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<th>SB 1496 by Bradley; (Compare to CS/H 0221) Transparency in Health Care</th>
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The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Garcia, Chair
Senator Smith, Vice Chair

MEETING DATE: Thursday, January 28, 2016
TIME: 10:00 a.m.—12:00 noon
PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Garcia, Chair; Senator Smith, Vice Chair; Senators Abruzzo, Bean, Benacquisto, Grimsley, Richter, and Sobel

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<tr>
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<th>BILL NO. and INTRODUCER</th>
<th>BILL DESCRIPTION and SENATE COMMITTEE ACTIONS</th>
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| 1   | SB 1496
Bradley
(Compare CS/H 221, H 1175) | Transparency in Health Care; Requiring a facility licensed under ch. 395, F.S., to provide timely and accurate financial information and quality of service measures to certain individuals; requiring a health care practitioner to provide a patient upon his or her request a written, good faith estimate of anticipated charges within a certain timeframe; requiring a health insurer to make available on its website certain methods that a policyholder can use to make estimates of certain costs and charges, etc. | Fav/CS |
|     |     | HP 01/19/2016 Favorable | Yeas 6 Nays 2 |
|     |     | AHS 01/28/2016 Fav/CS |
|     |     | AP |

2 Review and Discussion of Fiscal Year 2016-2017 Budget Issues Relating to:

- Agency for Health Care Administration
- Agency for Persons with Disabilities
- Department of Children and Families
- Department of Elder Affairs
- Department of Health
- Department of Veterans’ Affairs

Discussed

Other Related Meeting Documents
To: Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: January 22, 2016

I respectfully request that Senate Bill #1496, relating to Transparency in Health Care, be placed on the:

☐ committee agenda at your earliest possible convenience.
☐ next committee agenda.

Senator Rob Bradley
Florida Senate, District 7
THE FLORIDA SENATE

APPEARANCE RECORD

( Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date
1/28/16

Bill Number (if applicable)
1496

Amendment Barcode (if applicable)

Topic
Transparency

Name
Bill Bell

Job Title
General Counsel

Address
306 E College Ave
Tallahassee FL 32301

Phone
222-9800

Email
Bill.Bell@fl.gov

Speaking:  □ For  □ Against  □ Information
Waive Speaking:  □ In Support  □ Against
(The Chair will read this information into the record.)

Representing
Florida Hospital Assn

Appearing at request of Chair:  □ Yes  □ No
Lobbyist registered with Legislature:  □ Yes  □ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
THE FLORIDA SENATE
APPEARANCE RECORD

Meeting Date: 1/28/2016

Bill Number (if applicable): 1496

Amendment Barcode (if applicable): 

Topic: Health Cost Transparency

Name: Corrina Madrid

Job Title: Chapter President

Address: 

Street: Jacksonville

City: FL

State: Zip: 

Phone: 904-534-5678

Email: corrina.madrid@nrmss.org

Speaking: □ For □ Against □ Information

Waive Speaking: □ In Support □ Against

(The Chair will read this information into the record.)

Representing: National Multiple Sclerosis Society

Appearing at request of Chair: □ Yes □ No

Lobbyist registered with Legislature: □ Yes □ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
The Florida Senate

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date: Jan 29, 2016

Bill Number (if applicable): SB 1496

Amendment Barcode (if applicable):

Topic: Transparency

Name: Richard Polzehlen

Job Title: ____________________________

Address: 1300 N Duval St

Street: Tallahassee

City: Tallahassee

State: FL

Zip: 32303

Phone: (850) 224-4206

Email: ____________________________

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [X] In Support [ ] Against

(The Chair will read this information into the record.)

Representing: League of Women Voters of Florida

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [ ] Yes [X] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date: Jan 26, 2016

Bill Number (if applicable): SB 1496

Amendment Barcode (if applicable): ________________

Topic: TRANSPORtency

Name: Richard Polzinger

Job Title: Government Affairs Director

Address: 1300 N Duval St

Street: Tallahassee, FL 32303

City: ________________ State: ________________ Zip: ________________

Phone: (954) 304-4204

Email: __________________________

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [x] in Support [ ] Against

(The Chair will read this information into the record.)

Representing: Florida Alliance for Retired Americans

Appearing at request of Chair: [ ] Yes [x] No

Lobbyist registered with Legislature: [ ] Yes [x] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
THE FLORIDA SENATE

APPEARANCE RECORD

Meeting Date: Jan 28, 14

Topic: All Payers Claims Data Base

Name: Toni Large

Address: 519 E. Park Ave
Tallahassee, FL 32301

Phone: (850) 556-1441
Email: toni@esulaw.net

Job Title: 

Speaking: [ ] For  [ ] Against  [ ] Information

Waive Speaking: [ ] In Support  [ ] Against

(The Chair will read this information into the record.)

Representing: FL College of Emergency Physicians / FL Orthopedic Society

Appearing at request of Chair: [ ] Yes  [ ] No

Lobbyist registered with Legislature: [ ] Yes  [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
I. Summary:

PCS/SB 1496 increases the transparency and availability of health care pricing and quality of service information. The Agency for Health Care Administration (AHCA) is required to contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures to facilitate price comparison of typical health care services provided in hospitals and ambulatory surgery centers (ASCs). Quality indicators for services at the facilities will also be made available to the consumer to facilitate health care decision making.

Under the bill, hospitals and ASCs are required to provide access to the searchable service bundles on their websites. Consumers will be presented with estimated average payment and estimated payment ranges for each service bundle, by facility, facilities within geographic boundaries, and nationally. A hospital or ASC must notify consumers of other health care providers that may bill separately from the facility, as well as information about the facility’s financial assistance policies and collection procedures.

A hospital’s or ASC’s website must also provide hyperlinks to the websites of insurers and health maintenance organizations (HMOs) for which the facility is in-network or a preferred provider to enable an insured patient to research cost-sharing responsibilities for the service bundle. Insurers and HMOs are required to provide on their websites a method for policy holders to estimate their cost-sharing responsibilities by service bundle, based on the insured’s policy and known usage. These estimates must include both in-network and out-of-network providers. Insurers and HMOs are also required to provide hyperlinks on their website to the AHCA’s performance outcome and financial data.

Consumers may request personalized good faith estimates of charges for non-emergency medical services from hospitals, ASCs, and health care practitioners relating to medical services provided in the hospital or ASC. The bill also requires home health agencies and home medical equipment
providers to provide consumers with good-faith estimates of medical services and supplies. These good-faith estimates must be provided to the consumer within seven days after the request. Information must also be provided about the health care provider’s financial assistance policies and collection procedures.

A patient may also request an itemized bill or statement from a hospital or ASC after discharge. The hospital or ASC must provide an itemized bill or statement within seven days that is specific, written in plain language, and identifies all services provided by the facility, as well as rates charged, amounts due, and the payment status. The itemized bill or statement must inform the patient to contact his or her insurer regarding the patient’s share of costs. The facility must provide records to verify the bill or statement upon request.

The bill requires the consumer advocate in the Department of Financial Services (DFS) to receive and investigate complaints from insured and uninsured patients concerning billing practices. If, after investigating a complaint, the consumer advocate determines the billing practices and charges were unfair, the consumer advocate will report these findings to the AHCA and the Department of Health (DOH) for regulatory and disciplinary action. The bill provides for penalties for unconscionable prices. The consumer advocate is also authorized to mediate billing complaints and negotiate payment arrangements.

The bill requires health insurers and HMOs that participate in the state group health insurance plan or Medicaid managed care to submit claims data to the vendor selected by the AHCA.

The AHCA estimates the bill will have a negative recurring fiscal impact of approximately $2.7 million in general revenue. Estimates of the fiscal impact of the new duties of the consumer advocate within the DFS are not available at this time. See Section V.

The bill has an effective date of July 1, 2016, except as otherwise provided in the bill.

II. **Present Situation:**

**Health Care Price and Quality Transparency**

In general, the term “transparency,” when applied to health care, refers to the ability of a patient or the public to investigate and compare different health care providers for pricing and quality of care for one or more procedures. Although simple sounding, health care price transparency is difficult to implement due to legal challenges, the various manners in which health care is provided, and the various manners in which health care costs are paid. Demonstrating this difficulty, the Health Care Incentives Improvement Institute gave an F grade to 45 out of 50 states, including Florida, in its 2015 Report Card on State Price Transparency Laws.\(^1\)\(^2\)

Some difficulties in implementing health care price transparency include:

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2. Only one state, New Hampshire, received an A rating. Colorado and Maine received B’s, and Vermont and Virginia received C’s.
• Legal barriers, including the confidentiality of some contractual information between health care providers and insurers, as well as health insurer trade secret information;³
• Difficulty in determining who will be providing care and whether or not all providers are in a patient’s insurance network;⁴
• General confusion over billing practices;⁵ and
• Difficulty drawing comparisons between patients’ particular situations.⁶

Common Definitions in Health Care Pricing

Another basic difficulty in interpreting health care pricing is understanding the definition of many terms. Some common definitions include:

• “Charge,” which means the dollar amount a provider charges for services rendered, before any contracted discounts are applied; a charge can be different from the amount paid;

• “Cost,” the definition of which varies by the party incurring the expense:
  o To the patient, cost is the amount payable out of pocket for health care services;
  o To the provider, cost is the expense (direct and indirect) incurred to deliver health care services to patients;
  o To the insurer, cost is the amount payable to the provider (or reimbursable to the patient) for services rendered;
  o To the employer, cost is the expense related to providing health benefits (premiums or claims paid);

• “Price,” which means the total amount a provider expects to be paid by payers and/or patients for health care services; and

• “Out-of-pocket payment,” which means the portion of total payment for medical services and treatment for which the patient is responsible, including copayments, coinsurance, and deductibles.⁷

Current Florida Requirements for Health Care Price and Quality Transparency

Current Florida law establishes multiple requirements regarding health care cost and quality transparency. Examples of such requirements include:

• Florida’s Patient’s Bill of Rights and Responsibilities,⁸ which establishes the right of patients to, among other rights, be given information of known financial resources for the patient’s health care, a reasonable estimate of charges before a procedure, and an itemized bill;

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³ Id.
⁵ Many hospital bills, and bills issued by other health care facilities, consist of billing codes and names of procedures or medications which may not be easily understood by a layperson. Additionally, it may be difficult to determine whether charges on the bill have been paid, need to be paid, or will be paid by a third party such as a health insurer.
⁶ For example, an older patient may be more fragile and require more recovery time and caution when administering a procedure and, therefore, may be charged more than a younger patient for the same procedure. Additionally, actual payment amounts to the health care provider may differ from patient to patient depending on whether that patient has insurance and the magnitude of any discounts that the insurer has negotiated with that health care provider.
⁸ Section 381.026, F.S.
• The requirement for hospitals and ambulatory surgery centers (ASCs) to provide patients and their physicians with itemized bills upon request;\(^9\)
• The requirement for pharmacies, health insurers, and health maintenance organizations (HMOs) to inform customers of the availability of the Agency for Health Care Administration’s (AHCA’s) quality and cost information;\(^10\) and
• The requirement for HMOs to disclose financial data to customers and provide customers with estimated costs for services.\(^11\)

**The Florida Center for Health Information and Policy Analysis**

Section 408.05, F.S., establishes the Florida Center for Health Information and Policy Analysis (Florida Center). The Florida Center is required to establish a comprehensive health information system to provide for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of collected and extant health-related data. The Florida Center is responsible for:

• Collecting adverse incident reports from hospitals, ASCs, HMOs, nursing homes, and assisted living facilities (ALFs);
• Collecting discharge data from licensed hospitals, ASCs, emergency departments, cardiac catheterization laboratories, and lithotripsy;
• Administering patient injury reporting, tracking, trending, and problem resolution programs for hospitals, ASCs, nursing homes, ALFs, and some HMOs;
• Processing patient data requests and providing technical assistance; and
• Administering [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov), Florida’s state-run website which provides easy access to health care information through health care quality comparison tools, a health encyclopedia, and other resources. The public may access the website to learn about medical conditions, compare health care facilities and providers, and find health care resources. The website also allows users to compare price ranges for some commonly offered health care services between health care providers.\(^12,\(^13\)

**The Florida Commission on Health care and Hospital Funding**

On May 5, 2015, Governor Rick Scott signed Executive Order 15-99 that established the Commission on Health care and Hospital Funding (commission).\(^14\) The commission was created to investigate and advise on the role of taxpayer funding for hospitals, insurers, and health care providers, and the affordability, access, and quality of health care services they provide. The commission has met 15 times between May 20, 2015 and January 19, 2016, and will continue meeting. The commission has heard testimony and collected data from numerous sources, including physicians, hospitals, state agencies, health maintenance organizations, and the public,

\(^9\) Section 395.301, F.S.
\(^10\) Sections 465.0244, 627.54, and 641.54, F.S
\(^11\) Section 641.54, F.S.
\(^13\) Quality and price data is available on the website and searchable for approximately 150 conditions. Email from Orlando Pryor, AHCA Legislative Affairs Office (Jan. 15, 2016) (on file with the Senate Committee on Health Policy).
but it has not yet published conclusions or final recommendations. On November 19, 2015, the
commission endorsed proposed bill language from Governor Scott to address the issue of health
care price and quality transparency.\(^\text{15}\),\(^\text{16}\) Many of the concepts inherent to the Governor’s
proposal are addressed in SB 1496.

### III. Effect of Proposed Changes:

**Section 1** amends the licensure requirements for hospitals and ambulatory surgical centers
(ASCs) in s. 395.301, F.S., to require that such facilities meet new standards for providing
financial information and quality of service measures to patients and the public.\(^\text{17}\)

**General Requirements for the Provision of Information to the Public**

The bill requires each hospital and ASC to:

- Provide timely and accurate financial information and quality of service measures to
  prospective patients, actual patients, and patient’s legal guardians or survivors;
- Provide information on payments made to that facility via the facility’s website, under the
  following parameters:
  - The posted information must be presented and searchable in accordance with, and
    through a hyperlink to, the system and service bundles established by the Agency for
    Health Care Administration (AHCA).
  - The minimum information that must be provided by the facility for each service bundle
    includes:
    - The estimated average payment received from all payers except Medicaid and
      Medicare; and
    - The estimated payment range.
  - The facility must state in plain language that the information provided is an estimate of
    costs and that actual costs will be based on services actually provided.
  - The facility must assist the consumer in accessing his or her health insurer’s or HMO’s
    website for information on estimated copayments, deductibles, and other cost-sharing
    responsibilities;
- Post information on its website, including:
  - The names of all health insurers and HMOs for which the facility is a network provider or
    a preferred provider, along with links to the respective websites;
  - Information for uninsured or out-of-network patients on:
    - The facility’s financial assistance policy including the application process, payment
      plans, and discounts; and
    - The facility’s collection procedures and charity care policies;
  - A notification to patients and prospective patients that services may be provided in the
    facility by the facility and by other health care providers who may bill separately;

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\(^{15}\) Letter from the Commission on Health care and Hospital Funding to Senate President Andy Gardiner and Speaker of the
House of Representatives Steve Crisafulli (November 19, 2015) (on file with the Senate Committee on Health Policy).

\(^{16}\) Governor’s Recommended Bill, *Health Care Transparency*, available at

\(^{17}\) Note: Some of the effects detailed in the analysis of section 1 of the bill are requirements that are in current law and which
are either kept intact or revised and restated. Due to the significant reorganization of s. 395.301, F.S., the total effects of all
new, current law, and revised requirements are included in this analysis as effects of the bill.
Notification that patients and prospective patients may request a personalized estimate of charges from the facility; and

- A link to health-related data, including quality measures and statistics that are disseminated by the AHCA; and

- Take action to notify the public that health-related data is electronically available to the public and provide a link to the AHCA’s website.

Requirements to Respond to Specific Requests for Information

Upon specific request, the bill requires each facility to provide:

- A written, good-faith estimate of reasonably anticipated facility charges for the non-emergency treatment of the requestor’s specific condition, under the following parameters:
  - The estimate must be provided within seven business days after the receipt of the request;
  - The facility is not required to adjust the estimate to account for any insurance coverage;
  - The estimate may be based on the service bundles created by the AHCA unless the patient requests a more specific estimate;
  - The facility must inform the patient that he or she may contact his or her health insurer or HMO for additional information on cost-sharing responsibilities;
  - The estimate must provide information on the facility’s financial assistance policy, including the application process, payment plans, and discounts;
  - The estimate must provide information on the facility’s charity care policy and collection procedures;
  - Upon request, the facility must notify the requestor of any revision to the estimate;
  - The estimate must contain a notice that services may be provided by other health care providers who may bill separately;
  - The facility must take action to notify the public that such estimates are available;
  - The facility will be fined $500 for each instance of failing to timely provide a requested estimate; and
  - The provision of the estimate does not preclude the charges from exceeding the estimate;

- An itemized bill or statement to the patient, or the patient’s survivor or legal guardian, under the following parameters:
  - The initial itemized statement or bill:
    - Must be provided within seven days of the patient’s discharge or the patient’s request;
    - Must detail the specific nature of charges or expenses in plain language, comprehensible to an ordinary layperson;
    - Must contain a statement of specific services received and expenses incurred by date;
    - Must enumerate in detail, as prescribed by the AHCA, the constituent components of the services received within each department of the facility;
    - Must include unit price data on rates charged by the facility;
    - Must identify each item as paid, pending payment by a third party, or pending payment by the patient;
    - Must include the amount due, if applicable;
    - Must advise the patient or the patient’s legal survivor or guardian to contact the patient’s health insurer or HMO regarding the patient’s cost-sharing responsibilities;
    - Must include a notice of hospital-based physicians and other health care providers who bill separately;
    - May not include any generalized category of expenses;
Must list drugs by brand or generic name;

Must identify the date, type, and length of treatment for any physical, occupational, or speech therapy provided; and

Must prominently display the telephone number of the medical facility’s patient liaison;

- Any subsequent bill must contain all of the information required in the initial bill with any revisions clearly delineated;
- A facility must make available at no charge, except copying fees, both in the facility’s office and electronically, all records necessary for the verification of the accuracy of the invoice or bill within 10 business days after a request for such records and before payment of the statement or bill; and
- Each facility must establish a method of responding to a patient’s question about his or her itemized bill within seven business days after the question is received.

If the patient is not satisfied with the facility’s response to a question, the facility must provide the patient with the address and contract information for the consumer advocate as provided in s. 627.0613, F.S.

Miscellaneous Provisions

The bill deletes statutory language:

- Stating that any person who receives an itemized statement is fully and accurately informed as to each charge and service provided by the institution preparing the statement;
- Requiring an itemized statement to contain a disclosure identifying the ownership status, either for-profit or not-for-profit, of the facility preparing the statement;
- Requiring an itemized bill to be provided to the patient’s physician at no charge;
- Restricting physicians, dentists, podiatrists, and other licensed facilities from adding to the price charged by a third party except for a service or handling charge which represents a cost actually incurred.

The bill also makes other technical and conforming changes.

Section 2 creates s. 395.3012, F.S., to allow the AHCA to impose fines based on the findings of the consumer advocate’s investigation of billing complaints pursuant to s. 627.0613(6), F.S. The bill sets the fines for noncompliance at the greater of $2,500 per violation or double the amount of the original charges.

Sections 3 and 4 amend ss. 400.487 and 400.934, F.S., respectively, to require home health agencies and home medical equipment providers to, upon request, provide a written, good-faith estimate of reasonably anticipated charges for services provided by that health care provider within seven business days after receiving a request and to provide information disclosing payment plans, discounts, other available assistance, and collection procedures. Additionally, home health agencies and home medical equipment providers must inform the requestor that he or she may contact his or her health insurer or HMO for additional information concerning cost sharing responsibilities.
Section 5 amends s. 408.05, F.S., to replace the Florida Center for Health Information and Policy Analysis with the Florida Center for Health Information and Transparency (center), to be housed within the AHCA. The center’s responsibilities are streamlined and updated to reflect current data needs. The center is tasked with collecting, compiling, coordinating, analyzing, indexing, and disseminating health-related data and statistics. The center and the AHCA must meet numerous requirements, as described below.  

