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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/21/2017	.	
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The Committee on Health Policy (Lee) recommended the following:

Senate Amendment (with title amendment)

Before line 20
insert:

Section 1. Subsection (4) of section 409.977, Florida Statutes, is amended, present subsection (5) of that section is redesignated as subsection (6), and a new subsection (5) is added to that section, to read:

409.977 Enrollment.—

(4) The agency shall:

(a) Develop a process to enable a recipient with access to



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12 employer-sponsored health care coverage to opt out of all
13 managed care plans and to use Medicaid financial assistance to
14 pay for the recipient's share of the cost in such employer-
15 sponsored coverage.

16 (b) ~~Contingent upon federal approval, the agency shall also~~
17 enable recipients with access to other insurance or related
18 products providing access to health care services created
19 pursuant to state law, including any product available under the
20 Florida Health Choices Program, or any health exchange, to opt
21 out.

22 (c) Provide ~~The amount of~~ financial assistance ~~provided~~ for
23 each recipient in an amount ~~may~~ not to exceed the amount of the
24 Medicaid premium that would have been paid to a managed care
25 plan for that recipient opting to receive services under this
26 subsection.

27 (d) ~~The agency shall~~ Seek federal approval to require
28 Medicaid recipients with access to employer-sponsored health
29 care coverage to enroll in that coverage and use Medicaid
30 financial assistance to pay for the recipient's share of the
31 cost for such coverage. The amount of financial assistance
32 provided for each recipient may not exceed the amount of the
33 Medicaid premium that would have been paid to a managed care
34 plan for that recipient.

35 (5) For the 2017-2018 statewide Medicaid managed medical
36 assistance program procurement process, the agency must consider
37 respondents' proposals in response to requests for information
38 on the feasibility, structure, and possible cost savings of
39 direct primary care agreements in coordination with the managed
40 care plans as a service delivery option.



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

And the title is amended as follows:

Delete line 2

and insert:

An act relating to direct primary care; amending s.
409.977, F.S.; requiring the Agency for Health Care
Administration to provide specified financial
assistance to certain Medicaid recipients; requiring
the agency to include certain proposals in response to
requests for information relating to direct primary
care agreements during a certain timeframe of the
statewide Medicaid managed medical assistance program
procurement process; creating s.