

Bill No. PCS (371496) for SB 12-C

Barcode 401328

CHAMBER ACTION

Senate

House

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The Committee on Health and Human Services Appropriations  
(Peaden) recommended the following amendment:

**Senate Amendment (with title amendment)**

On page 11, line 17, through  
page 14, line 8, delete those lines

and insert:

Section 3. Subsection (13) of section 409.9122,  
Florida Statutes, is amended to read:

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

(13) Effective July 1, 2003, the agency shall adjust  
the enrollee assignment process of Medicaid managed prepaid  
health plans for those Medicaid managed prepaid plans  
operating in Miami-Dade County which have executed a contract  
with the agency for a minimum of 8 consecutive years in order  
for the Medicaid managed prepaid plan to maintain a minimum  
enrollment level of 15,000 members per month. When assigning  
enrollees pursuant to this subsection, the agency shall give  
priority to providers that initially qualified under this

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1 subsection until such providers reach and maintain an  
 2 enrollment level of 15,000 members per month. A prepaid health  
 3 plan that has a statewide Medicaid enrollment of 25,000 or  
 4 more members is not eligible for enrollee assignments under  
 5 this subsection.

6 Section 4. Effective March 1, 2008, paragraph (k) of  
 7 subsection (2) of section 409.9122, Florida Statutes, is  
 8 amended to read:

9 409.9122 Mandatory Medicaid managed care enrollment;  
 10 programs and procedures.--

11 (2)

12 (k) When a Medicaid recipient does not choose a  
 13 managed care plan or MediPass provider, the agency shall  
 14 assign the Medicaid recipient to a managed care plan, except  
 15 in those counties in which there are fewer than two managed  
 16 care plans accepting Medicaid enrollees, in which case  
 17 assignment shall be to a managed care plan or a MediPass  
 18 provider. Medicaid recipients in counties with fewer than two  
 19 managed care plans accepting Medicaid enrollees who are  
 20 subject to mandatory assignment but who fail to make a choice  
 21 shall be assigned to managed care plans until an enrollment of  
 22 35 percent in MediPass and 65 percent in managed care plans,  
 23 of all those eligible to choose managed care, is achieved.  
 24 Once that enrollment is achieved, the assignments shall be  
 25 divided in order to maintain an enrollment in MediPass and  
 26 managed care plans which is in a 35 percent and 65 percent  
 27 proportion, respectively. ~~In service areas 1 and 6 of the~~  
 28 ~~Agency for Health Care Administration where the agency is~~  
 29 ~~contracting for the provision of comprehensive behavioral~~  
 30 ~~health services through a capitated prepaid arrangement,~~  
 31 ~~recipients who fail to make a choice shall be assigned equally~~

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1 ~~to MediPass or a managed care plan.~~ For purposes of this  
 2 paragraph, when referring to assignment, the term "managed  
 3 care plans" includes exclusive provider organizations,  
 4 provider service networks, Children's Medical Services  
 5 Network, minority physician networks, and pediatric emergency  
 6 department diversion programs authorized by this chapter or  
 7 the General Appropriations Act. When making assignments, the  
 8 agency shall take into account the following criteria:

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

11         2. The managed care plan or MediPass has previously  
 12 enrolled the recipient as a member, or one of the managed care  
 13 plan's primary care providers or MediPass providers has  
 14 previously provided health care to the recipient.

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

19         4. The managed care plan's or MediPass primary care  
 20 providers are geographically accessible to the recipient's  
 21 residence.

22         5. The agency has authority to make mandatory  
 23 assignments based on quality of service and performance of  
 24 managed care plans.

25         Section 5. Paragraph (dd) of subsection (3) of section  
 26 409.91211, Florida Statutes, is amended to read:

27         409.91211 Medicaid managed care pilot program.--

28         (3) The agency shall have the following powers,  
 29 duties, and responsibilities with respect to the pilot  
 30 program:

31         (dd) To implement ~~develop and recommend~~ service

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1 delivery mechanisms within capitated managed care plans to  
 2 provide Medicaid services as specified in ss. 409.905 and  
 3 409.906 to Medicaid-eligible children whose cases are open for  
 4 child welfare services in the HomeSafeNet system ~~in foster~~  
 5 ~~care~~. These services must be coordinated with community-based  
 6 care providers as specified in s. 409.1671 ~~s. 409.1675~~, where  
 7 available, and be sufficient to meet the medical,  
 8 developmental, behavioral, and emotional needs of these  
 9 children. These service delivery mechanisms must be  
 10 implemented no later than July 1, 2008, in AHCA area 10 in  
 11 order for the children in AHCA area 10 to remain exempt from  
 12 the statewide plan under s. 409.912(4)(b)8.

13 Section 6. Except as otherwise expressly provided in  
 14 this act, this act shall take effect upon becoming a law.  
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 16

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

18 And the title is amended as follows:

19 On page 1, lines 12-23, delete those lines

20  
 21 and insert:

22 F.S.; requiring that the agency give certain  
 23 providers priority with respect to the  
 24 assignment of enrollees under the Medicaid  
 25 managed prepaid health plan; deleting a  
 26 requirement that certain recipients of  
 27 comprehensive behavioral health services be  
 28 assigned to MediPass or a managed care plan;  
 29 amending s. 409.91211, F.S.; clarifying the  
 30 duties of the agency for implementing service  
 31 delivery mechanisms for certain children who

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1           are eligible for Medicaid; providing effective  
2           dates.  
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