Health Related Data

The bill:
- Requires that the center be staffed as necessary to carry out its functions;
- Requires that the center maintain data sets in existence before July 1, 2016, unless such data are duplicated and readily available from other credible sources;
- Requires that the center collect data on:
  - Health resources, including licensed health care practitioners by specialty and type of practice and including data collected by the Department of Health (DOH) pursuant to ss. 458.3191 and 456.0081, F.S.;
  - Health service inventories, including acute care, long-term care, and other institutional care facilities and specific services provided by hospitals, nursing homes, home health agencies, and other licensed health care facilities;
  - Service utilization for licensed health care facilities;
  - Health care costs and financing;
  - The extent of public and private health insurance coverage in Florida; and
  - Specific quality-of-care initiatives involving various health care providers when extant data is not adequate to achieve the objectives of the initiatives;
- Eliminates the requirement that the center collect data on:
  - The extent and nature of illness and disability of the state population;
  - The impact of illness and disability of the state population on the state economy;
  - Environmental, social, and other health hazards;
  - Health knowledge and practices of the people in Florida; and
  - Family formation, growth, and dissolution.

Health Information Transparency

The bill:
- Requires the AHCA to:
  - Contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison, and the platform must allow a consumer to search by condition or service bundle that is comprehensible to an ordinary layperson and may not require registration, password, or user identification;
  - Collect and compile information on and coordinate the activities of state agencies involved in providing health information to consumers;

18 As similarly noted in Section 1, due to significant revision and organizational changes in this section, the total effects of all new, revised, and current law requirements are included in this analysis as effects of the bill.
Promote data sharing by making state-collected data available, transferable, and readily usable;
Develop written agreements with local, state, and federal agencies to facilitate the sharing of data related to health care;
Establish by rule the types of data collected, complied, processed, used, or shared;
Consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data;
Monitor data collection procedures and test data quality to facilitate the dissemination of data that are accurate, valid, reliable, and complete;
Develop methods for archiving data, retrieving archived data, and editing and verifying data;
Make available health care quality measures that will allow consumers to compare outcomes and other performance measures for health care services; and
Make available the results of special health surveys, health care research, and health care evaluations conducted or supported by under s. 408.05, F.S.;
Restricts the AHCA from establishing an all-payer claims database without express legislative authority;
Eliminates requirements, except as detailed above, for the AHCA and the center to:
Review the statistical activities of state agencies to ensure they are consistent with the comprehensive health information system;
Establish minimum health-care-related data sets;
Establish advisory standards for the quality of health statistical and epidemiological data collection;
Prescribe standards for the publication of health-care-related data;
Establish a long-range plan for making health care quality measures and financial data available;
Provide technical assistance to persons or organizations engaged in health planning activities;
Administer, manage, and monitor grants related to health information services; and
Aid in the dissemination of data through the publication of reports, including an annual report, and conducting special studies and surveys.

The vendor must:
Be a non-profit research institute that is qualified under s. 1874 of the federal Social Security Act to receive Medicare claims data and which receives claims data from multiple private insurers nationwide;
Have a national database consisting of at least 15 billion claim lines of administrative claims data from multiple payers capable of being expanded by adding third-party payers, including employers with Employee Retirement Income Security Act of 1974 (ERISA) plans;
Have a well-developed methodology for analyzing claims data within defined service bundles; and
Have a bundling methodology that is available in the public domain to allow for consistency and comparison of state and national benchmarks with local regions and specific providers.

Section 6 amends s. 408.061, F.S., to:
• Require that the AHCA mandate the submission of data from health care facilities, health care providers, and health insurers in order to facilitate transparency in health care pricing and quality measures;
• Provide that data submitted by health care providers may include actual charges to patients as specified by rule; and
• Provide that data submitted by health insurers may include payments to health care facilities and health care providers as specified by rule.

Section 7 amends s. 456.0575, F.S., to require that every licensed health care practitioner must provide, upon request by a patient, a good-faith estimate of reasonably anticipated charges for any non-emergency services to treat the patient’s condition at a hospital or ASC. This estimate must be provided within seven business days after receiving the request and before providing the service for which the request for an estimate was made. The practitioner must inform the patient that he or she may contact his or her health insurer or HMO for additional information concerning cost-sharing responsibilities. The practitioner must also provide information to uninsured or out of network patients on the practitioner’s financial assistance policy, including the application process, payment plans, discounts, and other available assistance, the practitioner’s charity care policy, and the practitioner’s collection procedures.

The bill provides that such an estimate does not preclude the actual charges from exceeding the estimate and that failure to provide a requested estimate in accordance with the provisions stated and without good cause will result in disciplinary action and a fine of $500 for each instance of failure to provide the requested estimate.

Section 8 amends s. 456.072, F.S., to include the failure to comply with fair billing practices pursuant to s. 627.0613, F.S., in the list of grounds for which disciplinary actions may be taken against a health care practitioner.

Section 9 amends s. 627.0613, F.S., to expand the duties of the consumer advocate. The bill requires that:
• The consumer advocate must report to the AHCA and the DOH the findings resulting from investigation of unresolved complaints concerning the billing practices of any hospital, ASC, or health care practitioner licensed under ch. 456, F.S.;
• The AHCA and the DOH must grant the consumer advocate access to any files, records, and data which are necessary for such investigations;
• The consumer advocate must provide mediation between providers and patients to resolve billing complaints and negotiate arrangements for extended payment schedules; and
• The consumer advocate must maintain a process for receiving and investigating complaints concerning billing practices by hospitals, ASCs, and health care practitioners licensed under ch. 456, F.S.

Under the bill, such investigations by the consumer advocate are limited to determining compliance with the following:

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19 The consumer advocate is appointed by, and reports to, the Chief Financial Officer and is tasked with representing the general public before various state agencies.
The patient was informed before a non-emergency procedure of the expected payments related to the procedure, the contact information for health insurers or HMOs, and the expected involvement of other providers who may bill separately;

The patient was informed of policies and procedures to qualify for discounts;

The patient was informed of collection procedures and given the opportunity to participate in an extended payment schedule;

The patient was given a written, personal, and itemized estimate as required in s. 395.301, F.S., for facilities and s. 456.0575, F.S., for health care practitioners for services in a facility;

The statement or bill delivered to the patient was accurate and included all required information; and

The billed amounts were fair charges, defined as “the common and frequent range of charges for patients who are similarly situated requiring the same or similar medical services.”

Section 10 creates s. 627.6385, F.S., to require each health insurer to:

- Make available on its website a method for policyholders to estimate their cost-sharing responsibilities for health care services and procedures based on the service bundles established in s. 408.05(3)(c), F.S., or based on a personalized estimate, and a link to the health and quality information disseminated by the AHCA;
- Include in every policy delivered or issued to a person in Florida a notice that the information required by this section is available electronically and the address of the website where the information can be accessed; and
- If the health insurer participates in the state group health insurance plan or Medicaid managed care, provide all claims data to the fullest extent possible to the contracted vendor selected by the AHCA under s. 408.05(3)(c), F.S.

Section 11 amends s. 641.54, F.S., to require each HMO to:

- Make available electronically or by request the estimated amount of any cost-sharing responsibilities for any covered services described by the service bundles established pursuant to s. 408.05(3)(c), F.S., or as described in a personalized estimate received from a health care facility or health care practitioner;
- If the HMO participates in the state group health insurance plan or Medicaid managed care, provide all claims data to the fullest extent possible to the contracted vendor selected by the AHCA under s. 408.05(3)(c), F.S.; and
- Create a link on its website to the health information disseminated by the AHCA.

Section 12 amends s. 409.967, F.S., to require that Medicaid managed care plans provide all claims data to the fullest extent possible to the contracted vendor selected by the AHCA under s. 408.05(3)(c), F.S.

Section 13 amends s. 110.123, F.S., to require that the Department of Management Services make arrangements to provide claims data of the state group health insurance plan to the contracted vendor selected by the AHCA pursuant to s. 408.05(3)(c), F.S. The bill also requires that each health plan awarded a contract in state group health insurance must provide claims data to the selected vendor.
**Sections 14 through 20** amend various sections of law to make technical and conforming changes.

**Section 21** provides that the bill takes effect on July 1, 2016.

### IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

   None.

B. Public Records/Open Meetings Issues:

   None.

C. Trust Funds Restrictions:

   None.

### V. Fiscal Impact Statement:

A. Tax/Fee Issues:

   None.

B. Private Sector Impact:

   PCS/SB 1496 may have a positive fiscal impact on consumers of health care services to the extent the transparency measures allow consumers to make better informed choices on where to obtain their health care services based on price and quality, take advantage of discounts or other financial assistance, or negotiate with health care service providers on the specific costs of services.

   The bill may have a negative fiscal impact on providers of health care services, health insurers, and HMOs related to posting health care information on their webpages or providing patient-specific estimates.

C. Government Sector Impact:

   The AHCA estimates that the bill will have recurring costs to the agency of approximately $2.7 million per year, all of which is general revenue. Contracted services account for approximately $2.5 to $2.6 million of the annual costs. Approximately $133,000 of the annual costs are for two full-time-equivalent positions. Additional recurring costs include approximately $12,000 per year for expenses and less than $1,000 per year for human resource services. The AHCA also estimates non-recurring costs for Fiscal Year 2016-2017 of $9,054.\(^\text{20}\)

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\(^{20}\) Fiscal analysis provided by the AHCA on January 19, 2016. On file with Senate Health Policy staff.
An estimate of the fiscal impact of the new duties of the office of the consumer advocate within the Department of Financial Services (DFS) is not yet available, but an estimate has been requested of the DFS.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 395.301, 400.487, 400.934, 408.05, 408.061, 456.0575, 456.072, 627.0613, 641.54, 409.967, 110.123, 20.42, 381.026, 395.602, 395.6025, 408.07, 408.18, and 465.0244.

This bill creates the following sections of the Florida Statutes: 395.3012 and 627.6385.

IX. **Additional Information:**

A. **Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**Recommended CS by Appropriations Subcommittee on Health and Human Services on January 28, 2016:**

The proposed CS:

- Requires a licensed hospital or ambulatory surgery center to make certain information available on its website that must be presented and searchable in accordance with, and through a hyperlink to, the system established by the Agency for Health Care Administration and its vendor under the bill, while the underlying bill did not require the hyperlink;
- Deletes from the bill requirements for nursing homes to provide specified information upon request;
- Deletes from the bill provisions entitling health insurers and health maintenance organizations to tax credits under certain conditions; and
- Deletes from the bill provisions establishing a tax credit of $50 per employee per data submission, up to $500,000, which could be used against either Florida’s sales and use tax or corporate income tax for employers with plans covered by the Employee Retirement Income Security Act of 1974, under certain conditions.

B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
Appropriations Subcommittee on Health and Human Services (Richter) recommended the following:

Senate Amendment

Delete lines 133 - 135 and insert:

payment data must be presented and searchable in accordance with, and through a hyperlink to, the system established by the agency and its vendor using the descriptive service bundles developed under s. 408.05(3)(c). At
Appropriations Subcommittee on Health and Human Services (Richter) recommended the following:

**Senate Amendment**

1. Delete lines 364 - 366
2. and insert:
3. (2) The administrative fines for noncompliance with s. 395.301 are the greater of $2,500 per violation or double the amount of the original charges.
Appropriations Subcommittee on Health and Human Services (Richter) recommended the following:

Senate Amendment (with title amendment)

Delete lines 367 - 388.

And the title is amended as follows:

Delete lines 33 - 34

and insert:

consumer advocate; amending ss. 400.487 and 400.934, F.S.; requiring home health
Appropriations Subcommittee on Health and Human Services (Richter) recommended the following:

Senate Amendment (with title amendment)

1 Delete lines 1073 - 1077.
2 Delete lines 1176 - 1254.

=============== T I T L E A M E N D M E N T ================
3 And the title is amended as follows:
4 Delete lines 81 - 82
5 and insert:
6 amending s. 641.54, F.S.; revising
Delete lines 99 - 109
and insert:
data to the vendor selected by the agency; amending
ss. 20.42,
Senate Appropriations Subcommittee on Health and Human Services (Richter) recommended the following:

**Senate Substitute for Amendment (234188) (with title amendment)**

1. Delete lines 1073 - 1077.
2. Delete lines 1104 - 1109.
3. Delete lines 1176 - 1254.

And the title is amended as follows:

4. Delete lines 81 - 91
11 and insert:
12  amending s. 641.54, F.S.; revising the provision
13  requiring a health maintenance organization to make
14  certain information available to its subscribers;
15  requiring a health maintenance organization that
16  participates in the state group health insurance plan
17  or Medicaid managed care to provide all claims data to
18  a contracted vendor selected by the agency; amending
19  s. 409.967, F.S.; requiring
20
21 Delete lines 99 - 109
22 and insert:
23  data to the vendor selected by the agency; amending
24  ss. 20.42,
A bill to be entitled
An act relating to transparency in health care;
amending s. 395.301, F.S.; requiring a facility
licensed under ch. 395, F.S., to provide timely and
accurate financial information and quality of service
measures to certain individuals; providing an
exemption; requiring a licensed facility to make
available on its website certain information on
payments made to that facility for defined bundles of
services and procedures and other information for
consumers and patients; requiring that facility
websites provide specified information and notify and
inform patients or prospective patients of certain
information; requiring a facility to provide a
written, good faith estimate of charges to a patient
or prospective patient within a certain timeframe;
requiring a facility to provide information regarding
financial assistance from the facility which may be
available to a patient or a prospective patient;
providing a penalty for failing to provide an estimate
of charges to a patient; deleting a requirement that a
licensed facility not operated by the state provide
notice to a patient of his or her right to an itemized
statement or bill within a certain timeframe; revising
the information that must be included on a patient’s
statement or bill; requiring that certain records be
made available through electronic means that comply
with a specified law; reducing the response time for
certain patient requests for information; creating s.
395.3012, F.S.; authorizing the Agency for Health Care
Administration to impose penalties based on certain
findings of an investigation as determined by the

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authorizing the consumer advocate to maintain a process to receive and investigate complaints from patients relating to compliance with certain billing and notice requirements by licensed health care facilities and practitioners; defining a term; authorizing the consumer advocate to provide mediation between providers and consumers relating to certain matters; creating s. 627.6385, F.S.; requiring a health insurer to make available on its website certain methods that a policyholder can use to make estimates of certain costs and charges; providing that an estimate does not preclude an actual cost from exceeding the estimate; requiring a health insurer to make available on its website a hyperlink to certain health information; requiring a health insurer to include certain notice; requiring a health insurer that participates in the state group health insurance plan or Medicaid managed care to provide all claims data to a contracted vendor selected by the agency; providing a credit against the premium tax to certain health insurers; amending s. 641.54, F.S.; revising the provision requiring a health maintenance organization to make certain information available to its subscribers; requiring a health maintenance organization that participates in the state group health insurance plan or Medicaid managed care to provide all claims data to a contracted vendor selected by the agency; providing a credit against certain premium taxes to specified health maintenance organizations; amending s. 409.967, F.S.; requiring managed care plans to provide all claims data to a contracted vendor selected by the agency; amending s. 110.123, F.S.; requiring the Department of Management Services to provide certain data to the contracted vendor for the price transparency database established by the agency; requiring a contracted vendor for the state group health insurance plan to provide claims data to the vendor selected by the agency; creating s. 212.099, F.S.; defining terms; authorizing a credit against sales and use tax for taxpayers that provide health care claims information; providing a limitation on credit amounts; providing penalties for fraudulently claiming the credit; creating s. 220.197, F.S.; defining terms; authorizing a credit against corporate income tax for corporations that provide health care claims information; providing a limitation on credit amounts; providing penalties for fraudulently claiming the credit; amending ss. 20.42, 381.026, 395.602, 395.6025, 408.07, 408.18, and 465.0244, F.S.; conforming provisions to changes made by the act; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 395.301, Florida Statutes, is amended to read: 395.301 Price transparency; itemized patient statement or bill; form and content prescribed by the agency; patient
(1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to prospective and actual patients of the facility, or to patients’ survivors or legal guardians, as appropriate. Such information shall be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05. Licensed facilities operating exclusively as state mental health treatment facilities or as mobile surgical facilities are exempt from the requirements of this subsection.

(a) Each licensed facility shall make available to the public on its website information on payments made to that facility for defined bundles of services and procedures. The payment data must be presented and searchable in accordance with the system established by the agency and its vendor using the descriptive service bundles developed under s. 408.05(3)(c). At a minimum, the facility shall provide the estimated average payment received from all payors, excluding Medicaid and Medicare, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. Using plain language, comprehensible to an ordinary layperson, the facility must disclose that the information on average payments and the payment ranges is an estimate of costs that may be incurred by the patient or prospective patient and that actual costs will be based on the services actually provided to the patient. The facility shall also assist the consumer in accessing his or her health insurer’s or health maintenance organization’s website for information on estimated copayments, deductibles, and other cost-sharing responsibilities. The facility’s website must:

1. Identify and post the names of all health insurers and health maintenance organizations for which the facility is a network provider or preferred provider and include a hyperlink to the website of each.

2. Provide information to uninsured patients and insured patients whose health insurer or health maintenance organization does not include the facility as a network provider or preferred provider on the facility’s financial assistance policy, including the application process, payment plans, and discounts, and the facility’s charity care policy and collection procedures.

3. Notify patients or prospective patients that services may be provided in the health care facility by the facility as well as by other health care providers who may separately bill the patient.

4. Inform patients or prospective patients that they may request from the facility and other health care providers a more personalized estimate of charges and other information.

(b) Upon request, and before providing any nonemergency medical services, each licensed facility shall provide a written, good faith estimate of reasonably anticipated charges by the facility for the treatment of the patient’s or prospective patient’s specific condition. The facility must provide the estimate in writing to the patient or prospective patient within 7 business days after the receipt of the request and is not required to adjust the estimate for any potential insurance coverage. The estimate may be based on the descriptive service bundles developed by the agency under s. 408.05(3)(c).
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unless the patient or prospective patient requests a more personalized and specific estimate that accounts for the specific condition and characteristics of the patient or prospective patient. The facility shall inform the patient or prospective patient that he or she may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities.

2. In the estimate, the facility shall provide to the patient or prospective patient information on the facility’s financial assistance policy, including the application process, payment plans, and discounts and the facility’s charity care policy and collection procedures.

3. Upon request, the facility shall notify the patient or prospective patient of any revision to the estimate.

4. In the estimate, the facility must notify the patient or prospective patient that services may be provided in the health care facility by the facility as well as by other health care providers that may separately bill the patient.

5. The facility shall take action to educate the public that such estimates are available upon request.

6. Failure to timely provide the estimate pursuant to this paragraph shall result in a fine of $500 for each instance of the facility’s failure to provide the requested information.

The provision of an estimate does not preclude the actual charges from exceeding the estimate.

(c) Each facility shall make available on its website a hyperlink to the health-related data, including quality measures and statistics that are disseminated by the agency pursuant to s. 408.05. The facility shall also take action to notify the public such information is electronically available and provide a hyperlink to the agency’s website.

