

	LEGISLATIVE ACTION	
Senate	•	House
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Floor: 2/F/2R	•	
05/02/2019 10:23 AM	•	
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Senator Flores moved the following:

## Senate Amendment (with title amendment)

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Between lines 167 and 168

insert:

Section 3. Present subsections (3), (4), and (5) of section 409.977, Florida Statutes, are redesignated as subsections (4), (5), and (6), respectively, a new subsection (3) is added to that section, and subsection (1) of that section is amended, to read:

409.977 Enrollment.-

(1) The agency shall automatically enroll into a managed

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care plan those Medicaid recipients who do not voluntarily choose a plan pursuant to ss. s. 409.969 and 409.973(5)(b). The agency shall automatically enroll recipients in plans that meet or exceed the performance or quality standards established pursuant to s. 409.967 and may not automatically enroll recipients in a plan that is deficient in those performance or quality standards. When a specialty plan is available to accommodate a specific condition or diagnosis of a recipient, the agency shall assign the recipient to that plan. In the first year of the first contract term only, if a recipient was previously enrolled in a plan that is still available in the region, the agency shall automatically enroll the recipient in that plan unless an applicable specialty plan is available. Except as otherwise provided in this part, the agency may not engage in practices that are designed to favor one managed care plan over another.

(3) For the purposes of transitioning enrollment related to the statewide Medicaid prepaid dental health program, improving access to care, and promoting dental provider participation in the program, the agency shall implement a process to reduce the disparity between the number of Medicaid recipients enrolled in the respective prepaid limited health service organizations licensed pursuant to chapter 636 and those contracted by the agency as of January 1, 2019. In order to decrease enrollment disparity among the contracted prepaid limited health service organizations in a timely manner, in determining an assignment on behalf of a Medicaid recipient if the recipient does not choose a contracted prepaid limited health service organization, the agency shall prioritize the prepaid limited health service



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41	organization with the lowest enrollment levels.
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43	======== T I T L E A M E N D M E N T =========
44	And the title is amended as follows:
45	Delete line 15
46	and insert:
47	signature requirements; amending s. 409.977, F.S.;
48	requiring the Agency for Health Care Administration to
49	implement a certain process to automatically assign
50	certain Medicaid recipients among contract prepaid
51	limited health service organizations; amending s.
52	440.381, F.S.;