

By Senator Davis

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1 A bill to be entitled
2 An act relating to Medicaid behavioral health provider
3 performance; amending s. 409.967, F.S.; revising
4 provider network requirements for behavioral health
5 providers in the Medicaid program; specifying network
6 testing requirements; requiring the Agency for Health
7 Care Administration to establish certain performance
8 measures; requiring managed care plan contract
9 amendments by a specified date; requiring the agency
10 to submit an annual report to the Legislature;
11 providing an effective date.

12
13 Be It Enacted by the Legislature of the State of Florida:

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15 Section 1. Paragraphs (c) and (f) of subsection (2) of
16 section 409.967, Florida Statutes, are amended to read:

17 409.967 Managed care plan accountability.—

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

22 (c) *Access*.—

23 1. The agency shall establish specific standards for the
24 number, type, and regional distribution of providers in managed
25 care plan networks to ensure access to care for both adults and
26 children. Each plan must maintain a regionwide network of
27 providers in sufficient numbers to meet the access standards for
28 specific medical services for all recipients enrolled in the
29 plan. The exclusive use of mail-order pharmacies may not be

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30 sufficient to meet network access standards. Consistent with the
31 standards established by the agency, provider networks may
32 include providers located outside the region. Each plan shall
33 establish and maintain an accurate and complete electronic
34 database of contracted providers, including information about
35 licensure or registration, locations and hours of operation,
36 specialty credentials and other certifications, specific
37 performance indicators, and such other information as the agency
38 deems necessary. The database must be available online to both
39 the agency and the public and have the capability to compare the
40 availability of providers to network adequacy standards and to
41 accept and display feedback from each provider's patients. Each
42 plan shall submit quarterly reports to the agency identifying
43 the number of enrollees assigned to each primary care provider.
44 The agency shall ~~conduct, or contract for,~~ systematic and
45 continuous testing of the plan provider networks ~~network~~
46 ~~databases maintained by each plan~~ to confirm accuracy, confirm
47 that behavioral health providers are accepting enrollees, and
48 confirm that enrollees have timely access to ~~behavioral health~~
49 services. The agency shall specifically and expressly establish
50 network requirements for each type of behavioral health provider
51 serving Medicaid enrollees, including community-based and
52 residential providers. Testing of the behavioral health network
53 shall also include provider-specific data on access timeliness.

54 2. Each managed care plan must publish any prescribed drug
55 formulary or preferred drug list on the plan's website in a
56 manner that is accessible to and searchable by enrollees and
57 providers. The plan must update the list within 24 hours after
58 making a change. Each plan must ensure that the prior

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59 authorization process for prescribed drugs is readily accessible
60 to health care providers, including posting appropriate contact
61 information on its website and providing timely responses to
62 providers. For Medicaid recipients diagnosed with hemophilia who
63 have been prescribed anti-hemophilic-factor replacement
64 products, the agency shall provide for those products and
65 hemophilia overlay services through the agency's hemophilia
66 disease management program.

67 3. Managed care plans, and their fiscal agents or
68 intermediaries, must accept prior authorization requests for any
69 service electronically.

70 4. Managed care plans serving children in the care and
71 custody of the Department of Children and Families must maintain
72 complete medical, dental, and behavioral health encounter
73 information and participate in making such information available
74 to the department or the applicable contracted community-based
75 care lead agency for use in providing comprehensive and
76 coordinated case management. The agency and the department shall
77 establish an interagency agreement to provide guidance for the
78 format, confidentiality, recipient, scope, and method of
79 information to be made available and the deadlines for
80 submission of the data. The scope of information available to
81 the department shall be the data that managed care plans are
82 required to submit to the agency. The agency shall determine the
83 plan's compliance with standards for access to medical, dental,
84 and behavioral health services; the use of medications; and
85 followup on all medically necessary services recommended as a
86 result of early and periodic screening, diagnosis, and
87 treatment.

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88 (f) *Continuous improvement.*—The agency shall establish
89 specific performance standards and expected milestones or
90 timelines for improving performance over the term of the
91 contract.

92 1. Each managed care plan shall establish an internal
93 health care quality improvement system, including enrollee
94 satisfaction and disenrollment surveys. The quality improvement
95 system must include incentives and disincentives for network
96 providers.

97 2. Each managed care plan must collect and report the
98 Healthcare Effectiveness Data and Information Set (HEDIS)
99 measures, the federal Core Set of Children's Health Care Quality
100 measures, and the federal Core Set of Adult Health Care Quality
101 Measures, as specified by the agency. Each plan must collect and
102 report the Adult Core Set behavioral health measures beginning
103 with data reports for the 2025 calendar year. Each plan must
104 stratify reported measures by age, sex, race, ethnicity, primary
105 language, and whether the enrollee received a Social Security
106 Administration determination of disability for purposes of
107 Supplemental Security Income beginning with data reports for the
108 2026 calendar year. A plan's performance on these measures must
109 be published on the plan's website in a manner that allows
110 recipients to reliably compare the performance of plans. The
111 agency shall use the measures as a tool to monitor plan
112 performance.

113 3. Each managed care plan must be accredited by the
114 National Committee for Quality Assurance, the Joint Commission,
115 or another nationally recognized accrediting body, or have
116 initiated the accreditation process, within 1 year after the

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117 contract is executed. For any plan not accredited within 18
118 months after executing the contract, the agency shall suspend
119 automatic assignment under ss. 409.977 and 409.984.

120 4. The agency shall establish specific outcome performance
121 measures to reduce the incidence of crisis stabilization
122 services for children and adolescents who are high users of such
123 services. Performance measures must, at a minimum, establish
124 plan-specific, year-over-year improvement targets to reduce
125 repeated use.

126 Section 2. The Agency for Health Care Administration shall
127 amend existing contracts with managed care plans to execute the
128 requirements of this act. Such contract amendments must be
129 effective before January 1, 2024.

130 Section 3. Beginning on October 1, 2023, and annually
131 thereafter, the Agency for Health Care Administration shall
132 submit to the Legislature an annual report on Medicaid-enrolled
133 children and adolescents who are the highest users of crisis
134 stabilization services. The report shall include demographic and
135 geographic information; plan-specific performance data based on
136 the performance measures in s. 409.967(2)(f), Florida Statutes;
137 plan-specific provider network testing data generated pursuant
138 to s. 409.967(2)(c), Florida Statutes, including, but not
139 limited to, an assessment of access timeliness; and trends on
140 reported data points beginning from fiscal year 2020-2021. The
141 report shall include an analysis of relevant managed care plan
142 contract terms and the contract enforcement mechanisms available
143 to the agency to ensure compliance. The report shall include
144 data on enforcement or incentive actions taken by the agency to
145 ensure compliance with network standards and progress in

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146 performance improvement, including, but not limited to, the use
147 of the achieved savings rebate program as provided under s.
148 409.967, Florida Statutes. The report shall include a listing of
149 other actions taken by the agency to better serve such children
150 and adolescents.

151 Section 4. This act shall take effect July 1, 2023.