(d)1. Upon request, and after the patient’s discharge or release from the facility, the facility must provide a licensed facility not operated by the state shall notify each patient during admission and at discharge of his or her right to receive an itemized bill upon request. Within 7 days following the patient’s discharge or release from a licensed facility not operated by the state, the licensed facility providing the service shall, upon request, submit to the patient, or to the patient’s survivor or legal guardian, as may be appropriate, an itemized statement or bill detailing in plain language, comprehensible to an ordinary layperson, the specific nature of charges or expenses incurred by the patient, which is the initial statement or bill billing. The facility shall provide within 7 days after the patient’s discharge or release from the facility or after a request for such statement or bill, whichever is later. The initial statement or bill must contain a statement of specific services received and expenses incurred by date for such items of service, enumerating in detail as prescribed by the agency the constituent components of the services received within each department of the licensed facility and including unit price data on rates charged by the licensed facility, as prescribed by the agency. The statement or bill must identify each item as paid, pending payment by a third party, or pending payment by the patient and must include the amount due, if applicable. If an amount is due from the patient, a due date must be included. The initial statement or bill must inform the patient’s or prospective patient of his or her right to receive a statement of benefits from the patient’s or prospective patient’s insurer or health maintenance organization for additional services. The facility must provide a hyperlink to the health-related data, including quality measures and statistics that are disseminated by the agency pursuant to s. 408.05. The facility shall also take action to notify the public such information is electronically available and provide a hyperlink to the agency’s website.

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patient or the patient’s survivor or legal guardian, as appropriate, to contact the patient’s insurer or health maintenance organization regarding the patient’s cost-sharing responsibilities.

2. Any subsequent statement or bill provided to a patient or to the patient’s survivor or legal guardian, as appropriate, relating to the episode of care must include all of the information required by subparagraph 1., with any revisions clearly delineated.

3. (3)(a) Each such statement or bill provided pursuant to this subsection shall:

- Must include notice charges of hospital-based physicians and other health care providers who bill separately.
- May not include any generalized category of expenses such as “other” or “miscellaneous” or similar categories.
- Must list drugs by brand or generic name and not refer to drug code numbers when referring to drugs of any sort.
- Must specifically identify physical, occupational, or speech therapy treatment as to the date, type, and length of treatment when such therapy treatment is a part of the statement or bill.

(b) Any person receiving a statement pursuant to this section shall be fully and accurately informed as to each charge and service provided by the institution preparing the statement.

(2) (2) On each itemized statement submitted pursuant to subsection (1) there shall appear the words "A FOR PROFIT (or NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL CENTER) LICENSED BY THE STATE OF FLORIDA or substantially similar words sufficient to identify clearly and plainly the ownership status of the licensed facility. Each itemized statement or bill must prominently display the telephone number of the medical facility’s patient liaison who is responsible for expediting the resolution of any billing dispute between the patient, or the patient’s survivor or legal guardian his or her representative, and the billing department.

4. (4) An itemized bill shall be provided once to the patient’s physician at the physician’s request, at no charge.

5. (5) In any billing for services subsequent to the initial billing for such services, the patient, or the patient’s survivor or legal guardian may elect, at his or her option, to receive a copy of the detailed statement of specific services received and expenses incurred for such item of service as provided in subsection (1).

6. (6) No physician, dentist, podiatric physician, or licensed facility may add to the price charged by any third party except for a service or handling charge representing a cost actually incurred as an item of expense; however, the physician, dentist, podiatric physician, or licensed facility is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the patient.

7. (7) Each licensed facility not operated by the state shall provide, prior to provision of any nonemergency medical services, a written good faith estimate of reasonably anticipated charges for the facility to treat the patient’s condition upon written request of a prospective patient. The estimate shall be provided to the prospective patient within 7
(11) Each licensed facility that is not operated by the state shall provide any uninsured person seeking planned nonemergency elective admission a written good faith estimate of reasonably anticipated charges for the facility to treat such person. The estimate must be provided to the uninsured person within 7 business days after the person notifies the facility and the facility confirms that the person is uninsured. The estimate may be the average charges for that diagnosis-related group or the average charges for that procedure, upon request, the facility shall notify the person of any revision to the good faith estimate. Such estimate shall not preclude the actual charges from exceeding the estimate. The facility shall place a notice in the reception area where such information is available. Failure to provide the estimate within the provisions established pursuant to this section shall result in a fine of $500 for each instance of the facility’s failure to provide the requested information.

(12) Each licensed facility shall make available on its

(13) A licensed facility shall make available to a patient all records necessary for verification of the accuracy of the patient’s statement or bill within 10 business days after the request for such records. The records verification information must be made available in the facility’s offices and through electronic means that comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Such records must be available to the patient before payment is made and after payment of the statement or bill or claim. The facility may not charge the patient for making such verification records available; however, the facility may charge its usual fee for providing copies of records as specified in s. 395.3025.

(14) Each facility shall establish a method for reviewing and responding to questions from patients concerning the patient’s itemized statement or bill. Such response shall be provided within 7 business days after the date a question is received. If the patient is not satisfied with the response, the facility shall provide the patient with the address of the consumer advocate as provided in s. 627.0613 agency to which the issue may be sent for review.

(15) Each licensed facility shall make available on its...
Section 2. Section 395.3012, Florida Statutes, is created to read:

395.3012 Penalties for unconscionable prices.—

(1) The agency may impose administrative fines based on the findings of the consumer advocate’s investigation of billing complaints pursuant to s. 627.0613(6).

(2) The administrative fines for noncompliance with s. 395.301 are the greater of $2,500 per violation or double the amount of the charges that exceed fair charges.

Section 3. Present subsections (1) through (5) of section 400.165, Florida Statutes, are redesignated as subsections (2) through (6), respectively, a new subsection (1) is added to that section, and present subsection (4) of that section is amended, to read:

400.165 Itemized resident billing, form and content prescribed by the agency.—

(1) Every licensed nursing home shall provide upon the request of a resident or prospective resident or his or her legal guardian a written, good faith estimate of reasonably anticipated charges for the resident at the nursing home. The nursing home must provide the estimate to the requestor within 7 business days after receiving the request. The nursing home must also provide information disclosing the nursing home’s payment...

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Section 6. Section 408.05, Florida Statutes, is amended to read:

438.05 Florida Center for Health Information and Transparency Policy Analysis.—

(1) ESTABLISHMENT.—The agency shall establish and maintain a Florida Center for Health Information and Transparency to collect, compile, coordinate, analyze, index, disseminate, and utilize of both purposefully collected and extant health-related data and statistics. The center shall be staffed as necessary with public health experts, biostatisticians, information system analysts, health policy experts, economists, and other staff necessary to carry out its functions.

(2) HEALTH-RELATED DATA.—The comprehensive health information system operated by the Florida Center for Health Information and Transparency Policy Analysis shall identify the best available data sets, compile new data when specifically authorized, data sources, and promote the use of data sets in existence before July 1, 2016, unless such data sets duplicate information that is readily available from other credible sources, and may and purposefully collect or compile data on the following:

(a) The extent and nature of illness and disability of the state population, including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality.

(b) The impact of illness and disability of the state population on the state economy and on other aspects of the...
468 well-being of the people in this state.
469 (a) Environmental, social, and other health hazards.
470 (d) Health knowledge and practices of the people in this
471 state and determinants of health and nutritional practices and
472 status.
473 (a) Health resources, including licensed physicians,
474 dentists, nurses, and other health care practitioners
475 professionals, by specialty and type of practice. Such data
476 shall include information collected by the Department of Health
477 pursuant to ss. 458.3191 and 459.0081.
478 (b) Health service inventories, including acute care,
479 long-term care, and other institutional care facilities, facility
480 supplies, and specific services provided by hospitals, nursing
481 homes, home health agencies, and other licensed health care
482 facilities.
483 (c) Service utilization for licensed health care
484 facilities of health care by type of provider.
485 (d) Health care costs and financing, including trends in
486 health care prices and costs, the sources of payment for health
487 care services, and federal, state, and local expenditures for
488 health care.
489 (h) Family formation, growth, and dissolution.
490 (e) The extent of public and private health insurance
491 coverage in this state.
492 (f) Specific quality-of-care initiatives involving the
493 quality of care provided by various health care providers when
494 extant data is not adequate to achieve the objectives of the
495 initiatives.
496 (3) COMPREHENSIVE HEALTH INFORMATION TRANSPARENCY SYSTEM.—
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2. A well-developed methodology for analyzing claims data within defined service bundles.

3. A bundling methodology that is available in the public domain to allow for consistency and comparison of state and national benchmarks with local regions and specific providers.

(a) Review the statistical activities of state agencies to ensure that they are consistent with the comprehensive health information system.

(d) Develop written agreements with local, state, and federal agencies to facilitate the sharing of data related to health care, health care-related data or using the facilities and services of such agencies. State agencies, local health councils, and other agencies under state contract shall assist the center in obtaining, compiling, and transferring health care-related data maintained by state and local agencies. Written agreements must specify the types, methods, and periodicity of data exchanges and specify the types of data that will be transferred to the center.

(e) Establish by rule the types of data collected, compiled, processed, used, or shared. Decisions regarding center data sets should be made based on consultation with the State Consumer Health Information and Policy Advisory Council and other public and private users regarding the types of data which should be collected and their uses. The center shall establish standardized means for collecting health information and statistics under law and rules administered by the agency.

(f) Consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data.

(g) Monitor data collection procedures and test data quality to facilitate the dissemination of data that is accurate, valid, reliable, and complete.

(f) Establish minimum health care-related data sets which are necessary on a continuing basis to fulfill the collection requirements of the center and which shall be used by state agencies in collecting and compiling health care-related data. The agency shall periodically review ongoing health care data collections of the Department of Health and other state agencies to determine if the collections are being conducted in accordance with the established minimum sets of data.

(g) Establish advisory standards to ensure the quality of health statistical and epidemiological data collection, processing, and analysis by local, state, and private organizations.

(h) Establish standards for the publication of health care-related data reported pursuant to this section which ensure the reporting of accurate, valid, reliable, complete, and comparable data. Such standards should include advisory warnings to users of the data regarding the status and quality of any data reported by or available from the center.

(h) Establish standards for the maintenance and preservation of the center’s data. This should include methods for archiving data, retrieval of archived data, and data editing and verification.

(i) Ensure that strict quality control measures are maintained for the dissemination of data through publications, studies, or user requests.
(i) Make available, in conjunction with the State Consumer Health Information and Policy Advisory Council, and implement a long-range plan for making available health care quality measures and financial data that will allow consumers to compare outcomes and other performance measures for health care services. The health care quality measures and financial data the agency must make available include, but are not limited to, pharmacoeconomic, physicians, health care facilities, and health plans and managed care entities. The agency shall update the plan and report on the status of its implementation annually.

The agency shall also make the plan and status report available to the public on its Internet website. As part of the plan, the agency shall identify the process and timeframe for implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to facilitate implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to facilitate implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to facilitate elimination of the barriers. As preliminary elements of the plan, the agency shall:

1. Make available patient safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities pursuant to s. 408.061(1)(a) and (2). The terms “patient safety indicators” and “inpatient quality indicators” have the same meaning as that ascribed by the Centers for Medicare and Medicaid Services, an accrediting organization whose standards incorporate comparable regulations required by this state, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.

2. When determining which patient charge data to disclose, the agency shall include such measures as the average of undiscounted charges on frequently performed procedures and services.

2. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care providers or managed care entities.

When determining which patient charge data to disclose, the agency shall consider:

a. Shall consider such factors as volume of cases; average patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable.

b. May consider such additional measures that are adopted by the Centers for Medicare and Medicaid Studies, an accrediting organization whose standards incorporate comparable regulations required by this state, the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.

3. When determining which patient charge data to disclose, the agency shall consider:

a. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care providers or managed care entities.

b. May consider such additional measures that are adopted by

The agency shall also make the plan and status report available to the public on its Internet website. As part of the plan, the agency shall identify the process and timeframe for implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to facilitate implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to facilitate elimination of the barriers. As preliminary elements of the plan, the agency shall:

1. Make available patient safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities pursuant to s. 408.061(1)(a) and (2). The terms “patient safety indicators” and “inpatient quality indicators” have the same meaning as that ascribed by the Centers for Medicare and Medicaid Services, an accrediting organization whose standards incorporate comparable regulations required by this state, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.

2. When determining which patient charge data to disclose, the agency shall include such measures as the average of undiscounted charges on frequently performed procedures and services.

2. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care providers or managed care entities.

When determining which patient charge data to disclose, the agency shall consider:

a. Shall consider such factors as volume of cases; average patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable.

b. May consider such additional measures that are adopted by the Centers for Medicare and Medicaid Studies, an accrediting organization whose standards incorporate comparable regulations required by this state, the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.
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quality measures and member and subscriber cost data to
disclose, based upon input from the council. When determining
which data to disclose, the agency shall consider information
that may be required by either individual or group purchasers to
assess the value of the product, which may include membership
satisfaction, quality of care, current enrollment or membership,
coverage areas, accreditation status, premium costs, plan costs,
premium increases, range of benefits, copayments and
deductibles, accuracy and speed of claims payment, credentials
of physicians, number of providers, names of network providers,
and hospitals in the network. Health plans shall make available
to the agency such data or information that is not currently
reported to the agency or the office.

1. Determine the method and format for public disclosure of
data reported pursuant to this paragraph. The agency shall make
determination based upon input from the State Consumer
Health Information and Policy Advisory Council. At a minimum,
the data shall be made available on the agency’s Internet
website in a manner that allows consumers to conduct an
interactive search that allows them to view and compare the
information for specific providers. The website must include
such additional information as is determined necessary to ensure
that the website enhances informed decisionmaking among
consumers and health care purchasers, which shall include, at a
minimum, appropriate guidance on how to use the data and an
explanation of why the data may vary from provider to provider.

2. Publish on its website undiscounted charges for no fewer
than 150 of the most commonly performed adult and pediatric
procedures, including outpatient, inpatient, diagnostic, and
preventative procedures.

(a) TECHNICAL ASSISTANCE.

(a) The center shall provide technical assistance to
persons or organizations engaged in health planning activities
in the effective use of statistics collected and compiled by the
center. The center shall also provide the following additional
technical assistance services:

1. Establish procedures identifying the circumstances under
which, the places at which, the persons from whom, and the
methods by which a person may secure data from the center,
including procedures governing requests, the ordering of
requests, timeframes for handling requests, and other procedures
necessary to facilitate the use of the center’s data. To the
extent possible, the center should provide current data timely
in response to requests from public or private agencies.

2. Provide assistance to data sources and users in the
areas of database design, survey design, sampling procedures,
statistical interpretation, and data access to promote improved
health-care-related data sets.

3. Identify health care data gaps and provide technical
assistance to other public or private organizations for meeting
documented health care data needs.

4. Assist other organizations in developing statistical
abstracts of their data sets that could be used by the center.

5. Provide statistical support to state agencies with
regard to the use of databases maintained by the center.

6. To the extent possible, respond to multiple requests for
information not currently collected by the center or available
from other sources by initiating data collection.
(e) The center shall publish and make available periodically to agencies and individuals health statistics available for health policy analyses, particularly age profiles of the people in this state, and other topical health statistics publications.

(j) The center shall publish, make available, and disseminate, promptly and as widely as practicable, the results of special health surveys, health care research, and health care evaluations conducted or supported under this section. Any publication by the center must include a statement of the limitations on the quality, accuracy, and completeness of the data.

(c) The center shall provide indexing, abstracting, translation, publication, and other services leading to a more effective and timely dissemination of health care statistics.

(d) The center shall be responsible for publishing and disseminating an annual report on the center’s activities.

(a) The agency shall be responsible, to the extent resources are available, for conducting a variety of special studies and surveys to expand the health care information and statistics available for health policy analyses, particularly for the review of public policy issues. The center shall develop a process by which users of the center’s data are periodically surveyed regarding critical data needs and the results of the survey considered in determining which special surveys or studies will be conducted. The center shall select problems in health care for research, policy analyses, or special data collections on the basis of their local, regional, or state

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784 PROVIDER DATA REPORTING.—This section does not confer on the agency the power to demand or require that a health care provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law. The agency may not establish an all-payer claims database or a comparable database without express legislative authority.

785 BUDGET; FEES.—

(a) The Legislature intends that funding for the Florida Center for Health Information and Policy Analysis be appropriated from the General Revenue Fund.

(b) The Florida Center for Health Information and Policy Analysis may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of same, including the undertaking of special studies and other projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset annual appropriations from the General Revenue Fund.

(c) The center may charge such reasonable fees for services as the agency prescribes by rule. The established fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations from the General Revenue Fund.

ADVISORY COUNCIL.—

(a) There is established in the agency the State Consumer Health Information and Policy Advisory Council to assist the center in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities and to recommend improvements for purposes of public health, policy analysis, and transparency of consumer health care information. The council shall consist of the following members:

1. An employee of the Executive Office of the Governor, to be appointed by the Governor.

2. An employee of the Office of Insurance Regulation, to be appointed by the director of the office.

3. An employee of the Department of Education, to be appointed by the Commissioner of Education.

4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local agencies, state universities, business and health coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.

(b) Each member of the council shall be appointed to serve for a term of 2 years following the date of appointment except the term of appointment shall end 3 years following the date of appointment for members appointed in 2003, 2004, and 2005. A vacancy shall be filled by appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired.

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Section 7. Subsection (1) of section 408.061, Florida

(c) The council may meet at the call of its chair, at the
request of the agency, or at the request of a majority of its
membership, but the council must meet at least quarterly.
(d) Members shall elect a chair and vice chair annually.
(e) A majority of the members constitutes a quorum, and the
affirmative vote of a majority of a quorum is necessary to take
action.
(f) The council shall maintain minutes of each meeting and
shall make such minutes available to any person.
(g) Members of the council shall serve without compensation
but shall be entitled to receive reimbursement for per diem and
travel expenses as provided in s. 112.061.
(h) The council's duties and responsibilities include, but
are not limited to, the following:
1. To develop a mission statement, goals, and a plan of
action for the identification, collection, standardization,
sharing, and coordination of health-related data across federal,
state, and local government and private sector entities.
2. To develop a review process to ensure cooperative
planning among agencies that collect or maintain health-related
data.
3. To create ad hoc issue-oriented technical workgroups on
an as-needed basis to make recommendations to the council.

(7) APPLICATION TO OTHER AGENCIES. Nothing in This
section does not shall limit, restrict, affect, or control the
collection, analysis, release, or publication of data by any
state agency pursuant to its statutory authority, duties, or
responsibilities.

Section 7. Subsection (1) of section 408.061, Florida

Statutes, is amended to read:
408.061 Data collection; uniform systems of financial
reporting; information relating to physician charges;
confidential information; immunity.—
(1) The agency shall require the submission by health care
facilities, health care providers, and health insurers of data
necessary to carry out the agency's duties and to facilitate
transparency in health care pricing data and quality measures.
Specifications for data to be collected under this section shall
be developed by the agency and applicable contract vendors, with
the assistance of technical advisory panels including
representatives of affected entities, consumers, purchasers, and
such other interested parties as may be determined by the
agency.
(a) Data submitted by health care facilities, including the
facilities as defined in chapter 395, shall include, but are not
limited to: case-mix data, patient admission and discharge data,
hospital emergency department data which shall include the
number of patients treated in the emergency department of a
licensed hospital reported by patient acuity level, data on
hospital-acquired infections as specified by rule, data on
complications as specified by rule, data on readmissions as
specified by rule, with patient and provider-specific
identifiers included, actual charge data by diagnostic groups or
other bundled groupings as specified by rule, financial data,
accounting data, operating expenses, expenses incurred for
rendering services to patients who cannot or do not pay,
interest charges, depreciation expenses based on the expected
useful life of the property and equipment involved, and
(b) Data to be submitted by health care providers may include, but are not limited to: professional organization and specialty board affiliations, Medicare and Medicaid participation, types of services offered to patients, **actual charges to patients as specified by rule, amount of revenue and expenses of the health care provider, and such other data which are reasonably necessary to study utilization patterns. Data submitted shall be certified by the appropriate duly authorized representative or employee of the health care provider that the information submitted is true and accurate.

(c) Data to be submitted by health insurers may include, but are not limited to: claims, payments to health care facilities and health care providers as specified by rule, premium, administration, and financial information. Data submitted shall be certified by the chief financial officer, an appropriate and duly authorized representative, or an employee of the insurer that the information submitted is true and accurate.

