

1 A bill to be entitled
 2 An act relating to Medicaid managed care; amending s.
 3 409.9122, F.S.; revising the method for assigning Medicaid
 4 recipients to managed care plans in service areas 1 and 6;
 5 providing an effective date.

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 7 Be It Enacted by the Legislature of the State of Florida:

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 9 Section 1. Paragraph (k) of subsection (2) of section
 10 409.9122, Florida Statutes, is amended to read:

11 409.9122 Mandatory Medicaid managed care enrollment;
 12 programs and procedures.--

13 (2)

14 (k) When a Medicaid recipient does not choose a managed
 15 care plan or MediPass provider, the agency shall assign the
 16 Medicaid recipient to a managed care plan, except in those
 17 counties in which there are fewer than two managed care plans
 18 accepting Medicaid enrollees, in which case assignment shall be
 19 to a managed care plan or a MediPass provider. Medicaid
 20 recipients in counties with fewer than two managed care plans
 21 accepting Medicaid enrollees who are subject to mandatory
 22 assignment but who fail to make a choice shall be assigned to
 23 managed care plans until an enrollment of 35 percent in MediPass
 24 and 65 percent in managed care plans, of all those eligible to
 25 choose managed care, is achieved. Once that enrollment is
 26 achieved, the assignments shall be divided in order to maintain
 27 an enrollment in MediPass and managed care plans which is in a
 28 35 percent and 65 percent proportion, respectively. ~~In service~~

29 ~~areas 1 and 6 of the Agency for Health Care Administration where~~
30 ~~the agency is contracting for the provision of comprehensive~~
31 ~~behavioral health services through a capitated prepaid~~
32 ~~arrangement, recipients who fail to make a choice shall be~~
33 ~~assigned equally to MediPass or a managed care plan. For~~
34 purposes of this paragraph, when referring to assignment, the
35 term "managed care plans" includes exclusive provider
36 organizations, provider service networks, Children's Medical
37 Services Network, minority physician networks, and pediatric
38 emergency department diversion programs authorized by this
39 chapter or the General Appropriations Act. When making
40 assignments, the agency shall take into account the following
41 criteria:

42 1. A managed care plan has sufficient network capacity to
43 meet the need of members.

44 2. The managed care plan or MediPass has previously
45 enrolled the recipient as a member, or one of the managed care
46 plan's primary care providers or MediPass providers has
47 previously provided health care to the recipient.

48 3. The agency has knowledge that the member has previously
49 expressed a preference for a particular managed care plan or
50 MediPass provider as indicated by Medicaid fee-for-service
51 claims data, but has failed to make a choice.

52 4. The managed care plan's or MediPass primary care
53 providers are geographically accessible to the recipient's
54 residence.

55 5. The agency has authority to make mandatory assignments
56 based on quality of service and performance of managed care
57 plans.

58 Section 2. This act shall take effect March 1, 2008.