

Amendment No. 1

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WITHDRAWN	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>	

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Duran offered the following:

**Amendment (with title amendment)**

Remove lines 123-146 and insert:

an alternative plan is specifically approved by the agency. ~~To be eligible for low-income pool funding or other forms of supplemental payments funded by intergovernmental transfers, and in addition to any other applicable requirements, essential providers identified in s. 409.975(1)(a)2. must offer to contract with each managed care plan in their region and essential providers identified in s. [409.975](#)(1)(b)1. and 3. must offer to contract with each managed care plan in the state. Before releasing such supplemental payments, in the event the parties have not executed network contracts, the agency shall~~

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17 ~~evaluate the parties' efforts to complete negotiations. If such~~  
18 ~~efforts continue to fail, the agency must withhold such~~  
19 ~~supplemental payments beginning in the third quarter of the~~  
20 ~~fiscal year if it determines that, based upon the totality of~~  
21 ~~the circumstances, the essential provider has negotiated with~~  
22 ~~the managed care plan in bad faith. If the agency determines~~  
23 ~~that an essential provider has negotiated in bad faith, it must~~  
24 ~~notify the essential provider at least 90 days in advance of the~~  
25 ~~start of the third quarter of the fiscal year and afford the~~  
26 ~~essential provider hearing rights in accordance with chapter~~  
27 ~~120.~~

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**T I T L E   A M E N D M E N T**

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Remove lines 2-7 and insert:

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An act relating to Medicaid managed care; amending s. 409.908,  
33 F.S.; repealing language related to essential provider  
34 contracting requirements.

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