

By Representative Healey

1 A bill to be entitled
2 An act relating to district managed care
3 ombudsman committees; amending s. 641.65, F.S.;
4 requiring certain complaints to be referred to
5 the district committees; expanding duties of
6 district committees and members; providing a
7 fee to fund operation of the district
8 committees; providing rule authority; providing
9 an effective date.

10

11 Be It Enacted by the Legislature of the State of Florida:

12

13 Section 1. Subsection (6) of section 641.65, Florida
14 Statutes, is amended, and subsections (7) and (8) are added to
15 said section, to read:

16 641.65 District managed care ombudsman committees.--

17 (6) Each district committee or member of the
18 committee:

19 (a) Shall serve to protect the health, safety, and
20 rights of all enrollees participating in managed care programs
21 in this state.

22 (b) Shall receive complaints regarding quality of care
23 from the agency, and may assist the agency with the resolution
24 of complaints.

25 (c) Shall ~~May~~ conduct site visits with the agency, ~~as~~
26 ~~the agency determines is appropriate.~~ A complaint shall ~~may~~
27 be referred by the agency to the committee, as to whether an
28 enrollee's managed care program may have inappropriately
29 denied the enrollee a covered medical service, may be
30 inappropriately delaying the provision of a covered medical
31 service to the enrollee, or is providing substandard covered

1 medical services. The committee shall establish and follow
2 uniform criteria in reviewing information and receiving
3 complaints.

4 (d) Shall assist consumers in selecting health care
5 plans appropriate for their needs.

6 (e) Shall train consumers to understand and use the
7 annual consumer guide on plan performance and marketing
8 information prepared by plans.

9 (f) Shall educate plan enrollees about their rights
10 and responsibilities.

11 (g) Shall identify, investigate, and resolve enrolled
12 complaints about health care services in managed care plans.

13 (h) Shall assist enrollees with filing formal appeals
14 of plan determinations, including preservice denials and the
15 education and termination of services.

16 (i)~~(d)~~ Shall submit an annual report to the statewide
17 committee concerning activities, recommendations, and
18 complaints reviewed or developed by the district committee
19 during the year.

20 (j)~~(e)~~ Shall conduct meetings as required at the call
21 of its chairperson, the call of the agency director, the call
22 of the statewide committee, or by written request of a
23 majority of the district committee members.

24 (7) The agency shall assess each managed care health
25 plan member a fee not to exceed \$1, on an annual basis, to
26 provide adequate funding for the operation of the district
27 managed care ombudsman committees.

28 (8) The agency is authorized to adopt rules pursuant
29 to the Administrative Procedure Act to implement the
30 provisions of this section.

31

1 Section 2. This act shall take effect July 1 of the
2 year in which enacted.

3
4 *****

5 HOUSE SUMMARY

6 Requires the Agency for Health Care Administration to
7 refer certain complaints to the district managed care
8 ombudsman committees. Requires the committees to conduct
9 site visits with the agency. Expands duties of the
10 committees with respect to consumer and enrollee
11 education, as well as complaint resolution. Requires the
12 agency to assess a \$1 annual fee against managed care
13 health plan members, to fund operation of the committees.
14 Provides agency rule authority.
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31