(d) Data required to be submitted by health care facilities, health care providers, or health insurers **shall not include specific provider contract reimbursement information. However, such specific provider reimbursement data shall be reasonably available for onsite inspection by the agency as is necessary to carry out the agency's regulatory duties. Any such data obtained by the agency as a result of onsite inspections may not be used by the state for purposes of direct provider contracting and are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(e) A requirement to submit data shall be adopted by rule if the submission of data is being required of all members of any type of health care facility, health care provider, or health insurer. Rules are not required, however, for the submission of data for a special study mandated by the Legislature or when information is being requested for a single health care facility, health care provider, or health insurer.

Section 8. Section 456.0575, Florida Statutes, is amended to read:

456.0575 Duty to notify patients.—(1) Every licensed health care practitioner shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section shall not constitute an acknowledgment of admission of liability, nor can
(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(oo) Failure to comply with fair billing practices pursuant to s. 627.0613(6).

Section 10. Section 627.0613, Florida Statutes, is amended to read:

627.0613 Consumer advocate.—The Chief Financial Officer must appoint a consumer advocate who must represent the general public of the state before the department, and the office, and other state agencies, as required by this section. The consumer advocate must report directly to the Chief Financial Officer, but is not otherwise under the authority of the department or of any employee of the department. The consumer advocate has such powers as are necessary to carry out the duties of the office of consumer advocate, including, but not limited to, the powers to:

(1) Recommend to the department or office, by petition, the commencement of any proceeding or action; appear in any proceeding or action before the department or office; or appear in any proceeding before the Division of Administrative Hearings relating to subject matter under the jurisdiction of the department or office.

(2) Report to the Agency for Health Care Administration and to the Department of Health any findings resulting from investigation of unresolved complaints concerning the billing practices of any health care facility licensed under chapter 395 or any health care practitioner subject to chapter 456.

(3) Have access to and use of all files, records, and data of the department or office.
(e) The statement or bill delivered to the patient was
accurate and included all information required pursuant to s. 395.301.
(f) The billed amounts were fair charges. As used in this
paragraph, the term "fair charges" means the common and frequent
range of charges for patients who are similarly situated
requiring the same or similar medical services.

(7) Provide mediation between providers and patients to
resolve billing complaints and negotiate arrangements for
extended payment schedules.

(8) Prepare an annual budget for presentation to the
Legislature by the department, which budget must be adequate to
carry out the duties of the office of consumer advocate.

Section 11. Section 627.6385, Florida Statutes, is created
to read:

627.6385 Disclosures to policyholders; calculations of cost
sharing.—
(1) Each health insurer shall make available on its
website:
(a) A method for policyholders to estimate their
copayments, deductibles, and other cost-sharing responsibilities
for health care services and procedures. Such method of making
an estimate shall be based on service bundles established
pursuant to s. 408.05(3)(c). Estimates do not preclude the
actual copayment, coinsurance percentage, or deductible,
whichever is applicable, from exceeding the estimate.

1. Estimates shall be calculated according to the policy
and known plan usage during the coverage period.

2. Estimates shall be made available based on providers
that are in-network or out-of-network.
1048 3. A policyholder must be able to create estimates by any
1049 combination of the service bundles established pursuant to s.
1050 408.05(3)(c) or by a specified provider or a comparison of
1051 providers.
1052 (b) A method for policyholders to estimate their
1053 copayments, deductibles, and other cost-sharing responsibilities
1054 based on a personalized estimate of charges received from a
1055 facility pursuant to s. 395.301 or a practitioner pursuant to s.
1056 456.0575.
1057 (c) A hyperlink to the health information, including, but
1058 not limited to, service bundles and quality of care information,
1059 which is disseminated by the Agency for Health Care
1060 Administration pursuant to s. 408.05(3).
1061 (2) Each health insurer shall include in every policy
1062 delivered or issued for delivery to any person in the state or
1063 in materials provided as required by s. 627.64725 notice that
1064 the information required by this section is available
1065 electronically and the address of the website where the
1066 information can be accessed.
1067 (3) Each health insurer that participates in the state
1068 group health insurance plan created pursuant to s. 110.123 or
1069 Medicaid managed care pursuant to part IV of chapter 409 shall
1070 provide all claims data to the fullest extent possible to the
1071 contracted vendor selected by the Agency for Health Care
1072 Administration under s. 408.05(3)(c).
1073 (4) Each health insurer that provides all claims data to
1074 the fullest extent possible to the contracted vendor under s.
1075 408.05(3)(c) is entitled to a 0.05 percent credit against the
1076 premium tax established pursuant to s. 624.509, notwithstanding

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vendor under s. 408.05(3)(c) is entitled to a 0.05 percent credit against the premium tax established pursuant to s. 624.509, notwithstanding any premium tax credit limitation imposed by s. 624.509.

(9) Each health maintenance organization shall make available on its Internet website a hyperlink to the health information performance outcome and financial data that is disseminated by the Agency for Health Care Administration pursuant to s. 408.05(3)(a) and shall include in every policy delivered or issued for delivery to any person in the state or any materials provided as required by s. 627.64725 notice that such information is available electronically and the address of its Internet website.

Section 13. Paragraph (n) is added to subsection (2) of section 409.967, Florida Statutes, to read:

409.967 Managed care plan accountability.—
(2) The agency shall establish such contract requirements and as are necessary for the operation of the statewide managed care program. In addition to any other provisions the agency may deem necessary, the contract must require:

(n) Transparency.—Managed care plans shall comply with ss. 627.6385(3) and 641.54(7).

Section 14. Paragraph (d) of subsection (3) of section 110.123, Florida Statutes, is amended to read:

110.123 State group insurance program.—
(3) STATE GROUP INSURANCE PROGRAM.—
(d)1. Notwithstanding the provisions of chapter 287 and the authority of the department, for the purpose of protecting the health of, and providing medical services to, state employees participating in the state group insurance program, the department may contract to retain the services of professional administrators for the state group insurance program. The agency shall follow good purchasing practices of state procurement to the extent practicable under the circumstances.

2. Each vendor in a major procurement, and any other vendor if the department deems it necessary to protect the state’s financial interests, shall, at the time of executing any contract with the department, post an appropriate bond with the department in an amount determined by the department to be adequate to protect the state’s interests but not higher than the full amount estimated to be paid annually to the vendor under the contract.

3. Each major contract entered into by the department pursuant to this section shall contain a provision for payment of liquidated damages to the department for material noncompliance by a vendor with a contract provision. The department may require a liquidated damages provision in any contract if the department deems it necessary to protect the state’s financial interests.

4. Section 120.57(3) applies to the department’s contracting process, except:

a. A formal written protest of any decision, intended decision, or other action subject to protest shall be filed within 72 hours after receipt of notice of the decision, intended decision, or other action.

b. As an alternative to any provision of s. 120.57(3), the department may proceed with the bid selection or contract award process if the director of the department sets forth, in
Section 16. Effective January 1, 2017, section 220.197, Florida Statutes, is created to read:

220.197 Health information and transparency tax credit.—

(1) As used in this section, the term:

(a) "Eligible employee" means an employee who is employed in this state by an eligible employer and is covered under the eligible employer's health plan covered by the Employee Retirement Income Security Act of 1974, 

(b) "Eligible employer" means an employer that provides a health plan covered by the Employee Retirement Income Security Act of 1974 to eligible employees and provides qualifying health care claims information submissions on a quarterly basis.

(c) "Qualifying health care claims information submission" means the submission of health care claims information on eligible employees to the contract vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).

(2) A credit against the tax imposed by this chapter is authorized for qualifying health care claims information submissions made by an eligible employer. The credit is equal to the number of eligible employees included on each qualifying health care claims information submission multiplied by $50. The total credit that may be claimed by an eligible employer under this section is $500,000 annually.

(3) If the credit under this section is greater than can be taken on a single tax return, excess amounts may be taken as credits on any return submitted within 12 months after the submission of the qualifying health care claims information.

(4) A corporation may take the credit under this section against its corporate income tax liability, as provided in s. 220.197; however, a corporation that uses its credit against the tax imposed by chapter 220 may not receive the credit provided in this section. A credit may be taken against only one tax.

(5) Any person who fraudulently claims this credit is liable for repayment of the credit plus a mandatory penalty of 100 percent of the credit and commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 16. Effective January 1, 2017, section 220.197, Florida Statutes, is created to read:

220.197 Health information and transparency tax credit.—

(1) As used in this section, the term:

(a) "Eligible employee" means an employee who is employed in this state by an eligible employer and is covered under the eligible employer's health plan covered by the Employee Retirement Income Security Act of 1974, 

(b) "Eligible employer" means an employer that provides a
Section 17. Subsection (3) of section 20.42, Florida Statutes, is amended to read:

(3) The department shall be the chief health policy and planning entity for the state. The department is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the certificate of need program; the operation of the Florida Center for Health Information and Transparency; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics as set forth in part III of chapter 641; and any other duties prescribed by statute or agreement.

Section 18. Paragraph (c) of subsection (4) of section 381.026, Florida Statutes, is amended to read:

(4) RIGHTS OF PATIENTS.—Each health care facility or provider shall observe the following standards:

(c) Financial information and disclosure.—

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a
2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, before treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider’s office or health care facility.

3. A primary care provider may publish a schedule of charges for the medical services that the provider offers to patients. The schedule must include the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule must be posted in a conspicuous place in the reception area of the provider’s office and must include, but is not limited to, the 50 services most frequently provided by the primary care provider. The schedule may group services by three price levels, listing services in each price level. The posting must be at least 15 square feet in size. A primary care provider who publishes and maintains a schedule of charges for medical services is exempt from the license fee requirements for a single period of renewal of a professional license under chapter 456 for that licensure term and is exempt from the continuing education requirements of chapter 456 and the rules implementing those requirements for a single 2-year period.

4. If a primary care provider publishes a schedule of charges pursuant to subparagraph 3., he or she must continually post it at all times for the duration of active licensure in this state when primary care services are provided to patients. If a primary care provider fails to post the schedule of charges in accordance with this subparagraph, the provider shall be required to pay any license fee and comply with any continuing education requirements for which an exemption was received.

5. A health care provider or a health care facility shall, upon request, furnish a person, before the provision of medical services, a reasonable estimate of charges for such services. The health care provider or the health care facility shall provide an uninsured person, before the provision of a nonemergency medical service, a reasonable estimate of charges for such service and information regarding the provider’s or facility’s discount or charity policies for which the uninsured person may be eligible. Such estimates by a primary care provider must be consistent with the schedule posted under subparagraph 3. Estimates shall, to the extent possible, be written in language comprehensible to an ordinary layperson. Such reasonable estimate does not preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient’s condition or treatment needs.

6. Each licensed facility, except a facility operating exclusively as a state mental health treatment facility or as a mobile surgical facility, not operated by the state shall make available to the public on its Internet website or by other electronic means a description of and a hyperlink to the health information performance outcome and financial data that is disseminated published by the agency pursuant to s. 408.05(3).
The facility shall place a notice in the reception area that such information is available electronically and the website address. The licensed facility may indicate that the pricing information is based on a compilation of charges for the average patient and that each patient's statement or bill may vary from the average depending upon the severity of illness and individual resources consumed. The licensed facility may also indicate that the price of service is negotiable for eligible patients based upon the patient's ability to pay.

7. A patient has the right to receive a copy of an itemized statement or bill upon request. A patient has a right to be given an explanation of charges upon request.

Section 19. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

(2) DEFINITIONS.—As used in this part, the term:

(e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of up to 100 persons per square mile;

2. An acute care hospital, in a county with a population density of up to 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of up to 100 persons per square mile;

Population densities used in this paragraph must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2021, if the hospital continues to have up to 100 licensed beds and an emergency room. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon application, including supporting documentation, to the agency. A hospital that was licensed as a rural hospital during the 2010-2011 or 2011-2012 fiscal year shall continue to be a rural hospital from the date of designation through June 30, 2021, if the hospital continues to have up to 100 licensed beds and an emergency room.

Section 20. Section 395.6025, Florida Statutes, is amended to read:

395.6025 Rural hospital replacement facilities.—
Paragraph (a) of subsection (4) of section 408.07, Florida Statutes, is amended to read:

Section 21. Subsection (43) of section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.—As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(43) “Rural hospital” means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;

(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of fewer less than 30 persons per square mile, or a replacement facility, provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term “service area” means the fewest number of zip codes that account for 75 percent of the hospital’s discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Transparency Policy Analysis at the Agency for Health Care Administration. As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(39) “Rural hospital” means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;

(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of fewer less than 30 persons per square mile, or a replacement facility, provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term “service area” means the fewest number of zip codes that account for 75 percent of the hospital’s discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Transparency Policy Analysis at the Agency for Health Care Administration. As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(39) “Rural hospital” means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;

(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of fewer less than 30 persons per square mile, or a replacement facility, provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term “service area” means the fewest number of zip codes that account for 75 percent of the hospital’s discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Transparency Policy Analysis at the Agency for Health Care Administration.
(4)(a) Members of the health care community who seek antitrust guidance may request a review of their proposed business activity by the Attorney General’s office. In conducting its review, the Attorney General’s office may seek whatever documentation, data, or other material it deems necessary from the Agency for Health Care Administration, the Florida Center for Health Information and Transparency Policy Analysis, and the Office of Insurance Regulation of the Financial Services Commission.

Section 23. Section 465.0244, Florida Statutes, is amended to read:

465.0244 Information disclosure.—Every pharmacy shall make available on its Internet website a hyperlink link to the health information performance outcome and financial data that is disseminated published by the Agency for Health Care Administration pursuant to s. 408.05(3) and shall place in the area where customers receive filled prescriptions notice that such information is available electronically and the address of its Internet website.

Section 24. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2016.
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SECTION 8. The unexpended balance of funds provided to the Agency for Health Care Administration for the Grant Program for Community Primary Care Services in Specific Appropriation 187A, chapter 2015-232, Laws of Florida, shall revert and is reappropriated in Fiscal Year 2016-17 for the same purpose. This section shall take effect upon becoming law.

SECTION 9. There is hereby appropriated $410,555 in nonrecurring funds from the General Revenue Fund to the Agency for Health Care Administration to cover costs associated with the KidCare program for Fiscal Year 2015-2016. This section shall take effect upon becoming law.

SECTION 10. There is hereby appropriated $16,376,674 in nonrecurring funds from the General Revenue Fund, $132,982,786 in nonrecurring funds from the Grants and Donations Trust Fund and $16,463,245 in nonrecurring funds from the Refugee Assistance Trust Fund to the Agency for Health Care Administration to cover costs associated with the Medicaid program for Fiscal Year 2015-2016.

SECTION 11. There is hereby appropriated $1,400,000 in nonrecurring funds from the General Revenue Fund to the Agency for Health Care Administration to cover costs associated with the Tobacco Settlement Trust Fund in the Medicaid program for Fiscal Year 2015-2016. This section shall take effect upon becoming law.

SECTION 12. From the funds appropriated in Specific Appropriation 211 of chapter 2015-232, Laws of Florida, to the Agency for Health Care Administration, $1,400,000 from the Tobacco Settlement Trust Fund is hereby reverted. This section shall take effect upon becoming law.

SECTION 13. The sum of $24,414,352 from the General Revenue Fund provided to the Agency for Persons with Disabilities in Section 39 of chapter 2015-232, Laws of Florida, shall revert and is appropriated for Fiscal Year 2016-2017 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Services Waiver cost plans resulting from the application of the U.S. Department of Labor Fair Standards to Domestic Service rule. Such plan must be based upon actuarial findings that detail the cost increases by service category, a comparative analysis between current service rates and those necessary to meet compliance, and the annualized need by fund source necessary to be in full compliance with federal law and regulations. This section shall take effect upon becoming law.

SECTION 14. The unexpended balance of funds from the General Revenue Fund provided to the Agency for Persons with Disabilities in Section 40 of chapter 2015-232, Laws of Florida, shall revert and is appropriated for Fiscal Year 2016-2017 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Services Waiver cost plans resulting from the application of the U.S. Department of Labor Fair Standards to Domestic Service rule. Such plan must be based upon actuarial findings that detail the cost increases by service category, a comparative analysis between current service rates and those necessary to meet compliance, and the annualized need by fund source necessary to be in full compliance with federal law and regulations. This section shall take effect upon becoming law.

SECTION 15. The unexpended balance of funds provided in Specific Appropriation 251 of chapter 2015-232, Laws of Florida, provided to the Agency for Persons with Disabilities for the Home and Community Based Services Waiver, shall revert and is appropriated for Fiscal Year 2016-2017 in the Lump Sum - Home and Community Based Services Waiver category. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any requests for release of funds shall include a plan for how the funds will be expended for increases in Medicaid Home and Community Based Services Waiver cost plans resulting from the application of the U.S. Department of Labor Fair Standards to Domestic Service rule. Such plan must be based upon actuarial findings that detail the cost increases by service category, a comparative analysis between current service rates and those necessary to meet compliance, and the annualized need by fund source necessary to be in full
compliance with federal law and regulations. This section shall take effect upon becoming law.

SECTION 16. The unexpended balance in Section 41, chapter 2015-232, Laws of Florida, provided to the Agency for Persons with Disabilities for the Client Data Management System and Electronic Visit Verification Qualified Expenditure Category shall revert and is appropriated to the Agency for Persons with Disabilities for Fiscal Year 2016-2017 in the Home and Community Services Administration category and shall be placed in reserve. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any request for release of funds shall include a detailed operational work and spending plan. This section shall take effect upon becoming law.

SECTION 17. The unexpended balance of funds appropriated to the Department of Children and Families in Specific Appropriation 377K of chapter 2015-232, Laws of Florida, for Central Receiving Facilities shall revert and is appropriated to the department for Fiscal Year 2016-17 for the same purpose.

SECTION 18. The unexpended balance of funds provided in Specific Appropriation 302A, Chapter 2015-232, Laws of Florida, for the Substance Abuse and Mental Health Financial and Services Accountability Management System, shall revert and is appropriated for Fiscal Year 2016-2017 to the Department of Children and Families for the same purpose.

SECTION 19. The unexpended balance of funds provided to the Department of Children and Families in Section 46, Chapter 2015-232, Laws of Florida, for motor vehicle insurance for children in foster care, shall revert and is appropriated for Fiscal Year 2016-2017 to the department for the same purpose.

SECTION 20. In the event and until the Federal Centers for Medicaid and Medicare Services reduces the federal matching percentage related to the Preadmission Screening and Resident Review (PASRR) activities, the Agency for Health Care Administration shall continue to pay the Department of Elder Affairs at the enhanced federal reimbursement rate for all CANS related activities through a transfer from the Grants and Donations Trust Fund until official approval of the amended cost allocation plan is received by the state.


SECTION 22. The unexpended balance of funds from the General Revenue Fund provided to the Department of Health for the James and Esther King Biomedical Research Program in Section 53 of Chapter 2015-232, Laws of Florida, shall revert and is appropriated to Specific Appropriation 468 for Fiscal Year 2016-2017 for the same purpose.


SECTION 24. The unexpended balance of funds appropriated to the Department of Veterans’ Affairs in Section 56 of chapter 2015-232, Laws of Florida, for Entrepreneur Training shall revert and is appropriated to the department for Fiscal Year 2016-17 for the same purpose.

SECTION 25. The unexpended balance of funds appropriated to the Department of Veterans’ Affairs in Section 57 of chapter 2015-232, Laws of Florida, for Work Force Training Grants shall revert and is appropriated to the department for Fiscal Year 2016-17 for the same purpose.
The moneys contained herein are appropriated from the named funds to the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Elder Affairs, Department of Health, and the Department of Veterans' Affairs as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

AGENCY FOR HEALTH CARE ADMINISTRATION

PROGRAM: HEALTH CARE SERVICES

CHILDREN'S SPECIAL HEALTH CARE

172 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS CORPORATION

Funds in Specific Appropriations 172 and 175 are provided to the Agency for Health Care Administration 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 624.913(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2015-2016 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.

