

SB 200 shall be amended as follows:

Page 89, lines 24-27 and page 90, lines 1-9 are deleted and the following inserted:

(b) As part of its effort under Subsection (a), the commission shall:

(1) require each managed care organization providing health care services to recipients to assist those recipients with maintaining eligibility;

(2) if the commission determines it is cost-effective, develop specific strategies for assisting recipients who receive Supplemental Security Income (SSI) benefits under 42 U.S.C. Section 1381 et seq. with maintaining eligibility; and

(3) ensure information that is relevant to a recipient's eligibility status is provided to the managed care organization through which the recipient receives Medicaid services-; and

(4) to ensure network adequacy for managed care organizations, in developing the premium rates for Medicaid and CHIP managed care organizations, the commission shall, to the extent allowable by law, include provisions for payment of the federally qualified health centers' prospective payment system rate and establish contractual requirements that require managed care organizations to reimburse federally qualified health centers at the prospective payment system rate. At no additional cost to the state, on a quarterly basis, the commission shall reconcile with and provide managed care organizations an adjusted payment based on actual encounters that managed care organization members receive from federally qualified health centers.