By Senator Joyner

19-01060-16 2016856__

1 A bill to be entitled
2 An act relating to Medicaid managed care; amending s.
3 409.903, F.S.; adding a category of persons to whom
4 the Agency for Health Care Administration must make
5 payments for medical assistance and related services;
6 amending s. 409.904, F.S.; conforming a provision to
7 changes made by the act; amending s. 409.964, F.S.;
8 requiring the agency to apply for and implement
9 additional state plan amendments and federal waivers
10 of applicable laws and regulations to implement the
11 Medicaid managed care program; deleting provisions
12 requiring the agency to hold public meetings; amending
13 s. 409.972, F.S.; exempting certain Medicaid
14 recipients from mandatory enrollment in managed care
15 plans; amending s. 409.973, F.S.; requiring managed
16 care plans to establish alternative benefit plans;
17 amending s. 409.974, F.S.; providing a supplemental
18 plan selection process for certain Medicaid
19 recipients; requiring the agency to provide notice of
20 invitations to negotiate by a specified date;
21 providing an effective date.
22
23 Be It Enacted by the Legislature of the State of Florida:
24
25 Section 1. Subsection (9) is added to section 409.903,
26 Florida Statutes, to read:
27 409.903 Mandatory payments for eligible persons.—The agency
28 shall make payments for medical assistance and related services
29 on behalf of the following persons who the department, or the

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30 Social Security Administration by contract with the Department
31 of Children and Families, determines to be eligible, subject to
32 the income, assets, and categorical eligibility tests set forth
33 in federal and state law. Payment on behalf of these Medicaid
34 eligible persons is subject to the availability of moneys and
35 any limitations established by the General Appropriations Act or
36 chapter 216.
37 (9) Beginning October 1, 2016, a person who meets the
38 criteria established under s. 1902(a)(10)(A)(i)(VIII) of the
39 Social Security Act.
40 Section 2. Subsection (2) of section 409.904, Florida
41 Statutes, is amended to read:
42 409.904 Optional payments for eligible persons.—The agency
43 may make payments for medical assistance and related services on
44 behalf of the following persons who are determined to be
45 eligible subject to the income, assets, and categorical
46 eligibility tests set forth in federal and state law. Payment on
47 behalf of these Medicaid eligible persons is subject to the
48 availability of moneys and any limitations established by the
49 General Appropriations Act or chapter 216.
50 (2) A family, a pregnant woman, a child under age 21, a
51 person age 65 or over, or a blind or disabled person, who would
52 be eligible under any group listed in s. 409.903(1), (2), or
53 (3), except that the income or assets of such family or person
54 exceed established limitations and, effective October 1, 2016,
55 such person is not eligible under s. 409.903(9). For a family or
56 person in one of these coverage groups, medical expenses are
57 deductible from income in accordance with federal requirements
58 in order to make a determination of eligibility. A family or

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59 person eligible under the coverage known as the “medically
60 needy,” is eligible to receive the same services as other
61 Medicaid recipients, with the exception of services in skilled
62 nursing facilities and intermediate care facilities for the
63 developmentally disabled.
64 Section 3. Section 409.964, Florida Statutes, is amended to
65 read:
66 409.964 Managed care program; state plan; waivers.—The
67 Medicaid program is established as a statewide, integrated
68 managed care program for all covered services, including long-
69 term care services. The agency shall apply for and implement
70 state plan amendments or waivers of applicable federal laws and
71 regulations necessary to implement the program or any subsequent
72 modifications thereto. Before seeking or amending a waiver, the
73 agency shall provide public notice and the opportunity for
74 public comment and include public feedback in the waiver
75 application or the waiver amendment request. ~~The agency shall~~
76 ~~hold one public meeting in each of the regions described in s.~~
77 ~~409.966(2), and the time period for public comment for each~~
78 ~~region shall end no sooner than 30 days after the completion of~~
79 ~~the public meeting in that region.~~ The agency shall submit any
80 state plan amendments, new waiver requests, or waiver amendment
81 requests ~~for extensions or expansions for existing waivers,~~
82 needed to implement or modify the managed care program resulting
83 from legislative action within 60 days after such legislation
84 becomes law ~~by August 1, 2011~~.
85 Section 4. Paragraph (h) is added to subsection (1) of
86 section 409.972, Florida Statutes, to read:
87 409.972 Mandatory and voluntary enrollment.—