175 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS CORPORATION DENTAL SERVICES

Funds in Specific Appropriation 175 are provided to the Agency for Health Care Administration for Florida Healthy Kids dental services to be paid a monthly premium of no more than $15.17 per member per month.

From the funds in Specific Appropriation 175, $81,748 in nonrecurring funds from the General Revenue Fund and $127,917 in nonrecurring funds from the Medical Care Trust Fund is provided to DentaQuest to cover costs associated with the Health Insurance Tax on Managed Care rates as mandated by the Affordable Care Act.

From the funds in Specific Appropriation 175, $73,962 in nonrecurring funds from the General Revenue Fund and $115,733 in nonrecurring funds from the Medical Care Trust Fund is provided to MCNA Dental to cover costs associated with the Health Insurance Tax on Managed Care rates as mandated by the Affordable Care Act.

EXECUTIVE DIRECTION AND SUPPORT SERVICES

186 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 186, $2,935,000 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to continue the Public Benefits Integrity Data Analytics and Information Sharing Initiative which will detect and deter fraud, waste, and abuse in Medicaid and other public benefit programs within the state.

From the funds in Specific Appropriation 186, $500,000 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to contract with an independent consultant to develop a plan to convert Medicaid payments for nursing home services from a cost based reimbursement methodology to a prospective payment system. The study shall identify steps necessary for the transition to be completed in a budget neutral manner. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

From the funds in Specific Appropriation 186, $480,000 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to contract for the development of a single platform to manage and oversee contracted Statewide Medicaid Managed Care (SMMC) health plans.
From the funds in Specific Appropriation 186, $8,721,370 in nonrecurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration for the Florida Medicaid Management Information System/Decision Support System/Fiscal Agent (FMIS/DS/FA) procurement project. Of these funds, $7,168,828 shall be placed in reserve. The Agency for Health Care Administration is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent on the submission of a comprehensive operational work plan reflecting all project tasks; and detailed spend plan reflecting estimated and actual costs that comply with the requirements prescribed and funding approved by the Centers for Medicare and Medicaid Services.

From the funds in Specific Appropriation 186, $150,250 in nonrecurring funds from the General Revenue Fund and $600,750 in nonrecurring funds from the Medical Care Trust Fund is provided to expand the scope of evaluations for Medicaid waivers up for renewal as required by the Centers for Medicare and Medicaid (CMS).

187 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 187, $3,000,000 from the Grants and Donations Trust Fund and $3,000,000 from the Medical Care Trust Fund may be used by the Agency for Health Care Administration to contract with the Florida Medical Schools Quality Network created under section 409.975(2), Florida Statutes.

From the funds in Specific Appropriation 187, $250,000 in nonrecurring funds from the General Revenue Fund is provided to the Agency for Health Care Administration to competitively procure a contract for enhanced Medicaid fraud prevention services in Miami-Dade County at the point of service. The vendor selected for this project must be capable of applying unique technical procedures including analytics, biometrics and use of photographic images to ensure that Medicaid services are provided to eligible recipients. In support of the contract, the agreement between the agency and the Department of Highway Safety and Motor Vehicles pursuant to section 322.143(10), Florida Statutes, shall allow the contractor electronic access to the driver's license and photographic database, provided that such access does not include record retention.

MEDICAID SERVICES TO INDIVIDUALS

From the funds in Specific Appropriations 192A through 237, the Agency for Health Care Administration shall provide a quarterly reconciliation report of all Medicaid service appropriation expenditures and fund sources. The reconciliation shall compare actual expenditures paid through each specific appropriation category by fund either through the Florida Medicaid Management Information System (FMIS) or the Agency for Health Care Administration to expenditure estimates forecasted through the Social Services Estimating Conference Medicaid services forecasting model, as directed in section 216.156(6), Florida Statutes. The comparison shall include fund source detail for each comparison. For any category where a variance is identified, the Agency for Health Care Administration shall submit a written corrective action plan to address each variance by category and fund source. The reconciliation shall be submitted to the Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter. The Agency for Health Care Administration may submit budget amendments to the Legislative Budget Commission to realign appropriation categories based on the reconciliation pursuant to the provisions of chapter 216, Florida Statutes.

192A SPECIAL CATEGORIES
GRANTS AND AIDS - GRANT PROGRAM FOR COMMUNITY PRIMARY CARE SERVICES

From the funds in Specific Appropriation 192A, $14,275,470 in nonrecurring General Revenue funds is provided to increase access to primary care services for individuals in the state and to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. In developing a plan to increase access to primary care services and the funding of these primary care services, the agency shall solicit proposals from community health care clinics, and Federally Qualified Health Centers in order to expand primary care clinic services
for the uninsured and underinsured. The agency shall solicit grant proposals and award grants to those programs most capable of reducing health spending while improving the health status of uninsured and underinsured persons in their communities. Programs receiving these grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services, such as needed physician, dental, nurse practitioner, and pharmaceutical services. There is a cap of $1,500,000 per grant proposal. The agency shall evaluate grant proposals and develop reporting requirements for grant recipients to measure the effectiveness of the grant-funded programs. The specific reporting requirements shall be incorporated into the competitive solicitation which will also identify the evaluation methodology and establish a timetable for publishing results.

194 SPECIAL CATEGORIES
CASE MANAGEMENT

From the funds in Specific Appropriation 194, $1,154,142 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 541.

195 SPECIAL CATEGORIES
COMMUNITY MENTAL HEALTH SERVICES

From the funds in Specific Appropriations 195 and 196, the Agency for Health Care Administration in consultation with the Department of Children and Families may seek approval from the federal Centers for Medicare and Medicaid Services to implement a certified public expenditure or similar mechanism to increase reimbursement rates for services reimbursed to community behavioral health care providers.

197 SPECIAL CATEGORIES
DEVELOPMENTAL EVALUATION AND INTERVENTION/ PART C

Funds in Specific Appropriation 197 are contingent on the availability of state match being provided in Specific Appropriation 547.

199 SPECIAL CATEGORIES
GRANTS AND AIDS - RURAL HOSPITAL FINANCIAL ASSISTANCE PROGRAM

Funds in Specific Appropriation 199 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.

From the funds in Specific Appropriation 199, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

201 SPECIAL CATEGORIES
GRANTS AND AIDS - SHANDES TEACHING HOSPITAL

The funds in Specific Appropriation 201 shall be primarily designated for transfer to the Agency for Health Care Administration’s Grants and Donations Trust Fund for use in the Medicaid program. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds as Medicaid match, the 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.

From the funds in Specific Appropriation 201, $500,000 in nonrecurring funds from the Grants and Donations Trust Fund is provided to Shands Teaching Hospital.
204 SPECIAL CATEGORIES
HOSPICE SERVICES

From the funds in Specific Appropriations 204 and 218, $15,726,441 from the Grants and Donations Trust Fund and $24,608,109 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but no higher than, the amounts available under the budgeted authority in this Specific Appropriation. 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.

205 SPECIAL CATEGORIES
GRADUATE MEDICAL EDUCATION

From the funds in Specific Appropriation 205, $31,192,000 from the General Revenue Fund, $96,990,000 from the Grants and Donations Trust Fund and $109,818,000 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds $80,000,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(5), Florida Statutes, and are provided for the following physician specialties and subspecialties: both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; endocrinology; family medicine; general surgery; hematology; oncology; infectious diseases; nephrology; neurology; obstetrics/gynecology; ophthalmology; orthopedic surgery; otorhinolaryngology; psychiatry; pulmonary; radiology; rheumatology; thoracic surgery; and urology. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund.

206 SPECIAL CATEGORIES
HOSPITAL INPATIENT SERVICES

Funds in Specific Appropriation 206 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 in the Grants and Donations Trust Fund is not available, the Agency for Health Care Administration may submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 206, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 206, the Agency for Health Care Administration may establish a global fee for bone marrow transplants and the global fee payment shall be paid to approved bone marrow transplant providers that provide bone marrow transplants to Medicaid beneficiaries.

Any hospital that was exempt from the inpatient reimbursement ceiling in the prior state fiscal year, due to their charity care and Medicaid days as a percentage to total adjusted hospital days equaling or exceeding 11 percent, but no longer meets the 11 percent threshold, because of updated audited Disproportionate Share (DSH) data, shall remain exempt from the inpatient reimbursement ceilings for a period of two years.

From the funds in Specific Appropriations 206 and 216, $2,867,658 from the Grants and Donations Trust Fund and $4,487,197 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplants and intestine transplants in Florida. The Agency for Health Care Administration shall establish a 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 these transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the
nonfederal 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.

From the funds in Specific Appropriation 206, the Agency for Health Care Administration shall apply a six percent adjustment for anticipated case mix increases from improved documentation and coding through the implementation of Diagnosis Related Grouping (DRG). The agency shall also apply a one percent adjustment for real case mix change. By February 28, 2017, the agency shall perform a reconciliation and apply positive or negative adjustments to the reimbursements comparing actual to predicted case mix in aggregate. Actual case mix will be measured using admissions between April 1, 2015, and March 31, 2016, from both the fee-for-service and managed care programs. Actual case mix in state fiscal year 2016-2017 will be assumed to be higher than measured case mix by between zero and three percent based on case mix trending. Effective March 1, 2017, adjustments will be performed prospectively to the fee-for-service DRG payment parameters and will be applied for the remainder of the fiscal year. Adjustments applied must maintain budget neutrality for the fiscal year. No recalculation of managed care capitation payments will be made based upon these adjustments.

From the funds in Specific Appropriation 206, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping reimbursement methodology for hospital inpatient services as directed in section 409.905 (a)(c), Florida Statutes.

Base Rate - $3,237.45
Neonates Service Adjustor Severity Level 1 - 1.00
Neonates Service Adjustor Severity Level 2 - 1.60
Neonates Service Adjustor Severity Level 3 - 1.80
Neonates Service Adjustor Severity Level 4 - 2.00
Pediatrics Service/Age Adjustor - 1.30
Free Standing Rehabilitation Provider Adjustor - 2.709
Rural Provider Adjustor - 2.088
Long Term Acute Care (LTAC) Provider Adjustor - 2.113
High Medicaid and High Outlier Provider Adjustor - 2.303
Outlier Threshold - $60,000
Marginal Cost Percentage - 60%/80%
Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4 - 80%
Documentation and Coding Adjustment - 7%
Level I Trauma Add On - 17%
Level II or Level II and Pediatric Add On - 11%
Pediatric Trauma Add On - 4%

Funds in Specific Appropriation 206 reflect an increase of $935,762 in nonrecurring funds from the General Revenue Fund and $1,464,246 in nonrecurring funds from the Medical Care Trust Fund for sole community hospitals that meet the definition of "rural hospital" under section 395.602(2)(e), Florida Statutes, to be recognized as rural hospitals in the Agency for Health Care Administration’s Diagnosis Related Group (DRG) reimbursement methodology services for hospital inpatient.

207 SPECIAL CATEGORIES
REGULAR DISPROPORTIONATE SHARE

Funds in Specific Appropriation 207 shall be used for a Disproportionate Share Hospital Program and are contingent on the state share being provided through grants and donations from state, county, or other government entities.

From the funds in Specific Appropriation 207, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

208 SPECIAL CATEGORIES
LOW INCOME POOL

From the funds in Specific Appropriation 208, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SPB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.
From the funds in Specific Appropriation 208, in the event the amount of approved nonfederal share of matching funds is not provided by local governmental entities, the agency may adjust low-income pool funds between programs prescribed within this specific appropriation as necessary to ensure sufficient nonfederal matching funds. Any modification, under this provision, shall be consistent with the model, methodology and framework utilized by the Legislature.

From the funds in Specific Appropriation 208, the Agency for Health Care Administration may make low-income pool Medicaid payments in an accelerated manner that is more frequent than on a quarterly basis subject to the availability of state, local and federal funds.

Funds provided in Specific Appropriation 208, are contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds.

209A SPECIAL CATEGORIES
GRANTS AND AIDS - CHILDREN'S SPECIALTY HOSPITALS

Of the funds in Specific Appropriation 209A, $7,345,351 is provided for children's specialty hospitals in the following manner:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children's Hospital</td>
<td>4,609,608</td>
</tr>
<tr>
<td>Nicklaus Children's Hospital</td>
<td>1,935,743</td>
</tr>
<tr>
<td>Shriners Hospital for Children</td>
<td>400,000</td>
</tr>
<tr>
<td>Nemours Children's Health System</td>
<td>400,000</td>
</tr>
</tbody>
</table>

211 SPECIAL CATEGORIES
HOSPITAL OUTPATIENT SERVICES

From the funds in Specific Appropriation 211, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SFB 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriations 211 and 218. $25,123,536 from the Grants and Donations Trust Fund and $39,312,309 from the Medical Care Trust Fund are provided so that the Agency for Health Care Administration 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 Disproportionate Share Hospital (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 assumes 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.

213 SPECIAL CATEGORIES
OTHER FEE FOR SERVICE

Funds in Specific Appropriation 213 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The Agency for Health Care Administration shall limit payment to $125.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease (ESRD) 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 NDC information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

From the funds in Specific Appropriation 213, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their primary care physician to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary
reporting to the state Medicaid program on members’ PD suitability.

216 SPECIAL CATEGORIES
PHYSICIAN AND HEALTH CARE PRACTITIONER SERVICES

From the funds in Specific Appropriation 216, the Agency for Health Care Administration is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.

From the funds in Specific Appropriations 216, $5,000,000 in nonrecurring funds from the General Revenue Fund, $21,524,652 in nonrecurring funds from the Grants and Donations Trust Fund and $41,504,720 in nonrecurring funds from the Medical Care Trust Fund is provided for a differential fee schedule for payments for services provided by doctors of medicine and osteopathy as well as other licensed health care practitioners acting under the supervision of those doctors pursuant to existing statues and written protocols employed by or under contract with a medical school in Florida. This provision shall be contingent upon the nonfederal share being provided through grants and donations from state, local or other governmental funds and federal approval of a state plan amendment.

218 SPECIAL CATEGORIES
PREPAID HEALTH PLANS

From the funds in Specific Appropriations 218 and 224, $6,201,347 from the Grants and Donations Trust Fund and $9,703,621 from the Medical Care Trust Fund are provided to buy back clinic services rate adjustments, effective on or after July 1, 2008, and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the authority appropriated in this Specific Appropriation. 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.

From the funds in Specific Appropriation 218, the calculations of the Medicaid Hospital Funding Program for the 2016-2017 fiscal year are incorporated by reference in SFY 2502. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 218, $763,644 from the General Revenue Fund and $3,054,576 from the Medical Care Trust Fund are provided for a rate increase for Critical Pediatric Neonatal Intensive Care Unit (NICU)/Pediatric Intensive Care Unit (PICU) services.

From the funds in Specific Appropriation 218, $50,081,054 in nonrecurring funds from the Grants and Donations Trust Fund and $79,616,648 in nonrecurring funds from the Medical Care Trust Fund may be used to pay prepaid Medicaid plans to support access to high quality care from statewide essential providers through a partial sub-capitation amount or equivalent payment based on historic utilization of services.

From the funds in Specific Appropriations 218 and 221, $1,215,751 from the General Revenue Fund and $1,902,359 from the Medical Care Trust Fund are provided for a rate increase for Private Duty Nursing services provided by Licensed Practical Nurses.

From the funds in Specific Appropriation 218 and 206, $10,000 from the General Revenue Fund and $15,648 from the Medical Care Trust Fund are provided for a rate increase for Labor and Delivery Anesthesiologists.

222 SPECIAL CATEGORIES
STATEWIDE INPATIENT PSYCHIATRIC SERVICES

The funds in Specific Appropriation 222 are provided to the Agency for Health Care Administration for services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit prior authorization of services, monitoring and quality assurance, discharge planning, and continuining stay reviews of all children admitted to the program.
224 SPECIAL CATEGORIES
CLINIC SERVICES

From the funds in Specific Appropriation 224, the Agency for Health Care Administration shall apply a recurring methodology to establish rates taking into consideration the reductions imposed on or after October 1, 2008, in the following manner: (1) the agency shall divide the total amount of each recurring reduction imposed by the number of visits originally used in the rate calculation for each rate setting period on or after October 1, 2008, which will yield a rate reduction per diem for each rate period; (2) the agency shall multiply the resulting rate reduction per diem for each rate setting period on or after October 1, 2008, by the projected number of visits used in establishing the current budget estimate which will yield the total current reduction amount to be applied to current rates; (3) in the event the total current reduction amount is greater than the historical reduction amount, the agency shall hold the rate reduction to the historical reduction amount.

225 SPECIAL CATEGORIES
MEDICAID SCHOOL REFINANCING

From the funds in Specific Appropriation 225, $4,000,000 from the General Revenue Fund and $6,259,041 from the Medical Care Trust Fund are provided for school-based services provided by private schools or charter schools that are not participating in the school district’s certified match program under section 409.9072, Florida Statutes, to children younger than 21 years of age with specified disabilities who are eligible for Medicaid and part H or part H of the individuals with Disabilities Act (IDEA), or the exceptional student education program, or who have an individualized educational plan.

226 QUALIFIED EXPENDITURE CATEGORY
PREPAID HEALTH PLANS

From the funds provided in Specific Appropriations 226, $236,013,498 from the General Revenue Fund and $39,469,526 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the Agency’s capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

MEDICAID LONG TERM CARE

228 SPECIAL CATEGORIES
HOME AND COMMUNITY BASED SERVICES

From the funds in Specific Appropriation 228, $4,000,000 from the General Revenue Fund and $6,259,041 from the Medical Care Trust Fund are provided for flexible services for persons with severe mental illness or substance abuse disorders, including, but not limited to, temporary housing assistance, subject to federal approval under section 409.906(13)(e), Florida Statutes.

From the funds in Specific Appropriation 228, $2,000,000 from the General Revenue Fund and $3,129,520 from the Medical Care Trust Fund is provided for home and community based services for individuals diagnosed with Phelan-McDermid Syndrome under section 409.9064, Florida Statutes, subject to federal approval. Financial eligibility for Medicaid benefits under this plan option will be determined in the same manner as the home and community based services waiver for persons with developmental disabilities.

229 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/ INTELLECTUALLY DISABLED - SUNLAND CENTER

From the funds in Specific Appropriations 229, 230 and 231, the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, is authorized to transfer funds, in
accordance with the provisions of chapter 216, Florida Statutes, to
Specific Appropriation 259 for the Developmental Disabilities Home and
Community Based Waiver. Priority for the use of these funds will be
given to the planning and service areas with the greatest potential for
transition success.

230  SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
DEVELOPMENTALLY DISABLED COMMUNITY

From the funds in Specific Appropriation 230, $15,255,670 from the
Grants and Donations Trust Fund and $23,871,465 from the Medical Care
Trust Fund are provided to buy back intermediate care facilities for the
developmentally disabled rate reductions, effective on or after October 1,
2008 and are contingent on the nonfederal share being provided
through intermediate care facilities for the developmentally disabled
quality assessments. Authority is granted to buy back rate reductions up
to, but not higher than, the amounts available under the budgeted
authority in this Specific Appropriation. 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.

The recurring methodology to be utilized by the Agency for Health Care
Administration to establish rates taking into consideration the
reductions imposed on or after October 1, 2008, shall be to compare the
average unit appropriation with actual average unit cost as follows: 1) the
average unit appropriation shall be determined by dividing the total
appropriation in Specific Appropriation 230 by the total bed days for the
past fiscal year; 2) the total actual cost as generated based on the
July 1 rate setting shall be divided by the total bed days for the past
fiscal year to determine the actual unit cost; 3) the actual unit cost shall
be reduced to a Reduced Actual Unit Cost by the same percentage
used to calculate the Legislative Appropriation to account for client
participation contributions; 4) no negative adjustment to the rates paid
to providers shall occur so long as the Reduced Actual Unit Cost is
equal to or less than the average unit appropriation; and 5) in the
event the Reduced Actual Unit Cost is greater than the average unit
appropriation a prorated reduction shall be imposed on all rates after
all Quality Assurance Fee funds have been exhausted to cover the rate
reductions.

