Florida House of Representatives - 2001 By Representative Bucher

1	A bill to be entitled
2	An act relating to the statewide and district
3	managed care ombudsman committees; amending s.
4	641.65, F.S.; revising district committee
5	membership; revising provisions relating to
6	district committee site visits and to referral
7	of complaints to the district committees by the
8	Agency for Health Care Administration; amending
9	s. 641.70, F.S.; providing additional duties of
10	the district committees; revising facility and
11	administrative support services provided by the
12	agency to the statewide and district
13	committees; providing for annual appropriations
14	for operation of the district committees,
15	including members' travel expenses; providing
16	an effective date.
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18	Be It Enacted by the Legislature of the State of Florida:
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20	Section 1. Subsections (2) and (6) of section 641.65,
21	Florida Statutes, are amended, and subsection (7) is added to
22	said section, to read:
23	641.65 District managed care ombudsman committees
24	(2) Each district committee shall have no fewer than 9
25	members and no more than $20 \ 16$ members, including, if
26	possible, at least : one physician licensed under chapter 458,
27	one physician licensed under chapter 459, one physician
28	licensed under chapter 460, and one physician licensed under
29	chapter 461, one psychologist, one registered nurse, one
30	clinical social worker, one attorney, and <u>at least one</u>
31	recipients of managed care services one consumer. For the
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1 members who are recipients of managed care services consumer 2 member, preference shall be given to members of organized 3 consumer or advocacy groups with national or statewide membership. No member may be employed by or affiliated with a 4 5 managed care program. (6) Each district committee or member of the 6 7 committee: 8 (a) Shall serve to protect the health, safety, and 9 rights of all enrollees participating in managed care programs 10 in this state. 11 (b) Shall receive complaints regarding quality of care 12 from the agency, and may assist the agency with the resolution 13 of complaints. 14 (c) Shall May conduct site visits with the agency, as 15 the agency determines is appropriate. A complaint shall may 16 be referred by the agency to the committee, as to whether an 17 enrollee's managed care program may have inappropriately denied the enrollee a covered medical service, may be 18 inappropriately delaying the provision of a covered medical 19 20 service to the enrollee, or is providing substandard covered medical services. The committee shall establish and follow 21 22 uniform criteria in reviewing information and receiving complaints. 23 24 (d) Shall assist consumers in selecting health care 25 plans appropriate for their needs. 26 (e) Shall train consumers to understand and use the 27 annual consumer guide on plan performance and the marketing 28 information prepared by plans. 29 (f) Shall educate managed care plan enrollees about their rights and responsibilities. 30 31

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1 (g) Shall identify, investigate, and resolve enrollee 2 complaints about health care services in managed care plans. (h) Shall assist enrollees with filing formal appeals 3 4 of managed care plan determinations, including preservice 5 denials and the termination of services. 6 (i)(d) Shall submit an annual report to the statewide 7 committee concerning activities, recommendations, and 8 complaints reviewed or developed by the district committee 9 during the year. (j)(e) Shall conduct meetings as required at the call 10 11 of its chairperson, the call of the agency director, the call 12 of the statewide committee, or by written request of a 13 majority of the district committee members. 14 (7) The agency is authorized to adopt rules pursuant 15 to the Administrative Procedure Act to implement the 16 provisions of this section. Section 2. Subsection (2) of section 641.70, Florida 17 Statutes, is amended to read: 18 19 641.70 Agency duties relating to the Statewide Managed 20 Care Ombudsman Committee and the district managed care ombudsman committees.--21 22 (2) The agency for Health Care Administration shall provide for location of the statewide and district committees 23 24 in the agency's district offices and shall provide necessary 25 training, equipment, and office supplies, including, at a 26 minimum, clerical and word-processing services, photocopiers, 27 telephone services, recordkeeping, and stationery and other 28 necessary supplies a meeting place for district committees in 29 agency offices and shall provide the necessary administrative support to assist the statewide committee and district 30 committees, within available resources. 31 3

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Section 3. There shall be appropriated annually from the General Revenue Fund to the Agency for Health Care Administration the sum of \$50,000 to be distributed on an equitable basis to each district managed care ombudsman committee, to fund the operation of the committee, including travel expenses for committee members in accordance with s. 112.061, Florida Statutes. Section 4. This act shall take effect July 1, 2001. HOUSE SUMMARY Increases the maximum number of members on the district managed care ombudsman committees. Provides for at least nember who is a recipient of managed care services. Requires, rather than authorizes, the committees to conduct site visits with the Agency for Health Care Administration. Requires the agency to refer certain complaints to the committees. Provides additional duties of the committees are provided and committees of the committees relating to assisting and educating consumers and resolving complaints. Requires the agency to provide for location of the district committees in its district offices, and specifies support services to be provided. Provides for annual appropriations to fund district committee operations, including travel expenses for members.

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