

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Learned offered the following:

Amendment (with title amendment)

Between lines 95 and 96, insert:

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

409.967 Managed care plan accountability.—

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

(c) Access.—

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

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38 the number of enrollees assigned to each primary care provider.
39 The agency shall conduct, or contract for, systematic and
40 continuous testing of the provider network databases maintained
41 by each plan to confirm accuracy, confirm that behavioral health
42 providers are accepting enrollees, and confirm that enrollees
43 have access to behavioral health services.

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

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

60 4. Managed care plans serving children in the care and
61 custody of the Department of Children and Families must maintain
62 complete medical, dental, and behavioral health encounter

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

78 5. Notwithstanding any other law, Medicaid enrollees,
79 including those enrolled in Medicaid managed care plans, must be
80 allowed their choice of any qualified Medicaid durable medical
81 equipment or complex rehabilitation technology provider. The
82 agency shall adopt rules to implement this subparagraph.

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

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Remove line 2 and insert:

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88 | An act relating to health care; amending s. 409.967,
89 | F.S.; requiring that Medicaid enrollees be allowed
90 | their choice of certain qualified Medicaid providers;
91 | amending

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