

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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WITHDRAWN	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

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1 Committee/Subcommittee hearing bill: Children, Families &  
 2 Seniors Subcommittee

3 Representative Silvers offered the following:

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5 **Amendment (with title amendment)**

6 Between lines 291 and 292, insert:

7 Section 6. Paragraph (c) of subsection (2) of section  
 8 409.967, Florida Statutes, is amended to read:

9 409.967 Managed care plan accountability.—

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

14 (c) Access.—

15 1. The agency shall establish specific standards for the  
 16 number, type, and regional distribution of providers in managed

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17 care plan networks to ensure access to care for both adults and  
18 children. Each plan must maintain a regionwide network of  
19 providers in sufficient numbers to meet the access standards for  
20 specific medical services for all recipients enrolled in the  
21 plan. The exclusive use of mail-order pharmacies may not be  
22 sufficient to meet network access standards. Consistent with the  
23 standards established by the agency, provider networks may  
24 include providers located outside the region. A plan may  
25 contract with a new hospital facility before the date the  
26 hospital becomes operational if the hospital has commenced  
27 construction, will be licensed and operational by January 1,  
28 2013, and a final order has issued in any civil or  
29 administrative challenge. Each plan shall establish and maintain  
30 an accurate and complete electronic database of contracted  
31 providers, including information about licensure or  
32 registration, locations and hours of operation, specialty  
33 credentials and other certifications, specific performance  
34 indicators, and such other information as the agency deems  
35 necessary. The database must be available online to both the  
36 agency and the public and have the capability to compare the  
37 availability of providers to network adequacy standards and to  
38 accept and display feedback from each provider's patients. Each  
39 plan shall submit quarterly reports to the agency identifying  
40 the number of enrollees assigned to each primary care provider.  
41 The agency shall conduct, or contract for, systematic and

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42 continuous testing of the provider network databases maintained  
43 by each plan to confirm accuracy, confirm that behavioral health  
44 providers are accepting enrollees, and confirm that enrollees  
45 have access to behavioral health services.

46 2. Each managed care plan must publish any prescribed drug  
47 formulary or preferred drug list on the plan's website in a  
48 manner that is accessible to and searchable by enrollees and  
49 providers. The plan must update the list within 24 hours after  
50 making a change. Each plan must ensure that the prior  
51 authorization process for prescribed drugs is readily accessible  
52 to health care providers, including posting appropriate contact  
53 information on its website and providing timely responses to  
54 providers. For Medicaid recipients diagnosed with hemophilia who  
55 have been prescribed anti-hemophilic-factor replacement  
56 products, the agency shall provide for those products and  
57 hemophilia overlay services through the agency's hemophilia  
58 disease management program.

59 3. Managed care plans, and their fiscal agents or  
60 intermediaries, must accept prior authorization requests for any  
61 service electronically.

62 4. Managed care plans serving children in the care and  
63 custody of the Department of Children and Families must maintain  
64 complete medical, dental, and behavioral health encounter  
65 information and participate in making such information available  
66 to the department or the applicable contracted community-based

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67 care lead agency for use in providing comprehensive and  
68 coordinated case management. The agency and the department shall  
69 establish an interagency agreement to provide guidance for the  
70 format, confidentiality, recipient, scope, and method of  
71 information to be made available and the deadlines for  
72 submission of the data. The scope of information available to  
73 the department shall be the data that managed care plans are  
74 required to submit to the agency. The agency shall determine the  
75 plan's compliance with standards for access to medical, dental,  
76 and behavioral health services; the use of medications; and  
77 followup on all medically necessary services recommended as a  
78 result of early and periodic screening, diagnosis, and  
79 treatment.

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**T I T L E   A M E N D M E N T**

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Between lines 37 and 38, insert:

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amending s. 409.967, F.S.; requiring the Agency for Health Care

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Administration to test provider network databases maintained by

86

Medicaid managed care plans;