House



LEGISLATIVE ACTION

Senate Comm: RCS 04/26/2017

The Committee on Appropriations (Lee) recommended the following: Senate Amendment (with title amendment) Delete lines 24 - 58 and insert: Section 1. Subsection (4) of section 409.973, Florida Statutes, is amended to read:

409.973 Benefits.-

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(4) PRIMARY CARE INITIATIVE.-Each plan operating in the managed medical assistance program shall establish a program to encourage enrollees to establish a relationship with their primary care provider. <u>Plans shall provide enrollees with the</u>

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12 opportunity to enter into a direct primary care agreement with 13 identified network primary care providers. Plans are encouraged 14 to enter into alternative payment arrangements with primary care 15 providers in their networks to allow for the election by a 16 recipient for a direct primary care agreement within the 17 Statewide Medicaid Managed Care program. In addition, each plan 18 shall:

(a) Provide information to each enrollee on the importance
of and procedure for selecting a primary care provider, and
thereafter automatically assign to a primary care provider any
enrollee who fails to choose a primary care provider.

(b) If the enrollee was not a Medicaid recipient before enrollment in the plan, assist the enrollee in scheduling an appointment with the primary care provider. If possible the appointment should be made within 30 days after enrollment in the plan. For enrollees who become eligible for Medicaid between January 1, 2014, and December 31, 2015, the appointment should be scheduled within 6 months after enrollment in the plan.

(c) Report to the agency the number of enrollees assigned to each primary care provider within the plan's network.

(d) Report to the agency the number of enrollees who have not had an appointment with their primary care provider within their first year of enrollment.

(e) Report to the agency the number of emergency roomvisits by enrollees who have not had at least one appointmentwith their primary care provider.

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41 Delete lines 3 - 9 42 and insert: 409.973, F.S.; requiring plans operating in the 43 managed medical assistance program to provide 44 45 enrollees an opportunity to enter into a direct 46 primary care agreement with identified network primary 47 care providers; encouraging such plans to enter into alternative payment arrangements with network primary 48 care providers for a specified purpose; creating s. 49