

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

.  
.
.

1 Representative Garcia offered the following:

2  
3 **Amendment (with directory and title amendments)**

4 Between lines 1794 and 1795 insert:

5 (f) When a Medicaid recipient does not choose a managed  
6 care plan or MediPass provider, the agency shall assign the  
7 Medicaid recipient to a managed care plan or MediPass provider.  
8 Medicaid recipients who are subject to mandatory assignment but  
9 who fail to make a choice shall be assigned to managed care  
10 plans until an enrollment of 38 ~~40~~ percent in MediPass and 62 ~~60~~  
11 percent in managed care plans is achieved. Once this enrollment  
12 is achieved, the assignments shall be divided in order to  
13 maintain an enrollment in MediPass and managed care plans which  
14 is in a 38 ~~40~~ percent and 62 ~~60~~ percent proportion,  
15 respectively. Thereafter, assignment of Medicaid recipients who  
16 fail to make a choice shall be based proportionally on the

478913

Amendment No. (for drafter's use only)

17 | preferences of recipients who have made a choice in the previous  
18 | period. Such proportions shall be revised at least quarterly to  
19 | reflect an update of the preferences of Medicaid recipients. The  
20 | agency shall disproportionately assign Medicaid-eligible  
21 | recipients who are required to but have failed to make a choice  
22 | of managed care plan or MediPass, including children, and who  
23 | are to be assigned to the MediPass program to children's  
24 | networks as described in s. 409.912(3)(g), Children's Medical  
25 | Services network as defined in s. 391.021, exclusive provider  
26 | organizations, provider service networks, minority physician  
27 | networks, and pediatric emergency department diversion programs  
28 | authorized by this chapter or the General Appropriations Act, in  
29 | such manner as the agency deems appropriate, until the agency  
30 | has determined that the networks and programs have sufficient  
31 | numbers to be economically operated. For purposes of this  
32 | paragraph, when referring to assignment, the term "managed care  
33 | plans" includes health maintenance organizations, exclusive  
34 | provider organizations, provider service networks, minority  
35 | physician networks, Children's Medical Services network, and  
36 | pediatric emergency department diversion programs authorized by  
37 | this chapter or the General Appropriations Act. When making  
38 | assignments, the agency shall take into account the following  
39 | criteria:

40 |       1. A managed care plan has sufficient network capacity to  
41 | meet the need of members.

42 |       2. The managed care plan or MediPass has previously  
43 | enrolled the recipient as a member, or one of the managed care

478913

Amendment No. (for drafter's use only)

44 plan's primary care providers or MediPass providers has  
45 previously provided health care to the recipient.

46 3. The agency has knowledge that the member has previously  
47 expressed a preference for a particular managed care plan or  
48 MediPass provider as indicated by Medicaid fee-for-service  
49 claims data, but has failed to make a choice.

50 4. The managed care plan's or MediPass primary care  
51 providers are geographically accessible to the recipient's  
52 residence.

53 (k) When a Medicaid recipient does not choose a managed  
54 care plan or MediPass provider, the agency shall assign the  
55 Medicaid recipient to a managed care plan, except in those  
56 counties in which there are fewer than two managed care plans  
57 accepting Medicaid enrollees, in which case assignment shall be  
58 to a managed care plan or a MediPass provider. Medicaid  
59 recipients in counties with fewer than two managed care plans  
60 accepting Medicaid enrollees who are subject to mandatory  
61 assignment but who fail to make a choice shall be assigned to  
62 managed care plans until an enrollment of 38 ~~40~~ percent in  
63 MediPass and 62 ~~60~~ percent in managed care plans is achieved.  
64 Once that enrollment is achieved, the assignments shall be  
65 divided in order to maintain an enrollment in MediPass and  
66 managed care plans which is in a 38 ~~40~~ percent and 62 ~~60~~ percent  
67 proportion, respectively. In geographic areas where the agency  
68 is contracting for the provision of comprehensive behavioral  
69 health services through a capitated prepaid arrangement,  
70 recipients who fail to make a choice shall be assigned equally  
71 to MediPass or a managed care plan. For purposes of this

478913

Amendment No. (for drafter's use only)

72 paragraph, when referring to assignment, the term "managed care  
73 plans" includes exclusive provider organizations, provider  
74 service networks, Children's Medical Services network, minority  
75 physician networks, and pediatric emergency department diversion  
76 programs authorized by this chapter or the General  
77 Appropriations Act. When making assignments, the agency shall  
78 take into account the following criteria:

79 1. A managed care plan has sufficient network capacity to  
80 meet the need of members.

81 2. The managed care plan or MediPass has previously  
82 enrolled the recipient as a member, or one of the managed care  
83 plan's primary care providers or MediPass providers has  
84 previously provided health care to the recipient.

85 3. The agency has knowledge that the member has previously  
86 expressed a preference for a particular managed care plan or  
87 MediPass provider as indicated by Medicaid fee-for-service  
88 claims data, but has failed to make a choice.

89 4. The managed care plan's or MediPass primary care  
90 providers are geographically accessible to the recipient's  
91 residence.

92 5. The agency has authority to make mandatory assignments  
93 based on quality of service and performance of managed care  
94 plans.

95  
96 ===== D I R E C T O R Y A M E N D M E N T =====

97 Remove lines 1742 and 1743 and insert:

98 Section 10. Paragraphs (a), (f), and (k) of subsection (2)  
99 of section 409.9122, Florida Statutes, are amended to read:

478913

Amendment No. (for drafter's use only)

100

101 ===== T I T L E A M E N D M E N T =====

102       Between lines 30 and 31 insert:

103 revising prerequisites to mandatory assignment;