

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee

3 Representative Magar offered the following:

4
5 **Amendment (with title amendment)**

6 Between lines 476 and 477, insert:

7 Section 1. Subsection (5) is added to section 409.966,
8 Florida Statutes, to read:

9 409.966 Eligible plans; selection.—

10 (5) Before executing a contract for a plan to operate in a
11 specific region, the Secretary shall certify to the Governor,
12 the President of the Senate, and the Speaker of the House of
13 Representatives, that the plan has sufficiently documented its
14 capability of providing quality services to Medicaid enrollees
15 consistent with agency's requirements. The Secretary shall
16 further certify that the agency's plan selection decisions and

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17 automatic assignment procedures will not systematically prevent
18 the plan from achieving the minimum enrollment level identified
19 in the plan's pro forma financial statement as necessary for
20 sustainable operations. This certification does not guarantee
21 assignment of enrollees to any plan that fails to meet quality
22 standards.

23 Section 2. Subsection (1) of section 409.977, Florida
24 Statutes, is amended to read:

25 409.977 Enrollment.—

26 (1) The agency shall automatically enroll into a managed
27 care plan those Medicaid recipients who do not voluntarily
28 choose a plan pursuant to s. 409.969. The agency shall
29 automatically enroll recipients in plans that meet or exceed the
30 performance or quality standards established pursuant to s.
31 409.967 and may not automatically enroll recipients in a plan
32 that is deficient in those performance or quality standards.
33 When a specialty plan is available to accommodate a specific
34 condition or diagnosis of a recipient, the agency shall assign
35 the recipient to that plan. In the first year of the first
36 contract term only, if a recipient was previously enrolled in a
37 plan that is still available in the region, the agency shall
38 automatically enroll the recipient in that plan unless an
39 applicable specialty plan is available. Except as otherwise
40 provided in this part, the agency may not engage in practices
41 that are designed to favor one managed care plan over another

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42 except when temporarily necessary to enable a new plan in a
43 region to attain a sustainable enrollment level and accommodate
44 the certification by the agency under subsection 409.966(5).

45 Section 3. Subsection (1) of section 409.984, Florida
46 Statutes, is amended to read:

47 409.984 Enrollment in a long-term care managed care plan.—

48 (1) The agency shall automatically enroll into a long-term
49 care managed care plan those Medicaid recipients who do not
50 voluntarily choose a plan pursuant to s. 409.969. The agency
51 shall automatically enroll recipients in plans that meet or
52 exceed the performance or quality standards established pursuant
53 to s. 409.967 and may not automatically enroll recipients in a
54 plan that is deficient in those performance or quality
55 standards. If a recipient is deemed dually eligible for Medicaid
56 and Medicare services and is currently receiving Medicare
57 services from an entity qualified under 42 C.F.R. part 422 as a
58 Medicare Advantage Preferred Provider Organization, Medicare
59 Advantage Provider-sponsored Organization, or Medicare Advantage
60 Special Needs Plan, the agency shall automatically enroll the
61 recipient in such plan for Medicaid services if the plan is
62 currently participating in the long-term care managed care
63 program. Except as otherwise provided in this part, the agency
64 may not engage in practices that are designed to favor one
65 managed care plan over another except when temporarily necessary
66 to enable a new plan in a region to attain a sustainable

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67 enrollment level and accommodate the certification by the agency
68 under subsection 409.966(5).

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T I T L E A M E N D M E N T

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Remove line 47 and insert:

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s. 409.966, F.S.; requiring the secretary of the Agency for

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Health Care Administration to make certain certifications

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regarding prospective Medicaid managed care plans; amending s.

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409.977, F.S.; authorizing certain temporary enrollment

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assignment actions in the managed medical assistance program;

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amending s. 409.984, F.S.; authorizing certain temporary

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enrollment assignment actions in the managed long term care

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program; amending s. 624.91, F.S.; requiring an insurer or any

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provider of