

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative(s) A. Gibson offered the following:

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3 **Amendment**

4 Remove line(s) 182-311 and insert:

5 Medicaid utilization. Notwithstanding any other provision of
6 law, however, all plans shall be required to cover prenatal care
7 for pregnant women. The usage of this prenatal care coverage
8 cannot eliminate or reduce other coverage areas for enrollees as
9 designed within the plans.

10 (i) "Provider service network" means an incorporated
11 network:

12 1. Established or organized, and operated, by a health
13 care provider or group of affiliated health care providers;

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14 2. That provides a substantial proportion of the health
15 care items and services under a contract directly through the
16 provider or affiliated group;

17 3. That may make arrangements with physicians, other
18 health care professionals, and health care institutions, to
19 assume all or part of the financial risk on a prospective basis
20 for the provision of basic health services; and

21 4. Within which health care providers have a controlling
22 interest in the governing body of the provider service network
23 organization, as authorized by s. 409.912, Florida Statutes.

24 (j) "Shall" means the agency must include the provision of
25 a subsection as delineated in this section in the waiver
26 application and implement the provision to the extent allowed in
27 the demonstration project sites by the Centers for Medicare and
28 Medicaid Services and as approved by the Legislature pursuant to
29 this section.

30 (k) "State-certified contractor" means an entity not
31 authorized under part I, part II, or part III of chapter 641,
32 Florida Statutes, or under chapter 624, chapter 627, or chapter
33 636, Florida Statutes, qualified by the agency to be certified
34 as a managed care plan. The agency shall develop the standards
35 necessary to authorize an entity to become a state-certified
36 contractor.

37 (5) ELIGIBILITY.--

38 (a) The agency shall pursue waivers to reform Medicaid for
39 the following categorical groups:

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40 1. Temporary Assistance for Needy Families, consistent
41 with ss. 402 and 1931 of the Social Security Act and chapter
42 409, chapter 414, or chapter 445, Florida Statutes.

43 2. Supplemental Security Income recipients as defined in
44 Title XVI of the Social Security Act, except for persons who are
45 dually eligible for Medicaid and Medicare, individuals 60 years
46 of age or older, individuals who have developmental
47 disabilities, and residents of institutions or nursing homes.

48 3. All children covered pursuant to Title XIX of the
49 Social Security Act.

50 (b) The agency may pursue any appropriate federal waiver
51 to reform Medicaid for the populations not identified by this
52 subsection, including Title XXI children, if authorized by the
53 Legislature.

54 (6) CHOICE COUNSELING.--

55 (a) At the time of eligibility determination, the agency
56 shall provide the recipient with all the Medicaid health care
57 options available in that community to assist the recipient in
58 choosing health care coverage. A condition of enrollment is the
59 choice of a plan. The recipient shall be able to choose a plan
60 within 30 days after the recipient is eligible unless the
61 recipient loses eligibility.

62 (b) In the managed care demonstration projects, the
63 Medicaid recipients who are already enrolled in a managed care
64 plan shall remain with that plan until they lose eligibility.
65 The agency shall develop a method whereby newly eligible
66 Medicaid recipients, Medicaid recipients with renewed

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67 eligibility, and Medipass enrollees shall enroll in managed care
68 plans certified pursuant to this section.

69 (c) A Medicaid recipient receiving services under this
70 section is eligible for only emergency services until the
71 recipient enrolls in a managed care plan.

72 (d) The agency shall ensure that the recipient is provided
73 with:

- 74 1. A list and description of the benefits provided.
- 75 2. Information about cost sharing.
- 76 3. Plan performance data, if available.
- 77 4. An explanation of benefit limitations.
- 78 5. Contact information, including geographic locations and
79 transportation limitations.

80 6. Any other information the agency determines would
81 facilitate a recipient's understanding of the plan or insurance
82 that would best meet his or her needs.

83 (e) The agency shall ensure that there is a record of
84 recipient acknowledgment that choice counseling has been
85 provided.

86 (f) To accommodate the needs of recipients, the agency
87 shall ensure that the choice counseling process and related
88 material are designed to provide counseling through face-to-face
89 interaction, by telephone, and in writing and through other
90 forms of relevant media. Materials shall be written at the
91 fourth-grade reading level and available in a language other
92 than English when 5 percent of the county speaks a language
93 other than English. Choice counseling shall also utilize

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94 language lines and other services for impaired recipients, such
95 as TTD/TTY.

96 (g) The agency shall require the entity performing choice
97 counseling to determine if the recipient has made a choice of a
98 plan or has opted out because of duress, threats, payment to the
99 recipient, or incentives promised to the recipient by a third
100 party. If the choice counseling entity determines that the
101 decision to choose a plan was unlawfully influenced or a plan
102 violated any of the provisions of s. 409.912(21), Florida
103 Statutes, the choice counseling entity shall immediately report
104 the violation to the agency's program integrity section for
105 investigation. Verification of choice counseling by the
106 recipient shall include a stipulation that the recipient
107 acknowledges the provisions of this subsection.

108 (h) It is the intent of the Legislature, within the
109 authority of the waiver and within available resources, that the
110 agency promote health literacy and partner with the Department
111 of Health to provide information aimed to reduce minority health
112 disparities through outreach activities for Medicaid recipients.

113 (i) The agency is authorized to contract with entities to
114 perform choice counseling and may establish standards and
115 performance contracts, including standards requiring the
116 contractor to hire choice counselors representative of the
117 state's diverse population and to train choice counselors in
118 working with culturally diverse populations.

119 (j) The agency shall develop processes to ensure that
120 demonstration sites have sufficient levels of enrollment to

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121 conduct a valid test of the managed care demonstration project
122 model within a 2-year timeframe.

123 (7) PLANS.--

124 (a) Plan benefits.--The agency shall develop a capitated
125 system of care that promotes choice and competition. Plan
126 benefits shall include the mandatory services delineated in
127 federal law and specified in s. 409.905, Florida Statutes;
128 behavioral health services specified in s. 409.906(8), Florida
129 Statutes; pharmacy services specified in s. 409.906(20), Florida
130 Statutes; and other services including, but not limited to,
131 Medicaid optional services specified in s. 409.906, Florida
132 Statutes, for which a plan is receiving a risk-adjusted
133 capitation rate. Plans shall provide coverage of all mandatory
134 services, may vary in amount, duration, and scope of benefits,
135 and may cover optional services to attract recipients and
136 provide needed care. In all instances, the agency shall ensure
137 that plan benefits include those services that are medically
138 necessary, based on historical Medicaid utilization.

139 Notwithstanding any other provision of law, however, all plans
140 shall be required to cover prenatal care for pregnant women. The
141 usage of this prenatal care coverage cannot eliminate or reduce
142 other coverage areas for enrollees as designed within the plans.

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