



Appropriations Conference Chairs

Senate Appropriations Subcommittee on Health and Human Services/ House Health Care Appropriations Subcommittee

SENATE OFFER #2 Implementing Bill

**March 2, 2018
9:30 a.m.
212 Knott Building**

**2018-2019
Implementing Bill
House Health Care Appropriations/Senate Health and Human Services Appropriations**

Row	HB 5003 Section	SB 2502 Section	Description	House Offer #1	Senate Offer #1	House Offer #2	Senate Offer #2
Healthcare							
1	7	8	MEDICAID HOSPITAL FUNDING PROGRAMS. Provides the calculations for the Medicaid Disproportionate Share Hospital, and Hospital Reimbursement programs, for the 2018-2019 fiscal year contained in the document titled "Medicaid Hospital Funding Programs," are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Medicaid Disproportionate Share Hospital, and Hospital Reimbursement programs.	House-Identical	Senate	House	BUMP
2	8	9	STATEWIDE MEDICAID MANAGED CARE REALIGNMENT- AHCA/DOH. Authorizes AHCA & DOH to submit a budget amendment to realign funding within and between agencies based on the implementation of the Statewide Medicaid Managed Care Medical Assistance Program for Children's Medical Services within the Department of Health. The funding realignment shall reflect the actual enrollment changes due to the transfer of beneficiaries from fee-for-service to the capitated Children's Medical Services Network. Also authorizes AHCA to submit a request for non-operating budget authority to transfer the federal funds to the Department of Health, pursuant to s. 216.181(12), Florida Statutes.	House-Identical	Accept House		
3	9	10	APD MEDICAID WAIVER ALGORITHM ALLOCATION. Provides that clients' iBudget amounts remain unchanged until a new allocation algorithm is prescribed by Rule.	House-Identical	Accept House		
4	N/A	11&13	MEDICAID NURSING HOME REIMBURSEMENT. Amends s. 409.908(2), F.S., relating to Medicaid nursing home reimbursement under the prospective payment system, to modify the parameters upon which Medicaid nursing home prospective payments rates are to be calculated when implemented on October 1, 2018. The direct care subcomponent is changed from 100 percent of the median cost to 105 percent, and the quality incentive payment pool subcomponent is changed from 6 percent to 7.5 percent of the September 2016 non-property payments of included facilities. This section is effective October 1, 2018.	House-No Language	Senate	House	BUMP
5	N/A	12&13	MEDICAID NURSING HOME REIMBURSEMENT. Amends s. 409.908(23), F.S., relating to Medicaid rate setting for specified provider types, to specify the prospective payment system reimbursement for nursing home services will be governed by s. 409.908(2), F.S., and the General Appropriations Act. Language relating to county health department reimbursement is restructured but not changed substantively. This section is effective October 1, 2018.	House-No Language	Senate	House	BUMP
5a	N/A	New	GENERATOR GRANT PROGRAM USING QUALITY OF LONG TERM CARE FACILITY IMPROVEMENT TRUST FUND Authorizes the Agency for Health Care Administration to seek federal authority for the use of certain revenues from the trust fund to assist with the payment for generators for long term care facilities. Also, authorizes the use of certain funds to assist qualifying assisted living facilities with payment for generators. Senate Modified <u>Section xx. Paragraphs (h) and (i) are added to subsection (2) of section 400.0239, Florida Statutes, to read:</u> <u>400.0239 Quality of Long-Term Care Facility Improvement Trust Fund.—</u> <u>(2) Expenditures from the trust fund shall be allowable for direct support of the following:</u> <u>(h) The agency shall seek authorization from the Federal Centers for Medicare and Medicaid Services to use nursing home monetary penalties deposited into the Quality of Long-Term Care Facility Improvement Trust Fund, to administer a reimbursement program that provides funding to nursing homes for the cost of compliance with licensure requirements related to emergency power source for use during power outages. Any reimbursement as a result of this section shall not duplicate funds paid to nursing homes from the Florida Medicaid program.</u> <u>(i) The agency may reimburse assisted living facilities from proceeds generated pursuant to s. 400.0238, for the cost of compliance with licensure requirements for an emergency power source for use during power outages.</u>				New Language BUMP
6	10	N/A	PRESCRIPTION DRUG MONITORING PROGRAM. Prohibits use of settlement funds for program.	House	Accept House		

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7	11, 12 & 14	15-17	<p>DISPROPORTIONATE SHARE HOSPITAL PROGRAM. Amends s. 409.911 to direct AHCA to distribute moneys to hospitals providing a disproportionate share of Medicaid or charity care services as provided in the 2018-2019 General Appropriations Act (GAA). <i>SB also modifies years of audited data that shall be used in calculating disproportionate share payment.</i></p> <p>Amends s. 409.9113, F.S., to direct AHCA to make disproportionate share payments to teaching hospitals as provided in the 2018-2019 GAA.</p> <p>Amends s. 409.9119, F.S. to direct AHCA to make disproportionate share payments to specialty hospitals for children.</p>	House and Senate Combined	Accept House		
8	13	N/A	<p>AHCA-MEDICAID BUDGET AMENDMENT. Authorization for AHCA to realign Medicaid Expenditure categories without LBC approval to maximize use of state trust funds and pay expenditures in the appropriate category.</p>	House	Accept House		
9	N/A	14	<p>AHCA-RETROACTIVE MEDICAID ELIGIBILITY. Requirement for AHCA to seek federal approval from federal Centers for Medicare and Medicaid Services to modify the period of retroactive Medicaid eligibility from 90 days to 30 days.</p> <p><u>House Modified</u> <u>Section 14. In order to implement Specific Appropriations 199, 203, 204, 206, 208, and 217 of the 2018-2019 General Appropriations Act, the Agency for Health Care Administration shall seek authorization from the federal Centers for Medicare and Medicaid Services to eliminate the Medicaid retroactive eligibility period for non-pregnant adults in a manner that ensures that the modification becomes effective on July 1, 2018. Eligibility will continue to begin the first day of the month in which a non-pregnant adult applies for Medicaid.</u></p>	House Modified	Accept House Modified		