

HB 5013C

2007

1                                   A bill to be entitled  
 2           An act relating to Medicaid managed care; amending s.  
 3           409.9122, F.S.; revising the method for assigning Medicaid  
 4           recipients to managed care plans in service areas 1 and 6;  
 5           providing an effective date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Paragraph (k) of subsection (2) of section  
 10          409.9122, Florida Statutes, is amended to read:

11           409.9122 Mandatory Medicaid managed care enrollment;  
 12          programs and procedures.--

13           (2)

14           (k) When a Medicaid recipient does not choose a managed  
 15          care plan or MediPass provider, the agency shall assign the  
 16          Medicaid recipient to a managed care plan, except in those  
 17          counties in which there are fewer than two managed care plans  
 18          accepting Medicaid enrollees, in which case assignment shall be  
 19          to a managed care plan or a MediPass provider. Medicaid  
 20          recipients in counties with fewer than two managed care plans  
 21          accepting Medicaid enrollees who are subject to mandatory  
 22          assignment but who fail to make a choice shall be assigned to  
 23          managed care plans until an enrollment of 35 percent in MediPass  
 24          and 65 percent in managed care plans, of all those eligible to  
 25          choose managed care, is achieved. Once that enrollment is  
 26          achieved, the assignments shall be divided in order to maintain  
 27          an enrollment in MediPass and managed care plans which is in a  
 28          35 percent and 65 percent proportion, respectively. ~~In service~~

HB 5013C

2007

29 ~~areas 1 and 6 of the Agency for Health Care Administration where~~  
30 ~~the agency is contracting for the provision of comprehensive~~  
31 ~~behavioral health services through a capitated prepaid~~  
32 ~~arrangement, recipients who fail to make a choice shall be~~  
33 ~~assigned equally to MediPass or a managed care plan. For~~  
34 purposes of this paragraph, when referring to assignment, the  
35 term "managed care plans" includes exclusive provider  
36 organizations, provider service networks, Children's Medical  
37 Services Network, minority physician networks, and pediatric  
38 emergency department diversion programs authorized by this  
39 chapter or the General Appropriations Act. When making  
40 assignments, the agency shall take into account the following  
41 criteria:

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

44 2. The managed care plan or MediPass has previously  
45 enrolled the recipient as a member, or one of the managed care  
46 plan's primary care providers or MediPass providers has  
47 previously provided health care to the recipient.

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

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

HB 5013C

2007

55           5. The agency has authority to make mandatory assignments  
56 based on quality of service and performance of managed care  
57 plans.

58           Section 2. This act shall take effect March 1, 2008.