Florida Senate - 2008 Bill No. CS for SB 1854

## 514678

	CHAMBER ACTION		
Senate		House	
	•		
Floor: WD/2R	•		
4/9/2008 2:12 PM	•		

Senator Wilson moved the following amendment:

## Senate Amendment (with title amendment)

Between line(s) 1219 and 1220,

insert:

Section 10. Paragraph (i) of subsection (3) of section 409.91211, Florida Statutes, as amended by chapter 2007-331, Laws of Florida, is amended to read:

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409.91211 Medicaid managed care pilot program.--

The agency shall have the following powers, duties, and (3) responsibilities with respect to the pilot program: 11

12 To implement a mechanism for providing information to (i) 13 Medicaid recipients for the purpose of selecting a capitated 14 managed care plan. For each plan available to a recipient, the 15 agency, at a minimum, shall ensure that the recipient is provided 16 with:

1. A list and description of the benefits provided.

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18	2. Information about cost sharing.
19	3. Plan performance data, if available.
20	4. An explanation of benefit limitations.
21	5. Contact information, including identification of
22	providers participating in the network, geographic locations, and
23	transportation limitations.
24	6. Plan standards for granting services in excess of the
25	plan's service caps.
26	7. Plan preferred drug lists, including listings of covered
27	drugs according to the same therapeutic classification used in
28	the agency's preferred drug list, and utilization review criteria
29	for granting coverage of drugs not on the preferred drug list.
30	8. Information on the right to transitional coverage of
31	services the recipient is receiving before enrollment in the
32	plan.
33	9.6. Any other information the agency determines would
34	facilitate a recipient's understanding of the plan or insurance
35	that would best meet his or her needs.
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37	======================================
38	And the title is amended as follows:
39	On line(s) 42, after the semicolon,
40	insert:
41	amending s. 409.91211, F.S.; requiring that Medicaid
42	recipients receive plan standards for granting services in
43	excess of the plan's services caps and preferred drug
44	lists and information on the right to transitional
45	coverage services for each plan;