Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate		House
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Representative Harrell offered the following:

Amendment (with directory amendment)

Remove lines 1112-1159, and insert:

(k) When a Medicaid recipient does not choose a managed care plan or MediPass provider, the agency shall assign the Medicaid recipient to a managed care plan, except in those counties in which there are fewer than two managed care plans accepting Medicaid enrollees, in which case assignment shall be to a managed care plan or a MediPass provider. Medicaid recipients in counties with fewer than two managed care plans accepting Medicaid enrollees who are subject to mandatory assignment but who fail to make a choice shall be assigned to managed care plans until an enrollment of 40 ~~45~~ percent in MediPass and 60 ~~55~~ percent in managed care plans is achieved. Once that enrollment is achieved, the assignments shall be divided in order to maintain an enrollment in MediPass and

28 managed care plans which is in a 40 ~~45~~ percent and 60 ~~55~~ percent
29 proportion, respectively. In geographic areas where the agency
30 is contracting for the provision of comprehensive behavioral
31 health services through a capitated prepaid arrangement,
32 recipients who fail to make a choice shall be assigned equally
33 to MediPass or a managed care plan. For purposes of this
34 paragraph, when referring to assignment, the term "managed care
35 plans" includes exclusive provider organizations, provider
36 service networks, Children's Medical Services network, minority
37 physician networks, and pediatric emergency department diversion
38 programs authorized by this chapter or the General
39 Appropriations Act. When making assignments, the agency shall
40 take into account the following criteria:
41 1. A managed care plan has sufficient network capacity to
42 meet the need of members.
43 2. The managed care plan or MediPass has previously
44 enrolled the recipient as a member, or one of the managed care
45 plan's primary care providers or MediPass providers has
46 previously provided health care to the recipient.
47 3. The agency has knowledge that the member has previously
48 expressed a preference for a particular managed care plan or
49 MediPass provider as indicated by Medicaid fee-for-service
50 claims data, but has failed to make a choice.
51 4. The managed care plan's or MediPass primary care
52 providers are geographically accessible to the recipient's
53 residence.
54 5. The agency has authority to make mandatory assignments
55 based on quality of service and performance of managed care
56 plans.

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58 ============= D I R E C T O R Y A M E N D M E N T =============

59 Remove line 1044, and insert:

60 Section 17. Paragraphs (f) and (k) of subsection (2)