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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/31/2012	.	
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The Committee on Health Regulation (Garcia) recommended the following:

Senate Amendment (with directory and title amendments)

Delete lines 3349 - 3359
and insert:

409.975 Managed care plan accountability.—In addition to the requirements of s. 409.967, plans and providers participating in the managed medical assistance program shall comply with the requirements of this section.

(1) PROVIDER NETWORKS.—Managed care plans must develop and maintain provider networks that meet the medical needs of their enrollees in accordance with standards established pursuant to s. 409.967(2) (b). Except as provided in this section, managed



314786

13 care plans may limit the providers in their networks based on
14 credentials, quality indicators, and price.

15 (e) Before the selection of managed care plans as specified
16 in s. 409.966, each essential provider and each hospital that
17 are necessary in order for a managed care plan to demonstrate an
18 adequate network, as determined by the agency, are a part of
19 that managed care plan's network for purposes of the provider's
20 or hospital's application for enrollment or expansion in the
21 Medicaid program. A managed care plan's payment under this
22 section to an essential provider must be made in accordance with
23 this section.

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26 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

27 And the directory clause is amended as follows:

28 Between lines 3348 and 3349

29 insert:

30 Section 79. Effective upon this act becoming law, paragraph
31 (e) is added to subsection (1) of section 409.975, Florida
32 Statutes, to read:

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

36 And the title is amended as follows:

37 Between lines 310 and 311

38 insert:

39 amending s. 409.975, F.S.;