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CS/HB 7107, Engrossed 3

2011 Legislature

1009 agreements with all health care facilities, programs, and
 1010 providers supported with local taxes or certified public
 1011 expenditures and designated pursuant to subsection (1). The
 1012 contract shall provide for enhanced access to care for Medicaid,
 1013 low-income, and uninsured Floridians. The partnership shall be
 1014 responsible for an ongoing program of activities that provides
 1015 needed, but uncovered or undercompensated, health services to
 1016 Medicaid enrollees and persons receiving charity care, as
 1017 defined in s. 409.911. Accountability for services rendered
 1018 under this contract must be based on the number of services
 1019 provided to unduplicated qualified beneficiaries, the total
 1020 units of service provided to these persons, and the
 1021 effectiveness of services provided as measured by specific
 1022 standards of care. The agency shall seek such plan amendments or
 1023 waivers as may be necessary to authorize the implementation of
 1024 the low-income pool as the Access to Care Partnership pursuant
 1025 to this section.

1026 (4) HOSPITAL RATE DISTRIBUTION.—

1027 (a) The agency is authorized to implement a tiered
 1028 hospital rate system to enhance Medicaid payments to all
 1029 hospitals when resources for the tiered rates are available from
 1030 general revenue and such contributions pursuant to subsection
 1031 (1) as are authorized under the General Appropriations Act.

1032 1. Tier 1 hospitals are statutory rural hospitals as
 1033 defined in s. 395.602, statutory teaching hospitals as defined
 1034 in s. 408.07(45), and specialty children's hospitals as defined
 1035 in s. 395.002(28).

1036 2. Tier 2 hospitals are community hospitals not included

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1037 in Tier 1 that provided more than 9 percent of the hospital's
 1038 total inpatient days to Medicaid patients and charity patients,
 1039 as defined in s. 409.911, and are located in the jurisdiction of
 1040 a local funding source pursuant to subsection (1).

1041 3. Tier 3 hospitals include all community hospitals.

1042 (b) When rates are increased pursuant to this section, the
 1043 Total Tier Allocation (TTA) shall be distributed as follows:

1044 1. Tier 1 (T1A) = 0.35 x TTA.

1045 2. Tier 2 (T2A) = 0.35 x TTA.

1046 3. Tier 3 (T3A) = 0.30 x TTA.

1047 (c) The tier allocation shall be distributed as a
 1048 percentage increase to the hospital specific base rate (HSBR)
 1049 established pursuant to s. 409.905(5)(c). The increase in each
 1050 tier shall be calculated according to the proportion of tier-
 1051 specific allocation to the total estimated inpatient spending
 1052 (TEIS) for all hospitals in each tier:

1053 1. Tier 1 percent increase (T1PI) = T1A/Tier 1 total
 1054 estimated inpatient spending (T1TEIS).

1055 2. Tier 2 percent increase (T2PI) = T2A /Tier 2 total
 1056 estimated inpatient spending (T2TEIS).

1057 3. Tier 3 percent increase (T3PI) = T3A/ Tier 3 total
 1058 estimated inpatient spending (T3TEIS).

1059 (d) The hospital-specific tiered rate (HSTR) shall be
 1060 calculated as follows:

1061 1. For hospitals in Tier 3: HSTR = (1 + T3PI) x HSBR.

1062 2. For hospitals in Tier 2: HSTR = (1 + T2PI) x HSBR.

1063 3. For hospitals in Tier 1: HSTR = (1 + T1PI) x HSBR.

1064 Section 12. Section 409.971, Florida Statutes, is created

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1065 to read:

1066 409.971 Managed medical assistance program.—The agency
 1067 shall make payments for primary and acute medical assistance and
 1068 related services using a managed care model. By January 1, 2013,
 1069 the agency shall begin implementation of the statewide managed
 1070 medical assistance program, with full implementation in all
 1071 regions by October 1, 2014.

1072 Section 13. Section 409.972, Florida Statutes, is created
 1073 to read:

1074 409.972 Mandatory and voluntary enrollment.—

1075 (1) Persons eligible for the program known as "medically
 1076 needy" pursuant to s. 409.904(2)(a) shall enroll in managed care
 1077 plans. Medically needy recipients shall meet the share of the
 1078 cost by paying the plan premium, up to the share of the cost
 1079 amount, contingent upon federal approval.

1080 (2) The following Medicaid-eligible persons are exempt
 1081 from mandatory managed care enrollment required by s. 409.965,
 1082 and may voluntarily choose to participate in the managed medical
 1083 assistance program:

1084 (a) Medicaid recipients who have other creditable health
 1085 care coverage, excluding Medicare.

1086 (b) Medicaid recipients residing in residential commitment
 1087 facilities operated through the Department of Juvenile Justice
 1088 or mental health treatment facilities as defined by s.
 1089 394.455(32).

1090 (c) Persons eligible for refugee assistance.

1091 (d) Medicaid recipients who are residents of a
 1092 developmental disability center, including Sunland Center in