

Bill No. CS for CS for SB 838

Barcode 370856

CHAMBER ACTION

Senate

House

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Senator Peaden moved the following amendment:

Senate Amendment

On page 60, line 3, through
page 63, line 10, delete those lines

and insert:

(3) The agency shall have the following powers, duties, and responsibilities with respect to the development of a pilot program:

(a) To develop and recommend a system to deliver all health care services specified in ss. 409.905 and 409.906, which shall not vary in amount, duration, or scope beyond what is allowed in current managed care contracts in the form of capitated managed care networks under the Medicaid program.

(b) To recommend Medicaid-eligibility categories, from those specified in ss. 409.903 and 409.904, which shall be included in the pilot program.

(c) To determine and recommend how to design the managed care pilot program in order to take maximum advantage of all available state and federal funds, including those

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1 obtained through intergovernmental transfers, the
2 upper-payment-level funding systems, and the disproportionate
3 share program.

4 (d) To determine and recommend actuarially sound,
5 risk-adjusted capitation rates for Medicaid recipients in the
6 pilot program which can be separated to cover comprehensive
7 care, enhanced services, and catastrophic care.

8 (e) To determine and recommend policies and guidelines
9 for phasing in financial risk for approved provider service
10 networks over a 3-year period. These shall include an option
11 to pay fee-for-service rates that may include a
12 savings-settlement option for at least 2 years. This model may
13 be converted to a risk-adjusted capitated rate in the third
14 year of operation.

15 (f) To determine and recommend provisions related to
16 stop-loss requirements and the transfer of excess cost to
17 catastrophic coverage that accommodates the risks associated
18 with the development of the pilot program.

19 (g) To determine and recommend a process to be used by
20 the Social Services Estimating Conference to determine and
21 validate the rate of growth of the per-member costs of
22 providing Medicaid services under the managed care pilot
23 program.

24 (h) To determine and recommend program standards and
25 credentialing requirements for capitated managed care networks
26 to participate in the pilot program, including those related
27 to fiscal solvency, quality of care, and adequacy of access to
28 health care providers. It is the intent of the Legislature
29 that, to the extent possible, any pilot program authorized by
30 the state under this section include any federally qualified
31 health center, federally qualified rural health clinic, county

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1 health department, or other federally, state, or locally
 2 funded entity that serves the geographic areas within the
 3 boundaries of the pilot program that requests to participate.
 4 This paragraph does not relieve an entity that qualifies as a
 5 capitated managed care network under this section from any
 6 other licensure or regulatory requirements contained in state
 7 or federal law which would otherwise apply to the entity. The
 8 standards and credentialing requirements shall be based upon,
 9 but are not limited to:

10 1. Compliance with the accreditation requirements as
 11 provided in s. 641.512.

12 2. Compliance with early and periodic screening,
 13 diagnosis, and treatment screening requirements under federal
 14 law.

15 3. The percentage of voluntary disenrollments.

16 4. Immunization rates.

17 5. Standards of the National Committee for Quality
 18 Assurance and other approved accrediting bodies.

19 6. Recommendations of other authoritative bodies.

20 7. Specific requirements of the Medicaid program, or
 21 standards designed to specifically meet the unique needs of
 22 Medicaid recipients.

23 8. Compliance with the health quality improvement
 24 system as established by the agency, which incorporates
 25 standards and guidelines developed by the Centers for Medicare
 26 and Medicaid Services as part of the quality assurance reform
 27 initiative.

28 9. The network's infrastructure capacity to manage
 29 financial transactions, recordkeeping, data collection, and
 30 other administrative functions.

31 10. The network's ability to submit any financial,

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1 programmatic, or patient-encounter data or other information
2 required by the agency to determine the actual services
3 provided and the cost of administering the plan.

4 (i) To develop and recommend a mechanism for providing
5 information to Medicaid recipients for the purpose of
6 selecting a capitated managed care plan. For each plan
7 available to a recipient, the agency, at a minimum shall
8 ensure that the recipient is provided with:

- 9 1. A list and description of the benefits provided.
- 10 2. Information about cost sharing.
- 11 3. Plan performance data, if available.
- 12 4. An explanation of benefit limitations.
- 13 5. Contact information, including identification of
14 providers participating in the network, geographic locations,
15 and transportation limitations.
- 16 6. Any other information the agency determines would
17 facilitate a recipient's understanding of the plan or
18 insurance that would best meet his or her needs.

19 (j) To develop and recommend a system to ensure that
20 there is a record of recipient acknowledgment that choice
21 counseling has been provided.

22 (k) To develop and recommend a choice counseling
23 system to ensure that the choice counseling process and
24 related material are designed to provide counseling through
25 face-to-face interaction, by telephone, and in writing and
26 through other forms of relevant media. Materials shall be
27 written at the fourth-grade reading level and available in a
28 language other than English when 5 percent of the county
29 speaks a language other than English. Choice counseling shall
30 also use language lines and other services for impaired
31 recipients, such as TTD/TTY.

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1 (l) To develop and recommend a system that prohibits
2 capitated managed care plans, their representatives, and
3 providers employed by or contracted with the capitated managed
4 care plans from recruiting persons eligible for or enrolled in
5 Medicaid, from providing inducements to Medicaid recipients to
6 select a particular capitated managed care plan, and from
7 prejudicing Medicaid recipients against other capitated
8 managed care plans. The system shall require the entity
9 performing choice counseling to determine if the recipient has
10 made a choice of a plan or has opted out because of duress,
11 threats, payment to the recipient, or incentives promised to
12 the recipient by a third party. If the choice counseling
13 entity determines that the decision to choose a plan was
14 unlawfully influenced or a plan violated any of the provisions
15 of s. 409.912(21), the choice counseling entity shall
16 immediately report the violation to the agency's program
17 integrity section for investigation.Verification of choice
18 counseling by the recipient shall include a stipulation that
19 the recipient acknowledges the provisions of this subsection.

20 (m) To develop and recommend a choice counseling
21 system that promotes health literacy and provides information
22 aimed to reduce minority health disparities through outreach
23 activities for Medicaid recipients.

24 (n) To develop and recommend a system for the agency
25 to contract with entities to perform choice counseling. The
26 agency may establish standards and performance contracts,
27 including standards requiring the contractor to hire choice
28 counselors who are representative of the state's diverse
29 population and to train choice counselors in working with
30 culturally diverse populations.

31 (o) To determine and recommend descriptions of the

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1 eligibility assignment processes which will be used to
2 facilitate client choice while ensuring pilot programs of
3 adequate enrollment levels. These processes shall ensure that
4 pilot sites have sufficient levels of enrollment to conduct a
5 valid test of the managed care pilot program within a 2-year
6 timeframe.

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8 (Renumber subsequent paragraphs.)

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