

HB 1247

2006

1                   A bill to be entitled  
2           An act relating to developmental disabilities; amending s.  
3           409.912, F.S.; requiring the Agency for Health Care  
4           Administration to develop a waiver program to serve  
5           children and adults with specified disorders; requiring  
6           the agency to seek federal approval and implement the  
7           approved waiver in the General Appropriations Act;  
8           providing an appropriation; providing an effective date.  
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10   Be It Enacted by the Legislature of the State of Florida:  
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12           Section 1. Subsection (51) of section 409.912, Florida  
13   Statutes, is amended to read:

14           409.912 Cost-effective purchasing of health care.--The  
15   agency shall purchase goods and services for Medicaid recipients  
16   in the most cost-effective manner consistent with the delivery  
17   of quality medical care. To ensure that medical services are  
18   effectively utilized, the agency may, in any case, require a  
19   confirmation or second physician's opinion of the correct  
20   diagnosis for purposes of authorizing future services under the  
21   Medicaid program. This section does not restrict access to  
22   emergency services or poststabilization care services as defined  
23   in 42 C.F.R. part 438.114. Such confirmation or second opinion  
24   shall be rendered in a manner approved by the agency. The agency  
25   shall maximize the use of prepaid per capita and prepaid  
26   aggregate fixed-sum basis services when appropriate and other  
27   alternative service delivery and reimbursement methodologies,  
28   including competitive bidding pursuant to s. 287.057, designed

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29 | to facilitate the cost-effective purchase of a case-managed  
30 | continuum of care. The agency shall also require providers to  
31 | minimize the exposure of recipients to the need for acute  
32 | inpatient, custodial, and other institutional care and the  
33 | inappropriate or unnecessary use of high-cost services. The  
34 | agency shall contract with a vendor to monitor and evaluate the  
35 | clinical practice patterns of providers in order to identify  
36 | trends that are outside the normal practice patterns of a  
37 | provider's professional peers or the national guidelines of a  
38 | provider's professional association. The vendor must be able to  
39 | provide information and counseling to a provider whose practice  
40 | patterns are outside the norms, in consultation with the agency,  
41 | to improve patient care and reduce inappropriate utilization.  
42 | The agency may mandate prior authorization, drug therapy  
43 | management, or disease management participation for certain  
44 | populations of Medicaid beneficiaries, certain drug classes, or  
45 | particular drugs to prevent fraud, abuse, overuse, and possible  
46 | dangerous drug interactions. The Pharmaceutical and Therapeutics  
47 | Committee shall make recommendations to the agency on drugs for  
48 | which prior authorization is required. The agency shall inform  
49 | the Pharmaceutical and Therapeutics Committee of its decisions  
50 | regarding drugs subject to prior authorization. The agency is  
51 | authorized to limit the entities it contracts with or enrolls as  
52 | Medicaid providers by developing a provider network through  
53 | provider credentialing. The agency may competitively bid single-  
54 | source-provider contracts if procurement of goods or services  
55 | results in demonstrated cost savings to the state without  
56 | limiting access to care. The agency may limit its network based

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57 | on the assessment of beneficiary access to care, provider  
58 | availability, provider quality standards, time and distance  
59 | standards for access to care, the cultural competence of the  
60 | provider network, demographic characteristics of Medicaid  
61 | beneficiaries, practice and provider-to-beneficiary standards,  
62 | appointment wait times, beneficiary use of services, provider  
63 | turnover, provider profiling, provider licensure history,  
64 | previous program integrity investigations and findings, peer  
65 | review, provider Medicaid policy and billing compliance records,  
66 | clinical and medical record audits, and other factors. Providers  
67 | shall not be entitled to enrollment in the Medicaid provider  
68 | network. The agency shall determine instances in which allowing  
69 | Medicaid beneficiaries to purchase durable medical equipment and  
70 | other goods is less expensive to the Medicaid program than long-  
71 | term rental of the equipment or goods. The agency may establish  
72 | rules to facilitate purchases in lieu of long-term rentals in  
73 | order to protect against fraud and abuse in the Medicaid program  
74 | as defined in s. 409.913. The agency may seek federal waivers  
75 | necessary to administer these policies.

76 | (51) The agency shall work with the Agency for Persons  
77 | with Disabilities to develop a ~~model~~ home and community-based  
78 | waiver to serve children and adults who are diagnosed with  
79 | familial dysautonomia or Riley-Day syndrome caused by a mutation  
80 | of the IKBKAP gene on chromosome 9. The agency shall seek  
81 | federal waiver approval and implement the approved waiver  
82 | ~~subject to the availability of funds and any limitations~~  
83 | ~~provided~~ in the General Appropriations Act. The agency may adopt  
84 | rules to implement this waiver program.

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85           Section 2. The sums of \$171,840 from the General Revenue  
86 Fund and \$246,160 from the Medical Care Trust Fund are  
87 appropriated to the Agency for Health Care Administration for  
88 the purpose of implementing this act during the 2006-2007 fiscal  
89 year.

90           Section 3. This act shall take effect upon becoming a law.