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88 (1) The following Medicaid-eligible persons are exempt from
89 mandatory managed care enrollment required by s. 409.965~~,~~ and
90 may voluntarily choose to participate in the managed medical
91 assistance program:
92 <u>(h) Persons eligible under s. 409.903(9) who qualify as</u>
93 <u>"medically frail" pursuant to s. 1937(a)(2)(B) of the Social</u>
94 <u>Security Act and 42 C.F.R. s. 440.315.</u>
95 Section 5. Subsection (1) of section 409.973, Florida
96 Statutes, is amended, and subsection (5) is added to that
97 section, to read:
98 409.973 Benefits.—
99 (1) MINIMUM BENEFITS.—<u>Except as provided in subsection (5),</u>
100 managed care plans shall cover, at a minimum, the following
101 services:
102 (a) Advanced registered nurse practitioner services.
103 (b) Ambulatory surgical treatment center services.
104 (c) Birthing center services.
105 (d) Chiropractic services.
106 (e) Dental services.
107 (f) Early periodic screening diagnosis and treatment
108 services for recipients under age 21.
109 (g) Emergency services.
110 (h) Family planning services and supplies. Pursuant to 42
111 C.F.R. s. 438.102, plans may elect to not provide these services
112 due to an objection on moral or religious grounds, and must
113 notify the agency of that election when submitting a reply to an
114 invitation to negotiate.
115 (i) Healthy start services, except as provided in s.
116 409.975(4).

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117 (j) Hearing services.
118 (k) Home health agency services.
119 (l) Hospice services.
120 (m) Hospital inpatient services.
121 (n) Hospital outpatient services.
122 (o) Laboratory and imaging services.
123 (p) Medical supplies, equipment, prostheses, and orthoses.
124 (q) Mental health services.
125 (r) Nursing care.
126 (s) Optical services and supplies.
127 (t) Optometrist services.
128 (u) Physical, occupational, respiratory, and speech therapy
129 services.
130 (v) Physician services, including physician assistant
131 services.
132 (w) Podiatric services.
133 (x) Prescription drugs.
134 (y) Renal dialysis services.
135 (z) Respiratory equipment and supplies.
136 (aa) Rural health clinic services.
137 (bb) Substance abuse treatment services.
138 (cc) Transportation to access covered services.
139 (5) ALTERNATIVE BENEFIT PLANS.—Managed care plans that
140 provide coverage for enrollees who are eligible for Medicaid
141 under s. 409.903(9) shall cover services for such enrollees in
142 accordance with s. 1937 of the Social Security Act and 42 C.F.R.
143 part 440, subpart C. The set of services covered by such plans
144 may be established in accordance with this section to the extent
145 that those services do not create a conflict with any

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146 requirement established by federal law or regulation from which
147 the state has not obtained a federal waiver.
148 Section 6. Subsection (6) is added to section 409.974,
149 Florida Statutes, to read:
150 409.974 Eligible plans.—
151 (6) SUPPLEMENTAL PLAN SELECTION.—The agency shall select
152 eligible plans to serve persons who become eligible for Medicaid
153 under s. 409.903(9) in the managed medical assistance program
154 through a supplemental selection process. The selection process
155 shall be completed in two phases, as follows:
156 (a) Each managed care plan already under contract with the
157 agency under the managed medical assistance program pursuant to
158 s. 409.971 shall be offered first right of refusal to provide
159 services to persons who become eligible for Medicaid under s.
160 409.903(9) for the remainder of the current term of such
161 contract. Notwithstanding s. 409.976(1), the agency shall
162 propose prepaid payment rates for inclusion with its offer.
163 (b) For any region in which the agency determines that the
164 enrollment capacity of the eligible plans selected and approved
165 as described in paragraph (a) would not continuously provide the
166 projected number of enrollees in that region with a choice of at
167 least two plans, the agency shall select additional eligible
168 plans using the procurement process described in s. 409.966. The
169 capacity of any specialty plans in the region shall be excluded
170 from consideration in the agency's determination. The agency
171 shall provide notice of any invitations to negotiate by July 1,
172 2016.
173 Section 7. This act shall take effect upon becoming a law.

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