From the funds in Specific Appropriation 230, $4,023,672 from the
General Revenue Fund and $6,296,081 from the Medical Care Trust Fund are
provided for an Intermediate Care Facility for the Developmentally
Disabled (ICF/DD) rate increase.

The Agency for Health Care Administration shall not pay any legal
judgments, settlements, lawsuit damages or awards imposed by a court as
the result of any legal proceeding relating to prior fiscal years
without specific authority in the General Appropriations Act.

231  SPECIAL CATEGORIES
NURSING HOME CARE

From the funds in Specific Appropriation 231, the Agency for Health
Care Administration, in consultation with the Department of Health, is
authorized to transfer funds in accordance with the provisions of
chapter 216, Florida Statutes, to Specific Appropriation 228
specifically for slots under the Model Waiver, Specific Appropriation
527A Brain and Spinal Cord Home and Community Based Services Waiver, and
Specific Appropriation 232 Statewide Medicaid Managed Care Long-Term
Care 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 transition
success.

From the funds in Specific Appropriations 231 and 232, $403,982,859
from the Grants and Donations Trust Fund and $632,136,313 from the
Medical Care Trust Fund are provided to buy back nursing facility rate
reductions, effective on or after January 1, 2008, and are contingent on the
nonfederal share being provided through nursing home quality
assessments. Authority is granted to buy back rate reductions up to, but
not higher than the amounts available under the budgeted authority in
this Specific Appropriation. 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.

232  SPECIAL CATEGORIES
PREPAID HEALTH PLAN/LONG TERM CARE

From the funds in Specific Appropriation 232, $3,500,000 from the General Revenue Fund and $5,633,137 from the Medical Care Trust Fund are provided to serve elders on the Medicaid Long Term Care waitlist who have been classified as a priority score of four or higher.

237  QUALIFIED EXPENDITURE CATEGORY
PREPAID HEALTH PLANS - LONG TERM CARE

From the funds provided in Specific Appropriation 237, $38,664,030 from the General Revenue Fund and $60,499,935 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

AGENCY FOR PERSONS WITH DISABILITIES

PROGRAM: SERVICES TO PERSONS WITH DISABILITIES

HOME AND COMMUNITY SERVICES

255  SPECIAL CATEGORIES
GRANT AND AID INDIVIDUAL AND FAMILY SUPPORTS

Funds in Specific Appropriation 255 expended for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 255, $500,000 in nonrecurring funds from the General Revenue Fund is provided for supported employment services for individuals on the waiting list for the Developmental Disabilities Medicaid Waiver program in Specific Appropriation 259. The supported employment services shall be provided in a manner consistent with the same rules and regulations governing these services in the Developmental Disabilities Medicaid Waiver program, and may additionally be used toward obtaining and maintaining paid or unpaid internships.

258  SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 258, $1,200,000 in nonrecurring funds from the General Revenue Fund is provided to Our Pride Academy to establish a child care training program for individuals with developmental disabilities.

From the funds in Specific Appropriation 258, $2,000,000 from the General Revenue Fund is provided to the ARC of Florida for dental services to individuals with developmental disabilities.

From the funds in Specific Appropriation 258, $1,615,060 in nonrecurring funds from the General Revenue Fund is provided to the following projects:

Angels Reach Foundation, Inc................................................. 50,000
Area Stage Company (ASC) Developmental Disabilities.................. 150,000
Theater Program for Children................................................. 150,000
MADtown Fitness and Wellness Center...................................... 800,000
Hallman Center for Child Development...................................... 316,060
Operation Grow - Seminole County Work Opportunity Program........ 150,000
259 SPECIAL CATEGORIES
HOME AND COMMUNITY BASED SERVICES WAIVER

From the funds in Specific Appropriation 259, $14,188,744 from the General Revenue Fund and $22,201,981 from the Operations and Maintenance Trust Fund are provided to expand the Individual Budget (iBudget) Waiver by removing the greatest number of individuals permissible under the additional funding.

Funds in Specific Appropriation 259 shall not be used for administrative costs. Funds for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 259, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Medicaid Waiver program expenditures for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

261A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY FIXED CAPITAL OUTLAY FOR PERSONS WITH DISABILITIES

From the funds in Specific Appropriation 261A, $600,000 in nonrecurring funds from the General Revenue Fund is provided to the City of Haleah Gardens to provide water therapy for individuals with disabilities.

261B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY BRANDON SPORTS AND AQUATIC CENTER FOR INDIVIDUALS WITH UNIQUE ABILITIES

From the funds in Specific Appropriation 261B, $850,000 in nonrecurring funds from the General Revenue Fund is provided to the Brandon Sports and Aquatic Center for individuals with unique abilities.

261C GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY PALM BEACH HABILITATION CENTER FACILITY MAINTENANCE, REPAIR, OR NEW CONSTRUCTION

From the funds in Specific Appropriation 261C, $166,511 in nonrecurring funds from the General Revenue Fund is provided to the Palm Beach Habilitation Center for roofing repairs or replacement.

From the funds in Specific Appropriation 261C, $482,600 in nonrecurring funds from the General Revenue Fund is provided to the Palm Beach Habilitation Center for the repair or replacement of fire safety and potable water systems.

PROGRAM MANAGEMENT AND COMPLIANCE

271 SPECIAL CATEGORIES
HOME AND COMMUNITY SERVICES ADMINISTRATION

From the funds in Specific Appropriation 271, $1,881,929 in nonrecurring funds from the Operations and Maintenance Trust Fund shall be placed in reserve and is provided to the Agency for Persons with Disabilities to implement the Client Data Management System for the purpose of providing electronic verification of service delivery to recipients by providers, electronic billings for Developmental Disabilities Medicaid Waiver services, and electronic processing of claims. The agency is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any request for release of funds shall include a detailed operational work and spending plan.

DEVELOPMENTAL DISABILITY CENTERS - CIVIL PROGRAM

From the funds provided to the Developmental Disability Centers - Civil Program, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total civil program expenditures of the Developmental Disability Centers for
the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

285 FIXED CAPITAL OUTLAY
AGENCY FOR PERSONS WITH DISABILITIES FIXED CAPITAL OUTLAY NEEDS FOR CENTRALLY MANAGED FACILITIES

From the funds in Specific Appropriation 285, $1,305,485 in nonrecurring funds from the General Revenue Fund is provided for William "Billy Joe" Rish Recreational Park.

From the funds in Specific Appropriation 285, $1,294,515 in nonrecurring funds from the General Revenue Fund is provided for Americans with Disabilities Act (ADA) accessibility modifications and other critical repairs to state facilities.

DEVELOPMENTAL DISABILITY CENTERS - FORENSIC PROGRAM

From the funds provided to the Developmental Disability Centers - Forensic Program, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total forensic program expenditures of the Developmental Disability Centers for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

CHILDREN AND FAMILIES, DEPARTMENT OF ADMINISTRATION

PROGRAM: SUPPORT SERVICES

INFORMATION TECHNOLOGY

From the funds in Specific Appropriations 315 through 321B, the Department of Children and Families shall provide a report to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by December 1, 2016, that categorizes the funding and full-time equivalency positions supporting the Florida Safe Family Network (FSFN), the Florida Online Recipients Integrated Data Access (FLORIDA), or other department applications. The report data must identify funds by the budget entity, program component, appropriation category, fund, and fund source identifier levels.

319A SPECIAL CATEGORIES

FLORIDA SAFE FAMILIES NETWORK (FSFN) INFORMATION TECHNOLOGY SYSTEM

From the funds in Specific Appropriation 319A, the nonrecurring sum of $2,126,194 from the General Revenue Fund, $1,066,914 from the Federal Government Trust Fund, and $2,504,902 from the Welfare Transition Trust Fund are provided to the Department of Children and Families to procure contracted services support to enhance the Florida Safe Families Network (FSFN) application. The FSFN enhancements shall include, but not be limited to: a) refinements to the Child Welfare Safety Methodology Practice Model; b) data reporting improvements to support the Community-Based Care providers and management reporting; and c) align the FSFN system processes to recent policy revisions. The enhancements shall be developed and deployed through the department's Software Development Life Cycle. These funds shall be placed in reserve. The department may submit budget amendments, which include a detailed operational work plan and project spending plan, pursuant to chapter 216, Florida Statutes, for the release of these funds.

The department shall provide quarterly updates on the progress of the FSFN enhancements to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget.

321A QUALIFIED EXPENDITURE CATEGORY

SUBSTANCE ABUSE AND MENTAL HEALTH FINANCIAL AND SERVICES ACCOUNTABILITY MANAGEMENT SYSTEM

From the funds in Specific Appropriation 321A, the nonrecurring sum of $2,000,000 from the General Revenue Fund is provided to the Department of Children and Families for the continued development and implementation of a uniform management information and fiscal accounting
system for use by providers of community substance abuse and mental health services. The department is authorized to submit budget amendments requesting release of these funds pursuant to the provisions of chapter 216, Florida Statutes.

321B DATA PROCESSING SERVICES
STATE DATA CENTER - AGENCY FOR STATE TECHNOLOGY (AST)

From the funds in Specific Appropriation 321B, the nonrecurring sums of $730,783 from the General Revenue Fund and $802,786 from the Federal Grants Trust Fund are provided to the Department of Children and Families for the nonrecurring costs associated with the replacement of the mainframe infrastructure supporting the Florida On-Line Recipient Integrated Data Access (FLORIDA) and Florida Safe Families Network (FSSN) applications. The mainframe replacement shall provide increased processing capacity to ensure an acceptable system performance for the users of the FLORIDA and FSSN applications, and support the anticipated system growth based on the department’s requested enhancements to the FSSN application. The mainframe replacement shall be physically located at the Southwood Shared Resource Center.

SERVICES
PROGRAM: FAMILY SAFETY PROGRAM

FAMILY SAFETY AND PRESERVATION SERVICES

326 LUMP SUM
SHARED RISK FUND FOR COMMUNITY BASED PROVIDERS OF CHILD WELFARE SERVICES

The funds provided in Specific Appropriation 326 are available to community-based care lead agencies pursuant to the provisions of section 409.990, Florida Statutes.

329 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 329, the nonrecurring sum of $750,000 from the General Revenue Fund is provided to the Department of Children and Families to continue contracting for the analytics and predictive analysis initiative within the child welfare system.

From the funds in Specific Appropriation 329, the nonrecurring sum of $500,000 from the General Revenue Fund shall be placed in reserve and is provided to the Department of Children and Families for the continuation of the Child Welfare Results Oriented Accountability System as described in section 409.997, Florida Statutes. The department is authorized to request the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

From the funds in Specific Appropriation 329, the nonrecurring sum of $250,000 from the General Revenue Fund shall be placed in reserve and is provided to the Department of Children and Families for mobile technology enhancements for field investigators, inspectors, and caseworkers in the Child Welfare System. The department is authorized to request the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

330 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 330, the nonrecurring sum of $1,382,800 from the General Revenue fund is provided for the following projects:

Camillus House - Human Trafficking Recovery Program............... 250,000
Kristi House - Drop-in Center for sexually exploited adolescent girls... 200,000
Devereux, Inc. - Services to sexually exploited youth.............. 359,000
Victory For Youth, Inc. - Share Your Heart Program............... 373,800
His House Children’s Home - Residential Program............. 100,000
Brooks Institute - Child to Parent Domestic Violence Family Program........... 100,000

From the funds in Specific Appropriation 330, the nonrecurring sum of $200,000 from the General Revenue Fund is provided to the City of Hollywood Community Development Department for day care scholarships for the Liberia and Washington Park neighborhoods.
331 SPECIAL CATEGORIES
GRANTS AND AIDS - GRANTS TO SHERIFFS FOR
PROTECTIVE INVESTIGATIONS

The funds in Specific Appropriation 331 shall be used by the
Department of Children and Families to award grants to the sheriffs of
the following counties to conduct child protective investigations as
mandated in section 39.3065, Florida Statutes. The funds shall be
allocated as follows:

Broward County Sheriff ........................................ 15,054,474
Hillsborough County Sheriff ..................................... 13,430,952
Manatee County Sheriff .......................................... 4,719,787
Pasco County Sheriff ............................................. 6,241,374
Pinellas County Sheriff ......................................... 11,828,667
Seminole County Sheriff ........................................ 4,537,152

332 SPECIAL CATEGORIES
GRANTS AND AIDS - DOMESTIC VIOLENCE
PROGRAM

From the funds in Specific Appropriation 332, $11,964,596 from the
General Revenue Fund, $7,897,064 from the Domestic Violence Trust Fund,
$10,799,061 from the Federal Grants Trust Fund and $7,750,000 from the
Welfare Transition Trust Fund shall be provided to the Florida Coalition
Against Domestic Violence for implementation of programs and the
management and delivery of services of the state’s domestic violence
program including implementation of statutory directives contained in
chapter 39, Florida Statutes, implementation of special projects,
coordinate a strong families and domestic violence campaign, expansion
of the child welfare and domestic co-location projects, conduct training
and provide technical assistance to certified domestic violence centers
and allied professionals, and administration of contracts designated
under this appropriation.

From the funds in Specific Appropriation 332, $208,391 from the
Federal Grants Trust Fund is provided to the Florida Coalition Against
Domestic Violence to implement portions of the Grants to Encourage
Arrest Policies and Enforcement of Protection Orders Program.

From the funds in Specific Appropriation 332, $195,987 from the
Federal Grants Trust Fund is provided to the Florida Council Against
Sexual Violence to implement portions of the Grants to Encourage Arrest
Policies and Enforcement of Protection Orders Program.

From the funds in Specific Appropriation 332, $1,192,219 from the
Federal Grants Trust Fund shall be transferred to the Department of
Health to contract with the Florida Council Against Sexual Violence to
implement portions of the Violence Against Women Act STOP Formula Grant.

333 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILD ABUSE PREVENTION
AND INTERVENTION

Funds provided in Specific Appropriation 333 shall be provided for
the Healthy Families Program.

338 SPECIAL CATEGORIES
SPECIAL NEEDS ADOPTION INCENTIVES

The funds provided in Specific Appropriation 338, are provided for
state employee adoption benefits pursuant to section 409.1664, Florida
Statutes.

342 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY BASED CARE
FUNDS FOR PROVIDERS OF CHILD WELFARE
SERVICES

From the funds provided in Specific Appropriation 342, $2,500,000
from the General Revenue Fund is provided for adoption incentive awards
to community-based care lead agencies or their subcontractors, pursuant
to section 409.1662, Florida Statutes.

342A SPECIAL CATEGORIES
GRANTS AND AIDS - ADOPTION ASSISTANCE
PAYMENTS AND MAINTENANCE SUBSIDIES

Funds provided in Specific Appropriation 342A, are provided to
community-based care lead agencies for the payment of adoption assistance subsidies pursuant to section 409.166, Florida Statutes.

By February 15, 2017, the Department of Children and Families shall provide to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee, a report providing the total number of finalized adoptions occurring from July 1, 2016 through January 31, 2017. For each lead agency during this period, the report must include the number of adoptions finalized, the average subsidy amount, the number of adoptees receiving an enhanced subsidy, and the average enhanced subsidy amount. The report must also include a year-end projection of the total funding need for adoption assistance subsidies based upon, but not limited to, the aforementioned data requirements.

By April 30, 2017, the department shall perform a reconciliation of the funding appropriated and the projected expenditures for adoption assistance subsidies for each lead agency. Any projected year-end surplus of funding shall either revert or, if necessary, be re-allocated to lead agencies that are projecting a year-end deficit.

PROGRAM: MENTAL HEALTH PROGRAM

MENTAL HEALTH SERVICES

350 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED PROFESSIONAL SERVICES

From the funds in Specific Appropriation 350, $1,211,727 from the General Revenue Fund is provided to contract with a mental health facility for no less than 11 additional secure forensic flex beds to ensure capacity for forensic individuals being admitted within 15 days of a court order as required by chapter 916, Florida Statutes.

PROGRAM: ECONOMIC SELF SUFFICIENCY PROGRAM

ECONOMIC SELF SUFFICIENCY SERVICES

361 SPECIAL CATEGORIES
GRANTS AND AIDS - CHALLENGE GRANTS

Funds in Specific Appropriation 361, which have been transferred from the Department of Economic Opportunity, Specific Appropriation 2224, shall be used to provide services to homeless persons according to the provisions of section 420.622, Florida Statutes.

363 SPECIAL CATEGORIES
GRANTS AND AIDS - HOMELESS HOUSING ASSISTANCE GRANTS

From the funds in Specific Appropriation 363, recurring sum of $2,700,000 and the nonrecurring sum of $300,000 from the General Revenue Fund are provided to the local homeless coalitions throughout the state.

364 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 364, the nonrecurring sums of $250,000 from the General Revenue Fund and $250,000 from the Federal Grants Trust Fund are provided for enrollment assistance for individuals age sixty and over that are eligible, but are not enrolled in the Supplemental Nutrition Assistance Program.

PROGRAM: COMMUNITY SERVICES

COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

381 SPECIAL CATEGORIES
GRANTS AND AIDS - PUBLIC SAFETY, MENTAL HEALTH, AND SUBSTANCE ABUSE LOCAL MATCHING GRANT PROGRAM

From the funds in Specific Appropriation 381, the recurring sum of $6,000,000 from the General Revenue Fund is provided to expand the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program.
382 SPECIAL CATEGORIES
CHILDREN'S ACTION TEAMS FOR MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

From the funds provided in Specific Appropriation 382, the sum of $13,500,000 from the General Revenue Fund shall be used by the Department of Children and Families to contract directly with each of the following providers for a total of $750,000 each for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as: being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or, poor academic performance and/or suspensions. Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics.

The department shall fund the following contracts:

SalusCare (Lee Mental Health) - Lee
Manatee Glens - Sarasota, DeSoto
Circles of Care - Brevard
Lifto Management Center - Okeechobee
David Lawrence Center - Collier
Child Guidance Center - Duval
Institute for Child and Family Health - Miami-Dade
Mental Health Care - Hillsborough
Personal Enrichment Mental Health Services - Pinellas
Peace River Center - Polk, Highlands, Hardee
COPES Center - Walton
Lifestream Behavioral Center - Sumter and Lake
Family Preservation Services of Florida - Treasure Coast
Lakeside Behavioral Healthcare - Orange
Citrus Health Network - Miami-Dade
Manatee Glens - Manatee
Lakeview Center - Escambia
Sinfonia - Alachua

From the funds in Specific Appropriation 382, the recurring sum of $3,750,000 from the General Revenue Fund is provided for five additional Community Action Treatment teams in the areas of greatest need, as determined by the Department of Children and Families.

383 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY MENTAL HEALTH SERVICES

From the funds in Specific Appropriation 383, the sum of $455,000 from the General Revenue Fund shall continue to be provided to the Citrus Health Network for behavioral health services.

From the funds in Specific Appropriation 383, the nonrecurring sum of $1,814,888 from the General Revenue Fund is provided for mental health transitional beds to move eligible individuals currently in the state mental health institutions to community settings as an alternative to more costly institutional placement. The Department of Children and Families shall contract directly with the three not-for-profit, comprehensive community mental health treatment facilities located in the northern, central, and southern regions of the state that are currently under contract with the department for this service and qualified to provide integrated healthcare, offer a full continuum of care including emergency, residential, and outpatient psychiatric services, and have immediate capacity for placement.

