

By the Committee on Health Policy; and Senator Rodriguez

588-01989-21

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1 A bill to be entitled
2 An act relating to Medicaid; amending s. 409.908,
3 F.S.; revising the types of emergency transportation
4 vehicle services provided to Medicare-eligible persons
5 for which Medicaid shall pay deductibles and
6 coinsurance; specifying that such payments must be
7 made according to certain procedure codes; providing
8 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. Paragraph (c) of subsection (13) of section
13 409.908, Florida Statutes, is amended to read:

14 409.908 Reimbursement of Medicaid providers.—Subject to
15 specific appropriations, the agency shall reimburse Medicaid
16 providers, in accordance with state and federal law, according
17 to methodologies set forth in the rules of the agency and in
18 policy manuals and handbooks incorporated by reference therein.
19 These methodologies may include fee schedules, reimbursement
20 methods based on cost reporting, negotiated fees, competitive
21 bidding pursuant to s. 287.057, and other mechanisms the agency
22 considers efficient and effective for purchasing services or
23 goods on behalf of recipients. If a provider is reimbursed based
24 on cost reporting and submits a cost report late and that cost
25 report would have been used to set a lower reimbursement rate
26 for a rate semester, then the provider's rate for that semester
27 shall be retroactively calculated using the new cost report, and
28 full payment at the recalculated rate shall be effected
29 retroactively. Medicare-granted extensions for filing cost

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30 reports, if applicable, shall also apply to Medicaid cost
31 reports. Payment for Medicaid compensable services made on
32 behalf of Medicaid eligible persons is subject to the
33 availability of moneys and any limitations or directions
34 provided for in the General Appropriations Act or chapter 216.
35 Further, nothing in this section shall be construed to prevent
36 or limit the agency from adjusting fees, reimbursement rates,
37 lengths of stay, number of visits, or number of services, or
38 making any other adjustments necessary to comply with the
39 availability of moneys and any limitations or directions
40 provided for in the General Appropriations Act, provided the
41 adjustment is consistent with legislative intent.

42 (13) Medicare premiums for persons eligible for both
43 Medicare and Medicaid coverage shall be paid at the rates
44 established by Title XVIII of the Social Security Act. For
45 Medicare services rendered to Medicaid-eligible persons,
46 Medicaid shall pay Medicare deductibles and coinsurance as
47 follows:

48 (c) Notwithstanding paragraphs (a) and (b):

49 1. Medicaid payments for Nursing Home Medicare part A
50 coinsurance are limited to the Medicaid nursing home per diem
51 rate less any amounts paid by Medicare, but only up to the
52 amount of Medicare coinsurance. The Medicaid per diem rate shall
53 be the rate in effect for the dates of service of the crossover
54 claims and may not be subsequently adjusted due to subsequent
55 per diem rate adjustments.

56 2. Medicaid shall pay all deductibles and coinsurance for
57 Medicare-eligible recipients receiving freestanding end stage
58 renal dialysis center services.

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59 3. Medicaid payments for general and specialty hospital
60 inpatient services are limited to the Medicare deductible and
61 coinsurance per spell of illness. Medicaid payments for hospital
62 Medicare Part A coinsurance shall be limited to the Medicaid
63 hospital per diem rate less any amounts paid by Medicare, but
64 only up to the amount of Medicare coinsurance. Medicaid payments
65 for coinsurance shall be limited to the Medicaid per diem rate
66 in effect for the dates of service of the crossover claims and
67 may not be subsequently adjusted due to subsequent per diem
68 adjustments.

69 4. Medicaid shall pay all deductibles and coinsurance for
70 Medicare-covered ~~Medicare emergency transportation~~ services
71 provided to Medicare-eligible recipients by ambulances licensed
72 pursuant to chapter 401 according to the corresponding procedure
73 codes for such services.

74 5. Medicaid shall pay all deductibles and coinsurance for
75 portable X-ray Medicare Part B services provided in a nursing
76 home, in an assisted living facility, or in the patient's home.

77 Section 2. This act shall take effect July 1, 2021.