

Bill No. CS for SB 404

Barcode 710810

CHAMBER ACTION

Senate

House

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The Committee on Ways and Means (Saunders) recommended the following amendment:

Senate Amendment (with title amendment)

On page 38, between lines 15 and 16,

insert:

Section 12. Paragraph (k) of subsection (2) of section 409.9122, Florida Statutes, is amended to read:

409.9122 Mandatory Medicaid managed care enrollment; programs and procedures.--

(2)

(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

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1 shall be assigned to managed care plans until an enrollment of
2 40 percent in MediPass and 60 percent in managed care plans is
3 achieved. Once that enrollment is achieved, the assignments
4 shall be divided in order to maintain an enrollment in
5 MediPass and managed care plans which is in a 40 percent and
6 60 percent proportion, respectively. In service areas 1 and 6
7 of the Agency for Health Care Administration ~~geographic areas~~
8 where the agency is contracting for the provision of
9 comprehensive behavioral health services through a capitated
10 prepaid arrangement, recipients who fail to make a choice
11 shall be assigned equally to MediPass or a managed care plan.
12 For purposes of this paragraph, when referring to assignment,
13 the term "managed care plans" includes exclusive provider
14 organizations, provider service networks, Children's Medical
15 Services Network, minority physician networks, and pediatric
16 emergency department diversion programs authorized by this
17 chapter or the General Appropriations Act. When making
18 assignments, the agency shall take into account the following
19 criteria:

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

22 2. The managed care plan or MediPass has previously
23 enrolled the recipient as a member, or one of the managed care
24 plan's primary care providers or MediPass providers has
25 previously provided health care to the recipient.

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

30 4. The managed care plan's or MediPass primary care
31 providers are geographically accessible to the recipient's

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1 residence.

2 5. The agency has authority to make mandatory
3 assignments based on quality of service and performance of
4 managed care plans.

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6 (Redesignate subsequent sections.)

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

10 And the title is amended as follows:

11 On page 1, line 26, after the semicolon,

12

13 insert:

14 amending s. 409.9122, F.S.; revising a
15 provision governing assignment to a managed
16 care option for a Medicaid recipient who does
17 not choose a plan or provider in certain
18 geographic areas where the Agency for Health
19 Care Administration contracts for comprehensive
20 behavioral health services;

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