From the funds in Specific Appropriation 383, the recurring sum of $3,260,000 from the General Revenue Fund is provided for the creation of five pilot community forensic multidisciplinary teams designed to divert individuals from secure forensic commitment by providing community-based services. The teams will be placed in the areas of greatest need, as determined by the Department of Children and Families.

385 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY SUBSTANCE ABUSE SERVICES

From the funds in Specific Appropriation 385, the recurring sum of $10,000,000 from the General Revenue Fund shall continue to be provided
for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management, supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

From the funds in Specific Appropriation 385, $750,000 from the General Revenue Fund is provided to the Department of Children and Families to continue contracting directly with Informed Families of Florida for the purpose of providing a statewide program for the prevention of child and adolescent substance abuse.

From the funds in Specific Appropriation 385, $7,400,000 from the General Revenue Fund shall continue to be provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

From the funds in Specific Appropriation 385, the recurring sum of $2,800,000 from the General Revenue Fund is provided to expand the Family Intensive Treatment team model in the areas of greatest need, as determined by the Department of Children and Families.

From the funds in Specific Appropriation 385, $278,100 from the General Revenue Funds shall continue to be provided to First Steps of Sarasota, Inc., for the Drug Free Babies Program.

From the funds in Specific Appropriation 385, the recurring sum of $200,000 and the nonrecurring sum of $300,000 from the General Revenue Fund shall be provided to Here's Help, Inc.

From the funds in Specific Appropriation 385, $250,000 from the General Revenue Fund shall continue to be provided to the Drug Abuse Comprehensive Coordinating Office (DACCO).

386 SPECIAL CATEGORIES
GRANTS AND AIDS - CENTRAL RECEIVING FACILITIES

The funds in Specific Appropriation 386 are provided for a statewide initiative to fund centralized receiving systems. A central receiving system consists of a designated central receiving facility and other service providers that serve as a single point or a coordinated system of entry for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as subparts 914.67(17)-(18), Florida Statutes. Centralized receiving systems provide a single point or a coordinated system of entry for an array of behavioral health services, conduct initial assessments and triage, and provide case management and related services, including jail diversion programs for individuals with mental health or substance abuse disorders. The Department of Children and Families shall administer a matching grant program to provide funding for the start-up or on-going costs of a centralized receiving system. Each award, including awards granted by the department in Fiscal Year 2015-2016, may be granted for a period of up to five years, and shall require a local match of at least 50 percent of the state award. The department shall work with local agencies to encourage and support the development of centralized receiving systems.

387 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 387, the sum of $1,500,000 from the General Revenue Fund shall continue to be provided to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency.

388 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 388, the nonrecurring sum of $3,293,000 from the General Revenue Fund is provided for the following
projects:
Gracepoint - Crisis stabilization units......................... 848,000
Meridian Behavioral Healthcare, Inc. - Health home for
individuals with severe mental illnesses and substance use
 disorders.................................................. 410,000
Directions for Living........................................... 400,000
Citrus Health Network - Graduate Medical Education residency
program in psychiatry........................................... 350,000
Camillus House - Behavioral health services......................... 200,000
Florida Certification Board - Expansion of training center... 300,000
Florida Certification Board - Credentialing Program for
Recovery Residence Administrators.............................. 100,000
BayCare Behavioral Health - Veteran Intervention Program... 485,000
Florida Psychological and Associated Healthcare - Behavioral
health services.................................................. 100,000
Starting Point Behavioral Healthcare - Behavioral Health
services.......................................................... 100,000

From the funds in Specific Appropriation 386, the sum of $100,000
from the General Revenue Fund is provided to the David Lawrence Center
for behavioral health services.

From the funds in Specific Appropriation 388, the sum of $100,000
from the General Revenue Fund is provided to the Ft. Myers Salvation
Army for behavioral health services.

395 SPECIAL CATEGORIES
CONTRACTED SERVICES - SUBSTANCE ABUSE AND
MENTAL HEALTH ADMINISTRATION

Funds in Specific Appropriation 395 are provided for the
administration costs of the seven regional managing entities that
deliver behavioral health care through local network providers.

396A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GATEWAY COMMUNITY SERVICES

From the funds in Specific Appropriation 396A, the nonrecurring sum of
$200,000 is provided to Gateway Community Services for the construction
and renovation of buildings and patient rooms.

ELDER AFFAIRS, DEPARTMENT OF
PROGRAM: SERVICES TO ELDERLY PROGRAM

COMPREHENSIVE ELIGIBILITY SERVICES

397 SALARIES AND BENEFITS

From the funds in Specific Appropriations 397 through 404, $3,288,197
from the General Revenue Fund is provided to the Department of Elder
Affairs to fund the state portion of the Non-Preadmission Screening
Resident Review activities. These funds are contingent upon federal
approval of the state’s submission of the amended Public Assistance Cost
Allocation Plan that identifies the services provided by the Department
of Elder Affairs’ Comprehensive Assessment and Review for Long-Term Care
Services (CARES) program for Medicaid-related activities for individuals
seeking nursing or community-based services. These funds shall be held
in reserve until official approval of the cost allocation plan is
received from the federal Centers for Medicare and Medicaid Services by
the state. Once official approval has been received, the department is
authorized to submit budget amendments for the release of these funds
and the placement of trust funded budget equal to the match in reserve,
in accordance with chapter 216, Florida Statutes.

HOME AND COMMUNITY SERVICES

410 SPECIAL CATEGORIES
GRANTS AND AIDS - ALZHEIMER’S DISEASE
INITIATIVE

From the funds in Specific Appropriation 410, the following projects
are funded from nonrecurring general revenue funds:

Easter Seals of South Florida..................................... 101,850
Alzheimer’s Community Care Association.......................... 250,000
From the funds in Specific Appropriation 410, $1,700,000 from the General Revenue Fund is provided for Alzheimer's respite care services to serve individuals on the waitlist statewide.

411 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY CARE FOR THE ELDERLY

From the funds in Specific Appropriation 411, $2,000,000 from the General Revenue Fund is provided to serve elders on the waitlist.

From the funds in Specific Appropriation 411, $650,000 from the General Revenue Fund and $650,000 from the Operations and Maintenance Trust Fund are provided to the Area Agencies on Aging related to the Statewide Medicaid Managed Care Long Term Care program.

413 SPECIAL CATEGORIES
GRANTS AND AIDS - OLDER AMERICANS ACT PROGRAM

From the funds in Specific Appropriation 413, the following projects are funded from nonrecurring general revenue funds:

City of Hialeah Gardens - Hot Meals ................................. 200,000

415 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 415, $500,000 in nonrecurring funds from the General Revenue Fund is provided to the Villa Serena Group in Miami-Dade County to provide a consumer referral program for indigent persons needing a placement in an assisted living facility. The program will provide information and referral to assisted living facilities in Miami-Dade County and shall provide a report by July 1, 2017 to the Executive Office of the Governor. President of the Senate and Speaker of the House of Representatives to document the program's activities and make recommendations to assist indigent person's needing care in an assisted living facility.

From the funds in Specific Appropriation 415, $500,000 in nonrecurring funds from the General Revenue Fund is provided for United Home Care Assisted Living Facility - Miami Dade to provide subsidized residency to low-income elders.

From the funds in Specific Appropriation 415, $200,000 in nonrecurring funds from the General Revenue Fund is provided to American Communities for Assisted Living Facility Housing for low income individuals in Miami - Dade County.

419A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - ALZHEIMER'S COMMUNITY CARE AND SERVICES

From the funds in Specific Appropriation 419A, $60,017 in nonrecurring funds from the General Revenue Fund to Easter Seals South Florida.

419B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - SENIOR CITIZEN CENTERS

From the funds in Specific Appropriation 419B, $100,000 in nonrecurring funds from the General Revenue Fund is provide provided to Violeta Dumas Senior Center.

CONSUMER ADVOCATE SERVICES

433 SPECIAL CATEGORIES
PUBLIC GUARDIANSHIP CONTRACTED SERVICES

From the funds in Specific Appropriation 433, $750,000 in nonrecurring funds from the General Revenue Fund is provided for additional Public Guardianship services.

HEALTH, DEPARTMENT OF PROGRAM: EXECUTIVE DIRECTION AND SUPPORT

19
ADMINISTRATIVE SUPPORT

443A LUMP SUM DISASTER RECOVERY SERVICES

Funds in Specific Appropriation 443A are provided for the Department of Health to obtain a managed disaster recovery service that does not require the purchase of hardware. The department is authorized to submit budget amendments for the release of the lump sum appropriation pursuant to the provisions of chapter 216, Florida Statutes. Requests for release of funds shall include a detailed implementation plan and project spend plan.

PROGRAM: COMMUNITY PUBLIC HEALTH

COMMUNITY HEALTH PROMOTION

The Florida Hospital/Sanford-Burnham Translational Research Institute is designated as a State of Florida resource for research in diabetes diagnosis, prevention and treatment. The Florida Hospital/ Sanford-Burnham Translational Research Institute may coordinate with the Department of Health on activities and grant opportunities in relation to research in diabetes diagnosis, prevention and treatment.

453 SALARIES AND BENEFITS

From the funds in Specific Appropriation 453, $316,778 and four positions are provided to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution.

461 AID TO LOCAL GOVERNMENTS SCHOOL HEALTH SERVICES

From the funds in Specific Appropriations 461 and 476, $5,000,000 from the Federal Grants Trust Fund is provided for school health services using Title XXI administrative funding.

464 SPECIAL CATEGORIES GRANTS AND AIDS - CRISIS COUNSELING

From the funds in Specific Appropriation 464, $2,000,000 from the General Revenue Fund is provided to the Florida Pregnancy Support Services Program. These funds must be used to provide wellness services, including but not limited to, high blood pressure screening, flu vaccines, anemia testing, thyroid screening, cholesterol screening, diabetes screening, assistance with smoking cessation, and tetanus vaccines.

From the funds in Specific Appropriation 464, a minimum of 85 percent of the appropriated funds shall be spent on direct client services, program awareness, and communications.

The Department of Health shall award a contract to the current Florida Pregnancy Support Services Program contract management provider for this Specific Appropriation. The contract shall provide for payments to such provider of $400 per month per sub-contracted direct service provider for contract oversight, to include technical and educational support. The department is authorized to spend no more than $50,000 for agency program oversight activities.

466 SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 466, $2,500,000 from the General Revenue Fund is provided to the Florida Council Against Sexual Violence. At least 95 percent of the funds provided shall be distributed to certified rape crisis centers to provide services statewide for victims of sexual assault.

From the funds in Specific Appropriation 466, $1,192,219 from the Federal Grants Trust Fund is provided to the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

From the funds in Specific Appropriation 466, $750,000 from the General Revenue Fund is provided to the Florida Heiken Children’s Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for
vision care.

From the funds in Specific Appropriation 466, $1,000,000 from the General Revenue Fund is provided to VisionQuest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no access to vision care. These services will be provided statewide and VisionQuest shall be reimbursed at current Medicaid rates for exams, refractions, and dispensing; and at a flat rate of $48 for eyeglasses.

From the funds in Specific Appropriation 466, the following projects are funded with nonrecurring funds from the General Revenue Fund:

- Miami Dade Health Action Network ................................................. $250,000
- Teen Xpress .................................................................................. $350,000
- Mary Brogan Breast and Cervical Cancer Early Detection Program ............................................................... $300,000
- Sant Le Haitian Neighborhood Center .............................................. $200,000
- Barney Community Health Center .................................................. $500,000
- St. John Bosco Clinic ....................................................................... $200,000
- FIU - Telemedicine and Student Health Services ......................... $250,000
- Expanded Primary Care Access - Manatee, Sarasota and Desoto Counties ........................................................ $300,000
- Andrews Institute Foundation - Eagle Fund .................................... $100,000
- Hands of St. Lucie County .............................................................. $700,000
- Florida Donated Dental Services .................................................... $170,000
- Community Water Fluoridation ...................................................... $200,000

From the funds in Specific Appropriation 466, $450,000 from the General Revenue Fund is provided to the Florida State University College of Medicine - Immokalee.

From the funds in Specific Appropriation 466, $9,500,000 from the General Revenue Fund, of which $500,000 is nonrecurring, is provided to the Florida Association of Free and Charitable Clinics.

467 SPECIAL CATEGORIES
GRANTS AND AIDS - HEALTHY START COALITIONS

From the funds in Specific Appropriation 467, $681,250 in nonrecurring funds from the General Revenue Fund is provided to the Department of Health to fund designated Healthy Start Coalitions and federally qualified health centers to integrate the Nurse-Family Partnership model to provide intensive nurse visitation services for women and their infants. From these funds, the Department of Health shall use $10,000 to contract with the Nurse-Family Partnership National Service Office for process and outcome data identification, management, and analysis. Any needed training and programmatic support will also be provided.

470 SPECIAL CATEGORIES
WILLIAM G. "BILL" BANKEHEAD, JR., AND DAVID COLEY CANCER RESEARCH PROGRAM

From the funds in Specific Appropriation 470, $500,000 from the Biomedical Research Trust Fund is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute.

472 SPECIAL CATEGORIES
FLORIDA CONSORTIUM OF NATIONAL CANCER INSTITUTE CENTERS PROGRAM

Funds in Specific Appropriation 472 are provided for the Florida Consortium of National Cancer Institute (NCI) Centers Program established in section 381.915, Florida Statutes.

Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Florida Consortium of National Cancer Institute (NCI) Centers Program as follows: H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; and the University of Miami Sylvester Comprehensive Cancer Center and the University of Florida Health Shands Cancer Hospital are eligible for Tier 3 designation in the Florida Consortium of NCI Centers Program.

472A SPECIAL CATEGORIES
BIOMEDICAL RESEARCH

From the funds in Specific Appropriation 472A, $2,600,000 from the Biomedical Research Trust Fund is provided to the Sanford-Burnham
Medical Research Institute.

From the funds in Specific Appropriation 472A, $250,000 in nonrecurring funds from the General Revenue Fund is provided to the Torrey Pines Institute for Molecular Studies.

473 SPECIAL CATEGORIES
ENDOWED CANCER RESEARCH

Funds in Specific Appropriation 473 are provided to the Mayo Clinic Cancer Center of Jacksonville to fund an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes.

474 SPECIAL CATEGORIES
ALZHEIMER RESEARCH

Funds in Specific Appropriation 474 are provided for the Ed and Ethel Moore Alzheimer's Disease Research Program established in section 381.82, Florida Statutes.

480 SPECIAL CATEGORIES
COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND EDUCATION PROGRAM

Funds in Specific Appropriation 480 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:

State & Community Interventions............................. 11,202,740
State & Community Interventions - AHCC..................... 5,607,264
Health Communications Interventions......................... 22,561,422
Cessation Interventions..................................... 13,386,084
Cessation Interventions - AHCC...................... 7,602,298
Surveillance & Evaluation.................................. 6,040,199
Administration & Management.............................. 1,372,012

From the funds in Specific Appropriation 480, the Department of Health may use nicotine replacements and other treatments approved by the federal Food and Drug Administration as part of smoking cessation interventions.

All contracts awarded through this Specific Appropriation shall include performance measures and measurable outcomes. The Department of Health shall establish specific performance and accountability criteria for all intervention and evaluation contracts. The criteria shall be based on best medical practices, past smoking cessation experience, the federal Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs, and the ability to impact the broadest population.

481A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY

GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY

From the funds in Specific Appropriation 481A $3,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Mount Sinai Medical Center.

481B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY

RURAL HOSPITALS

From the funds in Specific Appropriation 481B, $2,000,000 in nonrecurring funds from the General Revenue Fund is provided for the Rural Hospital Capital Improvement Program and shall be allocated in accordance to the grant process in section 395.6051, Florida Statutes.

DISEASE CONTROL AND HEALTH PROTECTION

486 AID TO LOCAL GOVERNMENTS

GRANTS AND AIDS - RYAN WHITE CONSORTIA

Funds in Specific Appropriation 486 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate
in determining the amount of general revenue funds expended by the
Department of Corrections for AIDS-related activities and services that
qualify as state matching funds for the Ryan White grant.

491 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 491, $450,000 from the
General Revenue Fund is provided to the Birth Defects Registry.

492 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 492, $1,000,000 from the
General Revenue Fund is provided for Florida academic and research
institutions designated as Centers for AIDS Research (CFAR) by the
National Institutes of Health to enhance high quality HIV/AIDS research
projects conducted in response to the health needs of Florida’s
citizens.

From the funds in Specific Appropriation 492, the following projects
are funded with nonrecurring funds from the General Revenue Fund:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Center of Central Florida</td>
<td>35,000</td>
</tr>
<tr>
<td>HIV/AIDS Outreach for Broward Health</td>
<td>350,000</td>
</tr>
<tr>
<td>Hope &amp; Health Center - Hug Me! Pediatric and Adolescent</td>
<td>710,000</td>
</tr>
<tr>
<td>HIV Care Program</td>
<td></td>
</tr>
</tbody>
</table>

STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

518 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - LOCAL HEALTH COUNCILS

From the funds in Specific Appropriation 518, $500,000 in
nonrecurring funds from the General Revenue Fund is provided to the
Health Council of South Florida.

521A LUMP SUM
COMMUNITY HEALTH CENTERS

The release of nonrecurring funds in Specific Appropriation 521A is
contingent upon the Department of Health submitting a budget amendment,
in accordance with the provisions of chapter 216, Florida Statutes,
detailing the distribution of funds to eligible Federally Qualified
Health Centers.

524 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 524, $500,000 from the
General Revenue Fund is provided to the Department of Health to support
the Florida Prescription Drug Monitoring Program.

525 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 525, $250,000 in
nonrecurring funds from the General Revenue Fund is provided to the
Bittner/Plante Amyotrophic Lateral Sclerosis Initiative of Florida.

526 SPECIAL CATEGORIES
DRUGS, VACCINES AND OTHER BIOLOGICALS

Funds in Specific Appropriation 526 from the Federal Grants Trust
Fund are contingent upon sufficient state matching funds being
identified to qualify for the federal Ryan White grant award. The
Department of Health and the Department of Corrections shall collaborate
in determining the amount of state general revenue funds expended by the
Department of Corrections for AIDS-related activities and services that
qualify as state matching funds for the Ryan White grant.

527A SPECIAL CATEGORIES
BRAIN AND SPINAL CORD HOME AND COMMUNITY
BASED SERVICES WAIVER

From the funds in Specific Appropriation 527A, $389,032 from the
General Revenue Fund and $608,743 from the Brain and Spinal Cord Injury
Program Trust Fund are provided to expand the current Traumatic Brain
Injury/Spinal Cord Injury Medicaid Waiver to serve an additional 25
individuals. The funding shall be used to reduce the current waitlist for those individuals that are at the greatest risk for institutionalisation or developing secondary complications requiring hospitalization.

530 SPECIAL CATEGORIES
GRANTS AND AIDS - STATE AND FEDERAL
DISASTER RELIEF OPERATIONS

From the funds in Specific Appropriation 530, $150,000 in nonrecurring funds from the General Revenue Fund is provided to Florida International University’s Disaster Medical Response Program to enhance the deployment capabilities of the university’s disaster medical response teams.

532 SPECIAL CATEGORIES
GRANTS AND AIDS - SPINAL CORD RESEARCH

From the funds in Specific Appropriation 532, $200,000 in nonrecurring funds from the General Revenue Fund is provided to the Miami Project to Cure Paralysis.

536A SPECIAL CATEGORIES
GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY

From the funds in Specific Appropriation 536A, $200,000 in nonrecurring funds from the General Revenue Fund are provided to the West Pembroke Pines Clinic.

From the funds in Specific Appropriation 536A, $70,000 in nonrecurring funds from the General Revenue Fund is provided to Florida International University’s Disaster Medical Response Program to enhance the deployment capabilities of the university’s disaster medical response teams.

