Florida Senate - 2008 Bill No. CS for SB 1854



<u>Senate</u> Floor: WD/2R 4/9/2008 2:11 PM	•	House
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Senator Wilson moved the following **amendment**:

Senate Amendment (with title amendment)

Between lines 1219 and 1220,

insert:

Section 10. Paragraphs (ee), (ff), (gg), and (hh) are added to subsection (3) of section 409.91211, Florida Statutes, as amended by chapter 2007-331, Laws of Florida, to read:

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409.91211 Medicaid managed care pilot program.--

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

13 (ee) To implement contractual requirements and adopt rules 14 that will require capitated managed care plans and provider 15 services networks to continue providing any current services, 16 including those services subject to prior authorization, during

17 the period of time in which prior authorization is being

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requested, processed, or appealed. Services must be continued at 18 the current level until a notice conforming with 42 C.F.R. s. 19 20 431.200 is sent and at least 10 days after the date of the notice has passed and a hearing is not requested or, if a hearing is 21 22 requested, the hearing decision affirms the adverse action. 23 (ff) To adopt rules to establish policies by which exceptions to mandatory Medicaid reform enrollment may be made on 24 a case-by-case basis, in addition to those groups specified in 25 26 paragraph (1)(a). The rules shall include the specific criteria 27 to be applied when making a determination regarding whether to 28 exempt a recipient from mandatory enrollment. 29 (gq) To develop improvement benchmarks in the areas of 30 health plan and system readiness, timely claims processing, implementation of a consolidated complaint-tracking system that 31 32 has analytical capabilities for producing trending reports, and receipt and validations of encounter data, including paid and 33 34 denied claims. Before the program may be expanded beyond the pilot project counties, the improvement benchmarks must be met, 35 36 encounter data sufficient to conduct assessments of cost-37 effectiveness and quality of care must be available, and access to care must be available. Future audits or evaluations of cost-38 39 effectiveness must examine indicators of cost-shifting, 40 including, but not limited to, increases in emergency room admissions, incarceration rates, use of indigent drug program 41 42 funds, outsourcing, and administrative costs. 43 (hh) To perform monthly audits of reports of health plan provider networks by comparing them with enrollee handbooks for 44 45 discrepancies and contacting a statistically significant sample 46 of providers to ensure accuracy.

4/9/2008 2:13:00 PM

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49	And the title is amended as follows:
50	On line 42, after the first semicolon,
51	insert:
52	amending s. 409.91211, F.S.; requiring that the Agency for
53	Health Care Administration implement certain contractual
54	requirements concerning the Medicaid managed care pilot
55	program; requiring that the agency adopt certain rules
56	concerning the program; requiring that the agency develop
57	certain benchmarks and perform certain audits concerning
58	the program;