



906036

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/06/2009	.	
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The Committee on Children, Families, and Elder Affairs (Storms) recommended the following:

Senate Amendment (with title amendment)

Between lines 279 and 280
insert:

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

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

(2)

(i) After a recipient has made his or her selection or has
been enrolled in a managed care plan or MediPass, the recipient



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12 shall have 90 days to exercise the opportunity to voluntarily
13 disenroll and select another managed care plan or MediPass.
14 After 90 days, no further changes may be made except for good
15 cause. Good cause includes, but is not limited to, poor quality
16 of care, lack of access to necessary specialty services, an
17 unreasonable delay or denial of service, ~~or~~ fraudulent
18 enrollment, or severe and persistent mental illness. The agency
19 shall develop criteria for good cause disenrollment for
20 chronically ill and disabled populations who are assigned to
21 managed care plans if more appropriate care is available through
22 the MediPass program. The agency must make a determination as to
23 whether cause exists. However, the agency may require a
24 recipient to use the managed care plan's or MediPass grievance
25 process prior to the agency's determination of cause, except in
26 cases in which immediate risk of permanent damage to the
27 recipient's health is alleged. The grievance process, when
28 utilized, must be completed in time to permit the recipient to
29 disenroll by the first day of the second month after the month
30 the disenrollment request was made. If the managed care plan or
31 MediPass, as a result of the grievance process, approves an
32 enrollee's request to disenroll, the agency is not required to
33 make a determination in the case. The agency must make a
34 determination and take final action on a recipient's request so
35 that disenrollment occurs no later than the first day of the
36 second month after the month the request was made. If the agency
37 fails to act within the specified timeframe, the recipient's
38 request to disenroll is deemed to be approved as of the date
39 agency action was required. Recipients who disagree with the
40 agency's finding that cause does not exist for disenrollment



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41 shall be advised of their right to pursue a Medicaid fair
42 hearing to dispute the agency's finding.

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

45 And the title is amended as follows:

46 Delete line 10

47 and insert:

48 management services; amending s. 409.9122, F.S.;

49 revising the criteria for good-cause disenrollment in

50 a managed care plan or Medipass; providing an

51 effective date.