PROGRAM: CHILDREN’S MEDICAL SERVICES

CHILDREN’S SPECIAL HEALTH CARE

From the funds in Specific Appropriations 537 through 549, the Department of Health shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Children's Medical Services expenditures, by program, for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

541 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILDREN’S MEDICAL SERVICES NETWORK

Funds in Specific Appropriation 541 shall not be used to support continuing education courses or training for health professionals or staff employed by the Children’s Medical Services (CMS) Network or under contract with the Department of Health. This limitation shall include but not be limited to: classroom instruction, train the trainer, or web-based continuing education courses that may be considered professional development, or that results in continuing education credits that may be applied towards the initial or subsequent renewal of a health professional’s license. This does not preclude the CMS Network from providing information on treatment methodologies or best practices to appropriate CMS Network health professionals, staff, or contractors.

From the funds in Specific Appropriation 541, $1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the St. Joseph’s Children’s Hospital.

541A SPECIAL CATEGORIES
GRANTS AND AIDS - SAFETY NET PROGRAM

The funds in Specific Appropriation 541A shall be used by the Department of Health Children’s Medical Services Program to provide benefits authorized in section 391.0315, Florida Statutes, for children with chronic and serious medical conditions who do not qualify for Medicaid or Title XXI of the Social Security Act. Children eligible for assistance using these funds must be uninsured, or insured but not covered for medically necessary services, or unable to access services due to lack of providers or lack of financial resources regardless of insurance status. The Department may serve children on a first-come,
first-serve basis until the appropriated funds are fully obligated. Receiving services through the Safety Net Program does not constitute an entitlement for coverage or services when funds appropriated for this purpose are exhausted.

544 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 544, $250,000 in nonrecurring funds from the General Revenue Fund is provided for the Department of Health and the Information Clearinghouse on Developmental Disabilities Advisory Council to work in collaboration with internal and external partners, including but not limited to, the Children's Medical Services Program, Local Early Steps providers, Area Health Education Centers, the Agency for Health Care Administration, the Agency for Persons with Disabilities, and the Department of Education to conduct a statewide marketing campaign to promote Bright Expectations - the Information Clearinghouse on Developmental Disabilities - established pursuant to section 383.141, Florida Statutes. The statewide marketing campaign shall be designed to educate the broadest population permissible under the funds provided in this Specific Appropriation and shall include, but not be limited to, social media, print, radio, and the proliferation of informational pamphlets in all health care settings where the target market receives health care services.

From the funds in Specific Appropriation 544, the following projects are funded with nonrecurring funds from the General Revenue Fund:

Guardian Hands Foundation.................................................. 50,000
Islet Cell Transplantation to Cure Diabetes.................................. 321,668
Sertoma Speech and Hearing Foundation of Florida...................... 223,326

From the funds in Specific Appropriation 544, $300,000 from the General Revenue Fund is provided to A Safe Haven for Newborns.

From the funds in Specific Appropriation 544, $400,000 in nonrecurring funds from the General Revenue Fund is provided to the Division of Community Health Promotion Bureau of Chronic Disease for grants to auditory-oral early intervention programs serving deaf children in multiple counties including rural and underserved areas. These early intervention programs must solely offer auditory-oral educational habilitation and services, as defined in section 1002.291, Florida Statutes, and have a supervisor and faculty members who are credentialed as Certified Listening and Spoken Language Specialists.

547 SPECIAL CATEGORIES
GRANTS AND AIDS - DEVELOPMENTAL EVALUATION
AND INTERVENTION SERVICES/PART C

From the funds in Specific Appropriation 547, $3,783,221 from the General Revenue Fund is provided as the state match for Medicaid reimbursable early intervention services in Specific Appropriation 197.

From the funds in Specific Appropriation 547, at least 85 percent of funds distributed to Local Early Steps providers must be spent on direct client services.

VETERANS' AFFAIRS, DEPARTMENT OF
PROGRAM: SERVICES TO VETERANS' PROGRAM

VETERANS' HOMES

579 FIXED CAPITAL OUTLAY
STATE NURSING HOME FOR VETERANS - EMS MSD

Funds in Specific Appropriation 579 are provided for the continued construction of a seventh State Veterans' Nursing Home in St. Lucie County.

580 FIXED CAPITAL OUTLAY
MAINTENANCE AND REPAIR OF STATE-OWNED RESIDENTIAL FACILITIES FOR VETERANS

Funds in Specific Appropriation 580 are provided to support the following maintenance and repair projects:

Lake City State Veterans' Home.............................................. 250,000
Daytona Beach State Veterans' Home..................................... 200,000
VETERANS' BENEFITS AND ASSISTANCE

593A SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 593A, the nonrecurring sum of $75,000 from the General Revenue Fund is provided for a Veterans Adaptive Bowling Pilot Program.

From the funds in Specific Appropriation 593A, $125,000 in nonrecurring funds from the General Revenue Fund is provided to Disabled Veterans Insurance Careers Inc., for career training and job placement.
Health and Human Services Implementing Bill Summaries

Budget Flexibility for Hospital Funding Programs

- The Agency for Health Care Administration is authorized to submit a budget amendment to realign funding based on the model, methodology, and framework in the “Medicaid Hospital Funding Programs”.
- Funding changes shall be consistent with the intent of the model, methodology, and framework displayed, demonstrated, and explained in the “Medicaid Hospital Funding Programs” document, while allowing for the appropriate realignment to appropriation categories related to Medicaid Low-Income Pool, Disproportionate Share Hospital, Graduate Medical Education, Inpatient Hospital and Outpatient Hospital programs, Prepaid Health Plans, and the diagnosis related groups (DRG) methodology for hospital reimbursement, including requests for additional trust fund budget authority.
- If the chair or vice chair of the LBC or the President of the Senate or the Speaker of the House timely advises the Executive Office of the Governor, in writing, that the budget amendment exceeds the delegated authority of the Executive Office of the Governor or is contrary to legislative policy or intent, the Executive Office of the Governor shall void the action.
- This section expires July 1, 2017.

APD Wait List Prioritization

- The Agency for Persons with Disabilities shall offer enrollment in the Medicaid home and community-based waiver program in the following order of priority:
  - Individuals in category 1
  - Individuals in category 2
  - Individuals in categories 3 and 4 in an order based on the Agency for Persons with Disabilities Waitlist Prioritization Tool.
  - Individuals in category 6 shall be moved to the waiver during the 2016-2017 fiscal year, to the extent funds are available, based on meeting the following criteria:
    - The individual is 30 years of age or older;
    - The individual resides in the family home;
    - The individual has been on the wait list for waiver services for at least 10 continuous years; and
    - The individual is classified at a level of need equal to Level 3, Level 4, or Level 5 based on the Questionnaire for Situational Information.
- The agency shall allow an individual who meets the eligibility requirements to receive home and community-based services in this state if the individual’s parent or legal guardian is an active-duty military servicemember and, at the time of the servicemember’s transfer to this state, the individual was receiving home and community-based services in another state.
- Upon the placement of individuals on the waiver, individuals remaining on the wait list are deemed not to have been substantially affected by agency action and are, therefore, not entitled to a hearing under s. 393.125, Florida Statutes, or an administrative proceeding under chapter 120, Florida Statutes.
- This section expires July 1, 2017.
**APD Algorithm**

- Provides that until the Agency for Persons with Disabilities adopts a new allocation algorithm and methodology by final rule:
  - Each client’s iBudget in effect as of July 1, 2016, shall remain at its July 1, 2016, funding level.
  - The Agency for Persons with Disabilities shall determine the iBudget for a client newly enrolled on the home and community-based services waiver on or after July 1, 2016, using the same allocation algorithm and methodology used for the iBudgets in effect as of July 1, 2016.
- After a new algorithm and methodology is adopted by final rule, a client’s new iBudget shall be determined based on the new allocation algorithm and methodology and shall take effect as of the client’s next support plan update.
- Funding allocated under subsections (1) and (2) may be increased pursuant to s. 393.0662(1)(b), Florida Statutes. A client’s funding allocation may also be increased if the client has a significant need for transportation services to a waiver-funded adult day training program or to a waiver-funded supported employment. However, such increases may not result in the total of all clients’ projected annual iBudget expenditures exceeding the agency’s appropriation for waiver services.
- This section expires July 1, 2017.

**Nursing Home Transition to Home and Community Based Services Waivers**

- The Agency for Health Care Administration shall ensure that nursing facility residents who are eligible for funds to transition to home and community-based services waivers must first have resided in a skilled nursing facility for at least 60 consecutive days.
- This section expires July 1, 2017.

**Medicaid Long-term Managed Care Prioritization**

- The Agency for Health Care Administration and the Department of Elderly Affairs shall prioritize individuals for enrollment in the Medicaid Long-Term Care Waiver program using a frailty-based screening that provides a priority score and shall enroll individuals in the program according to the assigned priority score as funds are available.
- The agency may adopt rules and enter into interagency agreements necessary to administer enrollment to eligible individuals. Such rules or interagency agreements adopted by the agency relating to the scoring process may delegate to the Department of Elderly Affairs the responsibility for implementing and administering the scoring process, providing notice of Medicaid fair hearing rights, and the responsibility for defending, as needed, the scores assigned to persons on the program wait list in any resulting Medicaid fair hearings.
- The Department of Elderly Affairs may delegate the provision of notice of Medicaid fair hearing rights to its contractors.
- This section expires July 1, 2017.
Medicaid Managed Medical Assistance Realignment

- The Agency for Health Care Administration, in consultation with the Department of Health, may submit a budget amendment to realign funding within and between agencies based on implementation of the Managed Medical Assistance component of the Statewide Medicaid Managed Care program for the Children’s Medical Services program of the Department of Health.
- The realignment shall reflect the actual enrollment changes due to the transfer of beneficiaries from fee-for-service to the capitated Children’s Medical Services Network. The Agency for Health Care Administration may submit a request for nonoperating budget authority to transfer the federal funds to the Department of Health.
- This section expires July 1, 2017.

Prescription drug monitoring program.—

- For the 2016-2017 fiscal year only, the department may use state funds appropriated in the FAA to administer the prescription drug monitoring program.
- Neither the Attorney General nor the department may use funds received as part of a settlement agreement to administer the prescription drug monitoring program.
- This subsection expires July 1, 2017

Medicaid Hospital Funding Programs

- The calculations for the Medicaid Low-Income Pool, Disproportionate Share Hospital, and hospital reimbursement programs for the 2016-2017 fiscal year contained in the document titled "Medicaid Hospital Funding Programs," dated ____, 2016, and filed with the Secretary of the Senate, are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Medicaid Low-Income Pool, Disproportionate Share Hospital, and hospital reimbursement programs.
- This section expires July 1, 2017.

Personal Needs Allowance – State Veteran’s Nursing Homes

- Provides that the provisions of s. 296.37(1), F.S., be waived for the 2016-2017 fiscal year to increase the income disregard for the contribution of care from $35 to $105 per month for residents of State Veterans’ Nursing Homes. This will maintain parity in the amount of income that all residents are allowed to keep for incidental expenses not covered by room and board.
- This section expires July 1, 2017.
MEDICAID CONFORMING BILL 2016-17

IDENTITY VERIFICATION FOR MEDICAID FRAUD PREVENTION
s. 322.143, Fla. Stat.
• Allows for access to the Department of Highway Safety and Motor Vehicle’s driver license photo database, under a written agreement with the department, as a personal identifier for verification of Medicaid eligibility to combat Medicaid fraud.

RURAL HOSPITALS
• Revises the definition of “rural hospital” to include sole community hospitals with up to 175 licensed beds.

FAIR HEARINGS ON MEDICAID
• Requires that appeals related to Medicaid programs administered by AHCA must be directed to AHCA.
• Requires that appeals related to Medicaid programs administered by APD must be directed to APD.

KIDCARE AND MEDICAID ELIGIBILITY FOR LAWFULLY RESIDING IMMIGRANT CHILDREN
• Eliminates the five-year waiting period for lawfully residing immigrant children to be eligible for Kidcare and Medicaid. (Identical to provisions of SB 248.)

LIMITATION ON PAYMENTS FOR ER VISITS
• Repeals the current-law provision that limits payment for hospital ER visits for non-pregnant Medicaid recipients 21 years of age or older to six visits per fiscal year.

MEDICAID TEMPORARY HOUSING ASSISTANCE
ss. 409.906(13)(e) and 409.968(5), Fla. Stat.
• Directs AHCA to seek federal approval to provide temporary housing assistance for persons with severe mental illness and/or substance abuse disorders through the Medicaid program.

MEDICAID ELIGIBILITY FOR PHELAN-MCDERMID SYNDROME
s. 409.9063, Fla. Stat.
• Directs AHCA to seek federal approval to provide home and community based services for individuals diagnosed with Phelan-McDermid Syndrome.

OVERPAYMENTS TO MEDICAID PROVIDERS THAT GO OUT-OF-BUSINESS
s. 409.907(12), Fla. Stat.
• Authorizes AHCA to certify that a Medicaid provider has gone out of business and that any overpayments made to the provider cannot be collected, in accordance with federal law.
Charter Schools and Private Schools as Medicaid Providers
s. 409.9072, Fla. Stat.
• Provides that charter schools and private schools may become Medicaid providers in order to provide the same school-based services for Medicaid-eligible children that public school districts may provide under the certified school match program.

Rates for Medicaid Providers
s. 409.908(23), Fla. Stat.
• Revises the requirement for AHCA to set rates for certain providers at levels that ensure no increase in statewide expenditures resulting from changes in unit costs, by no longer including nursing homes, effective July 1, 2017.

Statewide Medicaid Residency Program
s. 409.909, Fla. Stat.
• Adds psychiatry to the current list of primary care specialties.

Disproportionate Share Hospital Program
• Directs AHCA to use the average of the 2007, 2008, and 2009 audited DSH data to determine each hospital’s Medicaid days and charity care for the 2016-17 fiscal year.
• Amends various DSH statutes to notwithstanding the current calculations and methodologies for the DSH programs in deference to the DSH distributions contained in the Senate’s LIP model for 2016-17.

Managed Care Payments to Non-contracted Providers for Emergency Services
ss. 409.9128(5), 409.967(2)(b), 409.975(1), and 641.513(6)-(7), Fla. Stat.
• Brings Florida law into compliance with federal law regarding the amount a Medicaid managed care plan must pay to a non-contracted provider for emergency services.
• Provides parameters for the amount a Florida Healthy Kids HMO must pay to a non-contracted provider for emergency services.

Essential Providers
s. 409.975(1), Fla. Stat.
• Clarifies the definition of the term “essential provider” in MMA relating to requirements for managed care plans to have essential providers in their networks.

Contracted Rates Between Hospitals and Managed Care Plans
s. 409.975(6), Fla. Stat.
• Deletes from statute provisions requiring MMA managed care plans to negotiate payment rates with hospitals within a certain range under certain circumstances, unless AHCA approves of rates higher than 120% of the Medicaid fee-for-service rate.

PACE
• Provides that the existing Program for All-inclusive Care for the Elderly (PACE) organization authorized for up to 150 PACE slots in Broward County under ch. 2012-33, L.O.F., may also use those same slots for frail elders in Miami-Dade County, subject to federal approval and a contract amendment with AHCA.
• Authorizes a new PACE project in Escambia County with up to 100 slots, subject to federal approval.
The bill amends s. 381.82, F.S., regarding the Ed and Ethel Moore Alzheimer’s Disease Research Program

- Allows the Ed and Ethel Moore Alzheimer’s Disease Research Program to carry forward unexpended funds up to 5 years.
- This will enable scientists to conduct research projects that span multiple fiscal years.
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date: 1/28/16

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic: APD

Name: Kathy Clinton

Job Title: Chair - Florida Association of Home Care Providers

Address: 5650 S. Washington Ave.

Phone: 321-543-4431

Email: floridaAHCP@gmail.com

City: Titusville

State: FL

Zip: 32780

Speaking: [ ] For [ ] Against [X] Information

Waive Speaking: [ ] In Support [ ] Against

(The Chair will read this information into the record.)

Representing: Florida Association of Home Care Providers

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [ ] Yes [X] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
CourtSmart Tag Report

Room: SB 401
Case No.: Senate Appropriations Subcommittee on Health and Human Services
Type: 
Judge: 

Started: 1/28/2016 10:06:20 AM
Ends: 1/28/2016 11:15:13 AM
Length: 01:08:54

10:06:26 AM Sen. Garcia (Chair)
10:06:54 AM SB 1496
10:07:07 AM Sen. Bradley
10:09:28 AM Am. 616578
10:09:35 AM Sen. Bradley
10:10:06 AM Am. 378426
10:10:18 AM Sen. Bradley
10:10:57 AM Am. 234188
10:11:23 AM Am. 602790 (SA to Am. 234188)
10:11:34 AM Sen. Bradley
10:11:52 AM Sen. Sobel
10:12:01 AM Sen. Bradley
10:12:39 AM Sen. Sobel
10:12:48 AM Sen. Bradley
10:13:07 AM Sen. Sobel
10:13:45 AM Am. 575020
10:14:44 AM SB 1496 (cont.)
10:14:45 AM Sen. Smith
10:14:59 AM Sen. Bradley
10:16:14 AM Sen. Smith
10:16:49 AM Sen. Bradley
10:17:22 AM Sen. Smith
10:18:31 AM Sen. Bradley
10:19:26 AM Sen. Smith
10:19:35 AM Sen. Bradley
10:19:59 AM Sen. Smith
10:20:25 AM Sen. Bradley
10:21:40 AM Sen. Grimsley
10:24:34 AM Sen. Grimsley
10:25:07 AM Sen. Bradley
10:25:47 AM Sen. Grimsley
10:26:09 AM Sen. Bradley
10:29:14 AM Sen. Sobel
10:29:43 AM Sen. Bradley
10:30:37 AM Sen. Bean
10:31:40 AM Sen. Bradley
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10:35:45 AM Sen. Bradley
10:36:23 AM Sen. Sobel
10:36:33 AM Sen. Bradley
10:36:36 AM Sen. Sobel
10:36:39 AM Sen. Bradley
10:36:53 AM Sen. Garcia
10:37:08 AM Sen. Benacquisto
10:38:23 AM Sen. Bradley
10:41:07 AM Toni Large, Florida College of Emergency Physicians/Florida Othopedic Society
10:44:35 AM Richard Polangin, Government Affairs Director, Florida Alliance for Retired Veterans, League of Women Veterans of Florida, waives in support
10:45:03 AM Corrina Madrid, Chapter President, National Multiple Sclerosis Society, speaking in support
10:46:59 AM Bill Bell, General Counsel, Florida Hospital Association, speaking for information
10:48:00 AM Kathy Clinton, Chair, Florida Association of Homecare Providers
10:49:35 AM Sen. Grimsley
10:50:43 AM Sen. Smith
10:51:40 AM Sen. Abruzzo
10:51:46 AM Sen. Bradley
10:54:49 AM Sen. Sobel
10:54:55 AM Close on bill
10:55:20 AM Reported Fav/CS
10:55:23 AM TAB 2 - Review and Discussion of Fiscal Year 2016-2017 Budget Issues Relating to:
10:59:22 AM Agency for Health Care Administration
11:01:52 AM Agency for Persons with Disabilities
11:03:30 AM Department of Children and Families
11:04:32 AM Department of Health
11:06:08 AM Department of Veterans’ Affairs
11:07:11 AM Sen. Sobel
11:07:43 AM Sen. Garcia
11:07:45 AM Sen. Sobel
11:08:06 AM Sen. Garcia
11:08:31 AM Scarlet Pigott, Staff Director, Senate Appropriations Subcommittee on Health and Human Services
11:08:36 AM Sen. Sobel
11:09:15 AM Sen. Garcia
11:09:30 AM Sen. Smith
11:09:44 AM Sen. Garcia
11:10:28 AM K. Clinton
11:14:21 AM Sen. Garcia
11:15:12 AM Meeting Adjourned
11:15:13 AM
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