

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Jones, M. offered the following:

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3 **Amendment (with directory and title amendments)**

4 Between lines 263 and 264, insert:

5 (9) Upon receipt of a completed, signed, and dated
6 application, and completion of any necessary background
7 investigation and criminal history record check, the agency must
8 either:

9 (a) Enroll the applicant as a Medicaid provider upon
10 approval of the provider application. The enrollment effective
11 date is ~~shall be~~ the date the agency receives the provider
12 application. With respect to a provider that requires a Medicare
13 certification survey, the enrollment effective date is the date
14 the certification is awarded. With respect to a provider that
15 completes a change of ownership, the effective date is the date
16 the agency received the application, the date the change of

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17 ownership was complete, or the date the applicant became
18 eligible to provide services under Medicaid, whichever date is
19 later. With respect to a provider of emergency medical services
20 transportation or emergency services and care, the effective
21 date is the date the services were rendered. Payment for any
22 claims for services provided to Medicaid recipients between the
23 date of receipt of the application and the date of approval is
24 contingent on applying any and all applicable audits and edits
25 contained in the agency's claims adjudication and payment
26 processing systems. The agency may enroll a provider located
27 outside this ~~the~~ state ~~of Florida~~ if:

28 1. The provider's location is no more than 50 miles from
29 the ~~Florida~~ state line;

30 2. The provider is a physician actively licensed in this
31 state and interprets diagnostic testing results through
32 telecommunications and information technology provided from a
33 distance; or

34 3. The agency determines a need for that provider type to
35 ensure adequate access to care; or

36 (b) Deny the application if the agency finds that it is in
37 the best interest of the Medicaid program to do so. The agency
38 may consider the factors listed in subsection (10), as well as
39 any other factor that could affect the effective and efficient
40 administration of the program, including, but not limited to,
41 the applicant's demonstrated ability to provide services,
42 conduct business, and operate a financially viable concern; the
43 current availability of medical care, services, or supplies to
44 recipients, taking into account geographic location and

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45 reasonable travel time; the number of providers of the same type
 46 already enrolled in the same geographic area; and the
 47 credentials, experience, success, and patient outcomes of the
 48 provider for the services that it is making application to
 49 provide in the Medicaid program. The agency shall deny the
 50 application if the agency finds that a provider; any officer,
 51 director, agent, managing employee, or affiliated person; or any
 52 partner or shareholder having an ownership interest equal to 5
 53 percent or greater in the provider if the provider is a
 54 corporation, partnership, or other business entity, has failed
 55 to pay all outstanding fines or overpayments assessed by final
 56 order of the agency or final order of the Centers for Medicare
 57 and Medicaid Services, not subject to further appeal, unless the
 58 provider agrees to a repayment plan that includes withholding
 59 Medicaid reimbursement until the amount due is paid in full.

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D I R E C T O R Y A M E N D M E N T

Remove line 51 and insert:
 that subsection, and subsections (6) through (9) of that

T I T L E A M E N D M E N T

Remove line 12 and insert:

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73 screening; authorizing the agency to enroll a provider
74 who is licensed in this state and provides diagnostic
75 services through telecommunications technology;
76 amending s. 409.910, F.S.; revising
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