

1 A bill to be entitled
 2 An act relating to managed care plan accountability;
 3 amending s. 409.967, F.S.; authorizing the Agency for
 4 Health Care Administration to impose fines and other
 5 sanctions on managed care plans that fail to comply
 6 with certain payment of claims requirements; amending
 7 s. 409.982, F.S.; requiring a managed care plan that
 8 excludes certain providers from its network to submit
 9 a report to the agency specifying the criteria used to
 10 make such determination; requiring certain providers
 11 to be included in plan networks; requiring the agency
 12 to submit a report to the Governor and Legislature by
 13 a specified date; providing an effective date.

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

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 17 Section 1. Paragraph (j) of subsection (2) of section
 18 409.967, Florida Statutes, is amended to read:

19 409.967 Managed care plan accountability.—

20 (2) The agency shall establish such contract requirements
 21 as are necessary for the operation of the statewide managed care
 22 program. In addition to any other provisions the agency may deem
 23 necessary, the contract must require:

24 (j) Prompt payment.—Managed care plans shall comply with
 25 ss. 641.315, 641.3155, and 641.513, and the agency shall impose

26 | finer, and may impose other sanctions, on a plan that willfully
 27 | fails to comply with those sections or s. 409.982(5), as
 28 | applicable.

29 | Section 2. Subsections (1) and (2) of section 409.982,
 30 | Florida Statutes, are amended to read:

31 | 409.982 Long-term care managed care plan accountability.—
 32 | In addition to the requirements of s. 409.967, plans and
 33 | providers participating in the long-term care managed care
 34 | program must comply with the requirements of this section.

35 | (1) PROVIDER NETWORKS.—Managed care plans may limit the
 36 | providers in their networks based on credentials, quality
 37 | indicators, and price. For the first 12 months of any contract
 38 | period following a procurement for the long-term care managed
 39 | care program under s. 409.981 ~~period between October 1, 2013,~~
 40 | ~~and September 30, 2014,~~ each selected plan must offer a network
 41 | contract to all nursing homes and hospices ~~the following~~
 42 | ~~providers~~ in the region or regions for which the plan is awarded
 43 | a contract.†

44 | ~~(a) Nursing homes.~~

45 | ~~(b) Hospices.~~

46 | ~~(c) Aging network service providers that have previously~~
 47 | ~~participated in home and community-based waivers serving elders~~
 48 | ~~or community service programs administered by the Department of~~
 49 | ~~Elderly Affairs.~~

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51 During the remainder of the contract period, a ~~After 12 months~~
52 ~~of active participation in a managed care plan's network, the~~
53 plan may exclude any of the providers named in this subsection
54 from the plan's network for failure to meet quality or
55 performance criteria. If a ~~the~~ plan excludes a provider from its
56 network ~~the plan~~, the plan must provide written notice to all
57 recipients who have chosen that provider for care. The notice
58 must be provided at least 30 days before the effective date of
59 the exclusion. The agency shall establish contract provisions
60 governing the transfer of recipients from excluded residential
61 providers. The agency shall require a plan that excludes a
62 provider from its network under this subsection to report to the
63 agency the quality or performance criteria used by the plan in
64 deciding to exclude the provider and to demonstrate how the
65 provider failed to meet the plan's criteria.

66 (2) SELECT PROVIDER PARTICIPATION.—Except as provided in
67 this subsection, providers may limit the managed care plans they
68 join. Nursing homes and hospices that are enrolled Medicaid
69 providers must participate in all eligible plans selected by the
70 agency in the region in which the provider is located, except
71 for plans from which the provider has been excluded under
72 subsection (1).

73 Section 3. The Agency for Health Care Administration shall
74 compile a report detailing the level of compliance by managed
75 care plans participating in the statewide managed care program

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76 | with ss. 409.982(5) and 641.3155, Florida Statutes. The report
77 | must include the time period beginning on the date the statewide
78 | managed care program was implemented and ending June 30, 2017,
79 | and must describe actions taken by the agency to monitor and
80 | enforce compliance, including corrective action plans, fines, or
81 | other sanctions, if any, and the results of such sanctions. The
82 | report must be provided to the Governor, the President of the
83 | Senate, and the Speaker of the House of Representatives by
84 | January 15, 2018.

85 | Section 4. This act shall take effect July 1, 2017.