date	201	5819