

SENATE BILL SUMMARY

Prepared by the Division of Legislative Information for the Senate Bill **AS ORIGINALLY FILED**. For more detail, see Senate Bill Analyses, if available, prepared by the Senate's professional committee staff.

SB 1508 Medicaid Managed Care Programs by Senator Saunders

Revises criteria that the Agency for Health Care Administration (AHCA) is required to consider when assigning a Medicaid recipient to a managed care plan or MediPass provider. Requires the AHCA to consider a managed care plan's performance and compliance with network adequacy requirements and whether it has sufficient network capacity to meet the urgent, emergency, acute, and chronic needs of its members. Requires the agency to establish, monitor, and evaluate network adequacy standards for managed care plans. Expands the basis for such standards to include patient access standards for specialty care providers and network adequacy standards established by contract, rule, and statute.

Requires the AHCA to encourage the development of public and private partnerships to foster the growth of managed care plans rather than HMOs. Authorizes the agency to enter into contracts with traditional providers of health care to low-income persons subject to a specified appropriation.

Requires managed care plans and MediPass providers to demonstrate and document plans to ensure that Medicaid recipients receive health care service in a timely manner. Authorizes the AHCA to extend eligibility for Medicaid recipients enrolled in contracted managed care plans rather than HMOs. Requires the AHCA to verify patient load certifications if the AHCA determines that access to primary care is being compromised.

Requires the AHCA to include exemption payments and low-income pool payments in its calculation of the hospital inpatient component of an HMO's capitation rate.

Prohibits a managed care plan or MediPass provider from withholding payment for emergency services and care. (See bill for details)