

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative(s) Bogdanoff offered the following:

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3 **Amendment (with title amendment)**

4 On page 1, between line(s) 23 and 24, insert:

5 Section 2. Subsection (43) of section 409.912, Florida
6 Statutes, is amended to read:

7 409.912 Cost-effective purchasing of health care.--The
8 agency shall purchase goods and services for Medicaid recipients
9 in the most cost-effective manner consistent with the delivery
10 of quality medical care. To ensure that medical services are
11 effectively utilized, the agency may, in any case, require a
12 confirmation or second physician's opinion of the correct
13 diagnosis for purposes of authorizing future services under the
14 Medicaid program. This section does not restrict access to
15 emergency services or poststabilization care services as defined

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16 in 42 C.F.R. part 438.114. Such confirmation or second opinion
17 shall be rendered in a manner approved by the agency. The agency
18 shall maximize the use of prepaid per capita and prepaid
19 aggregate fixed-sum basis services when appropriate and other
20 alternative service delivery and reimbursement methodologies,
21 including competitive bidding pursuant to s. 287.057, designed
22 to facilitate the cost-effective purchase of a case-managed
23 continuum of care. The agency shall also require providers to
24 minimize the exposure of recipients to the need for acute
25 inpatient, custodial, and other institutional care and the
26 inappropriate or unnecessary use of high-cost services. The
27 agency may mandate prior authorization, drug therapy management,
28 or disease management participation for certain populations of
29 Medicaid beneficiaries, certain drug classes, or particular
30 drugs to prevent fraud, abuse, overuse, and possible dangerous
31 drug interactions. The Pharmaceutical and Therapeutics Committee
32 shall make recommendations to the agency on drugs for which
33 prior authorization is required. The agency shall inform the
34 Pharmaceutical and Therapeutics Committee of its decisions
35 regarding drugs subject to prior authorization. The agency is
36 authorized to limit the entities it contracts with or enrolls as
37 Medicaid providers by developing a provider network through
38 provider credentialing. The agency may limit its network based
39 on the assessment of beneficiary access to care, provider
40 availability, provider quality standards, time and distance
41 standards for access to care, the cultural competence of the
42 provider network, demographic characteristics of Medicaid

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43 beneficiaries, practice and provider-to-beneficiary standards,
44 appointment wait times, beneficiary use of services, provider
45 turnover, provider profiling, provider licensure history,
46 previous program integrity investigations and findings, peer
47 review, provider Medicaid policy and billing compliance records,
48 clinical and medical record audits, and other factors. Providers
49 shall not be entitled to enrollment in the Medicaid provider
50 network. The agency is authorized to seek federal waivers
51 necessary to implement this policy.

52 (43)(a) The agency may contract on a prepaid or fixed-sum
53 basis with appropriately licensed prepaid dental health plans to
54 provide dental services.

55 (b) The agency shall submit for approval an amended waiver
56 application to the Legislature during the regular legislative
57 session, or to the Legislative Budget Commission when the
58 Legislature is not in session, to implement the managed care
59 program for dental care in areas 9 and 10. The agency shall post
60 the amended waiver application for this managed care program on
61 its Internet website 60 days before submitting the amended
62 waiver application to the United States Center for Medicare and
63 Medicaid Services. All waivers submitted to and approved by the
64 United States Centers for Medicare and Medicaid Services must be
65 submitted to the appropriate committees of the Senate and the
66 House of Representatives in order to obtain authority for
67 implementation as required in s. 409.912(11) before program
68 implementation.

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70 | ===== T I T L E A M E N D M E N T =====

71 | On page 1, line(s) 8,

72 | remove: all of said line

73 |
74 | and insert: recipients; requiring the agency to submit an
75 | amended waiver application to the Legislature or the Legislative
76 | Budget Commission to implement a managed care program for dental
77 | care in specified areas; providing an appropriation;

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