

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative(s) Gannon and Joyner offered the following:

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3 **Amendment**

4 Remove line(s) 182-311 and insert:

5 Medicaid utilization. However, notwithstanding any other
6 provision of law, all plans shall be required to provide
7 mammogram testing coverage at least once annually to all women
8 over 40 years of age.

9 (i) "Provider service network" means an incorporated
10 network:

11 1. Established or organized, and operated, by a health
12 care provider or group of affiliated health care providers;

13 2. That provides a substantial proportion of the health
14 care items and services under a contract directly through the
15 provider or affiliated group;

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16 3. That may make arrangements with physicians, other
17 health care professionals, and health care institutions, to
18 assume all or part of the financial risk on a prospective basis
19 for the provision of basic health services; and

20 4. Within which health care providers have a controlling
21 interest in the governing body of the provider service network
22 organization, as authorized by s. 409.912, Florida Statutes.

23 (j) "Shall" means the agency must include the provision of
24 a subsection as delineated in this section in the waiver
25 application and implement the provision to the extent allowed in
26 the demonstration project sites by the Centers for Medicare and
27 Medicaid Services and as approved by the Legislature pursuant to
28 this section.

29 (k) "State-certified contractor" means an entity not
30 authorized under part I, part II, or part III of chapter 641,
31 Florida Statutes, or under chapter 624, chapter 627, or chapter
32 636, Florida Statutes, qualified by the agency to be certified
33 as a managed care plan. The agency shall develop the standards
34 necessary to authorize an entity to become a state-certified
35 contractor.

36 (5) ELIGIBILITY.--

37 (a) The agency shall pursue waivers to reform Medicaid for
38 the following categorical groups:

39 1. Temporary Assistance for Needy Families, consistent
40 with ss. 402 and 1931 of the Social Security Act and chapter
41 409, chapter 414, or chapter 445, Florida Statutes.

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42 2. Supplemental Security Income recipients as defined in
43 Title XVI of the Social Security Act, except for persons who are
44 dually eligible for Medicaid and Medicare, individuals 60 years
45 of age or older, individuals who have developmental
46 disabilities, and residents of institutions or nursing homes.

47 3. All children covered pursuant to Title XIX of the
48 Social Security Act.

49 (b) The agency may pursue any appropriate federal waiver
50 to reform Medicaid for the populations not identified by this
51 subsection, including Title XXI children, if authorized by the
52 Legislature.

53 (6) CHOICE COUNSELING.--

54 (a) At the time of eligibility determination, the agency
55 shall provide the recipient with all the Medicaid health care
56 options available in that community to assist the recipient in
57 choosing health care coverage. A condition of enrollment is the
58 choice of a plan. The recipient shall be able to choose a plan
59 within 30 days after the recipient is eligible unless the
60 recipient loses eligibility.

61 (b) In the managed care demonstration projects, the
62 Medicaid recipients who are already enrolled in a managed care
63 plan shall remain with that plan until they lose eligibility.
64 The agency shall develop a method whereby newly eligible
65 Medicaid recipients, Medicaid recipients with renewed
66 eligibility, and Medipass enrollees shall enroll in managed care
67 plans certified pursuant to this section.

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68 (c) A Medicaid recipient receiving services under this
69 section is eligible for only emergency services until the
70 recipient enrolls in a managed care plan.

71 (d) The agency shall ensure that the recipient is provided
72 with:

73 1. A list and description of the benefits provided.

74 2. Information about cost sharing.

75 3. Plan performance data, if available.

76 4. An explanation of benefit limitations.

77 5. Contact information, including geographic locations and
78 transportation limitations.

79 6. Any other information the agency determines would
80 facilitate a recipient's understanding of the plan or insurance
81 that would best meet his or her needs.

82 (e) The agency shall ensure that there is a record of
83 recipient acknowledgment that choice counseling has been
84 provided.

85 (f) To accommodate the needs of recipients, the agency
86 shall ensure that the choice counseling process and related
87 material are designed to provide counseling through face-to-face
88 interaction, by telephone, and in writing and through other
89 forms of relevant media. Materials shall be written at the
90 fourth-grade reading level and available in a language other
91 than English when 5 percent of the county speaks a language
92 other than English. Choice counseling shall also utilize
93 language lines and other services for impaired recipients, such
94 as TTD/TTY.

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95 (g) The agency shall require the entity performing choice
96 counseling to determine if the recipient has made a choice of a
97 plan or has opted out because of duress, threats, payment to the
98 recipient, or incentives promised to the recipient by a third
99 party. If the choice counseling entity determines that the
100 decision to choose a plan was unlawfully influenced or a plan
101 violated any of the provisions of s. 409.912(21), Florida
102 Statutes, the choice counseling entity shall immediately report
103 the violation to the agency's program integrity section for
104 investigation. Verification of choice counseling by the
105 recipient shall include a stipulation that the recipient
106 acknowledges the provisions of this subsection.

107 (h) It is the intent of the Legislature, within the
108 authority of the waiver and within available resources, that the
109 agency promote health literacy and partner with the Department
110 of Health to provide information aimed to reduce minority health
111 disparities through outreach activities for Medicaid recipients.

112 (i) The agency is authorized to contract with entities to
113 perform choice counseling and may establish standards and
114 performance contracts, including standards requiring the
115 contractor to hire choice counselors representative of the
116 state's diverse population and to train choice counselors in
117 working with culturally diverse populations.

118 (j) The agency shall develop processes to ensure that
119 demonstration sites have sufficient levels of enrollment to
120 conduct a valid test of the managed care demonstration project
121 model within a 2-year timeframe.

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122 (7) PLANS.--

123 (a) Plan benefits.--The agency shall develop a capitated
124 system of care that promotes choice and competition. Plan
125 benefits shall include the mandatory services delineated in
126 federal law and specified in s. 409.905, Florida Statutes;
127 behavioral health services specified in s. 409.906(8), Florida
128 Statutes; pharmacy services specified in s. 409.906(20), Florida
129 Statutes; and other services including, but not limited to,
130 Medicaid optional services specified in s. 409.906, Florida
131 Statutes, for which a plan is receiving a risk-adjusted
132 capitation rate. Plans shall provide coverage of all mandatory
133 services, may vary in amount, duration, and scope of benefits,
134 and may cover optional services to attract recipients and
135 provide needed care. In all instances, the agency shall ensure
136 that plan benefits include those services that are medically
137 necessary, based on historical Medicaid utilization. However,
138 notwithstanding any other provision of law, all plans shall be
139 required to provide mammogram testing coverage at least once
140 annually to all women over 40 years of age.

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