CONFERENCE COMMITTEE AMENDMENT

Florida Senate - 2009 Bill No. CS/SB 8-A, 1st Eng.



LEGISLATIVE ACTION

Senate	•	House
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Floor: AD/2R	•	
01/14/2009 10:23 AM	•	

The Conference Committee on CS/SB 8-A, 1st Eng. recommended the following:

Senate Conference Committee Amendment (with title amendment)

Delete everything after the enacting clause

and insert:

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Section 1. Section 409.9082, Florida Statutes, is created to read:

409.9082 Quality assessment on nursing home facility

providers; exemptions; purpose; federal approval required;

10 <u>remedies.</u>-

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

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12	(a) "Net patient service revenue" means gross revenues from
13	services provided to nursing home facility patients, less
14	reductions from gross revenue resulting from an inability to
15	collect payment of charges. Such reductions include bad debts;
16	contractual adjustments; uncompensated care; administrative,
17	courtesy, and policy discounts and adjustments; and other such
18	revenue deductions.
19	(b) "Nursing home facility" means a facility licensed under
20	part II of chapter 400.
21	(c) "Resident day" means a calendar day of care provided to
22	a nursing home facility resident, including the day of admission
23	and excluding the day of discharge, except that, when admission
24	and discharge occur on the same day, 1 day of care is deemed to
25	exist.
26	(d) "Medicare Part A resident days" means those patient
27	days funded by the Medicare program or by a Medicare Advantage
28	or special needs plan.
29	(e) "Skilled nursing facility units of acute care
30	hospitals" means the Medicare-certified skilled nursing beds
31	located in hospitals licensed under chapter 395.
32	(2) Effective April 1, 2009, there is imposed upon each
33	nursing home facility a quality assessment. The aggregated
34	amount of assessments for all nursing home facilities in a given
35	year shall be an amount not exceeding 5.5 percent of the total
36	aggregate net patient service revenue of assessed facilities.
37	The agency shall calculate the quality assessment rate annually
38	on a per-resident-day basis, exclusive of those resident days
39	funded by the Medicare program, as reported by the facilities.
40	The per-resident-day assessment rate shall be uniform except as

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41	prescribed in subsection (3). Each facility shall report monthly
42	to the agency its total number of resident days, exclusive of
43	Medicare Part A resident days, and shall remit an amount equal
44	to the assessment rate times the reported number of days. The
45	agency shall collect, and each facility shall pay, the quality
46	assessment each month. The agency shall collect the assessment
47	from nursing home facility providers by no later than the 15th
48	of the next succeeding calendar month. The agency shall notify
49	providers of the quality assessment and provide a standardized
50	form to complete and submit with payments. The collection of the
51	nursing home facility quality assessment shall commence no
52	sooner than 5 days after the agency's initial payment of the
53	Medicaid rates containing the elements prescribed in subsection
54	(4). Nursing home facilities may not create a separate line-item
55	charge for the purpose of passing through the assessment to
56	residents.
57	(3)(a) The following nursing home facility providers are
58	exempt from the quality assessment:
59	1. Nursing home facilities that are licensed under part II
60	of chapter 400 and located on the campus of continuing care
61	retirement communities operating pursuant to a certificate of
62	authority under chapter 651;
63	2. Nursing home facilities that have 45 or fewer beds; and
64	3. The skilled nursing facility units of acute care
65	hospitals licensed by the agency under chapter 395.
66	(b) The agency may apply a lower quality assessment rate to
67	high-volume Medicaid nursing facilities. The agency shall apply
68	the lower rate to the fewest number of such facilities necessary
69	to meet federal Medicaid waiver requirements.
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70	(c) The agency may apply a lower quality assessment rate to
71	high-patient-volume nursing facilities. The agency shall apply
72	the lower rate to the fewest number of such facilities necessary
73	to meet federal Medicaid waiver requirements.
74	(4) The purpose of the nursing home facility quality
75	assessment is to ensure continued quality of care. Collected
76	assessment funds shall be used to obtain federal financial
77	participation through the Medicaid program to make Medicaid
78	payments for nursing home facility services up to the amount of
79	nursing home facility Medicaid rates as calculated in accordance
80	with the approved state Medicaid plan in effect on December 31,
81	2007. The quality assessment and federal matching funds shall be
82	used exclusively for the following purposes and in the following
83	order of priority:
84	(a) To reimburse the Medicaid share of the quality
85	assessment as a pass-through, Medicaid-allowable cost;
86	(b) To increase to each nursing home facility's Medicaid
87	rate, as needed, an amount that restores the rate reductions
88	implemented January 1, 2008, and January 1, 2009;
89	(c) To increase to each nursing home facility's Medicaid
90	rate, as needed, an amount that restores any rate reductions for
91	the 2008-2009 fiscal year; and
92	(d) To increase each nursing home facility's Medicaid rate
93	that accounts for the portion of the total assessment not
94	included in paragraphs (a)-(c) which begins a phase-in to a
95	pricing model for the operating cost component.
96	(5) The agency shall seek necessary federal approval in the
97	form of waivers and state plan amendments in order to implement
98	the provisions of this section.

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99	(6) The quality assessment shall terminate and the agency
100	shall discontinue the imposition, assessment, and collection of
101	the nursing facility quality assessment if any of the following
102	occur:
103	(a) The agency does not obtain necessary federal approval
104	for the nursing home facility quality assessment or the payment
105	rates required by subsection (4); or
106	(b) The weighted average Medicaid rate paid to nursing home
107	facilities is reduced below the weighted average Medicaid rate
108	to nursing home facilities in effect on December 31, 2008, plus
109	any future annual amount of the quality assessment and the
110	applicable matching federal funds.
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112	Upon termination of the quality assessment, all collected
113	assessment revenues, less any amounts expended by the agency,
114	shall be returned on a pro rata basis to the nursing facilities
115	that paid them.
116	(7) The agency may seek any of the following remedies for
117	failure of any nursing home facility provider to pay its
118	assessment timely:
119	(a) Withholding any medical assistance reimbursement
120	payments until such time as the assessment amount is recovered;
121	(b) Suspension or revocation of the nursing home facility
122	license; and
123	(c) Imposition of a fine of up to \$1,000 per day for each
124	delinquent payment, not to exceed the amount of the assessment.
125	(8) The agency shall adopt rules necessary to administer
126	this section.
127	Section 2. This act shall take effect upon becoming a law.

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130	And the title is amended as follows:
131	Delete everything before the enacting clause
132	and insert:
133	A bill to be entitled
134	An act relating to Medicaid; creating s. 409.9082, F.S.;
135	providing definitions; providing for a quality assessment to be
136	imposed upon nursing home facility providers; requiring the
137	Agency for Health Care Administration to calculate the quality
138	assessment rate annually; providing requirements for reporting
139	and collecting the assessment; exempting certain nursing home
140	facility providers from the assessment; providing for certain
141	providers to pay a lower assessment; specifying the purposes of
142	the assessment and an order of priority; requiring that the
143	agency seek federal authorization to implement the act;
144	specifying circumstances requiring discontinuance of the quality
145	assessment; authorizing the agency to impose certain penalties
146	against providers that fail to pay the assessment; requiring the
147	agency to adopt rules; providing an effective date.