Senator Bennett moved the following:

Senate Amendment to Amendment (351842) (with directory amendment)

Delete lines 466 - 512

and insert:

(c) The agency shall adjust a hospital’s current inpatient per diem rate to reflect the cost of serving the Medicaid population at that institution if:

1. The hospital experiences an increase in Medicaid caseload by more than 25 percent in any year, primarily resulting from the closure of a hospital in the same service area occurring after July 1, 1995;

2. The hospital’s Medicaid per diem rate is at least 25
percent below the Medicaid per patient cost for that year; or

3. The hospital is located in a county that has six or fewer general acute care hospitals, began offering obstetrical services on or after September 1999, and has submitted a request in writing to the agency for a rate adjustment after July 1, 2000, but before September 30, 2000, in which case such hospital’s Medicaid inpatient per diem rate shall be adjusted to cost, effective July 1, 2002.

By October 1 of each year, the agency must provide estimated costs for any adjustment in a hospital inpatient per diem rate to the Executive Office of the Governor, the House of Representatives General Appropriations Committee, and the Senate Appropriations Committee. Before the agency implements a change in a hospital’s inpatient per diem rate pursuant to this paragraph, the Legislature must have specifically appropriated sufficient funds in the General Appropriations Act to support the increase in cost as estimated by the agency. This paragraph expires June 30, 2012.

(d) Effective July 1, 2012, the agency shall implement a methodology for establishing base reimbursement rates for each hospital based on allowable costs, as defined by the agency. Rates shall be calculated annually and take effect July 1 of each year based on the most recent complete and accurate cost report submitted by each hospital. Adjustments may not be made to the rates after September 30 of the state fiscal year in which the rate takes effect. Errors in cost reporting or calculation of rates discovered after September 30 must be reconciled in a subsequent rate period. The agency may not make
any adjustment to a hospital’s reimbursement rate more than 5 years after a hospital is notified of an audited rate established by the agency. The requirement that the agency may not make any adjustment to a hospital’s reimbursement rate more than 5 years after a hospital is notified of an audited rate established by the agency is remedial and applies to actions by providers involving Medicaid claims for hospital services. Hospital rates shall be subject to such limits or ceilings as may be established in law or described in the agency’s hospital reimbursement plan. Specific exemptions to the limits or ceilings may be provided in the General Appropriations Act.

(h) The agency shall develop a plan to convert inpatient

===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

And the directory clause is amended as follows:

Delete lines 355 - 357 and insert:

Section 9. Subsections (2) and (4) and paragraph (c) of subsection (5) of section 409.905, Florida Statutes, are amended, present paragraphs (d) through (f) are redesignated as paragraphs (e) through (g) respectively, and new paragraphs (d) and (g) are added to subsection (5), to read: