



931448

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/01/2025	.	
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The Committee on Health Policy (Sharief) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and 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



931448

11 necessary, the contract must require:

12 (c) Access.—

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.

23 2. The agency shall establish specific standards to ensure  
24 enrollees have access to network providers during state holidays  
25 and outside regular business hours. At least 50 percent of  
26 primary care providers participating in a plan provider network  
27 must offer appointment availability to Medicaid enrollees  
28 outside regular business hours. For the purposes of this  
29 subparagraph, the term "outside regular business hours" means  
30 Monday through Friday between 5 p.m. and 8 a.m. local time and  
31 all day Saturday and Sunday.

32 3. Each plan shall establish and maintain an accurate and  
33 complete electronic database of contracted providers, including  
34 information about licensure or registration, locations and hours  
35 of operation, specialty credentials and other certifications,  
36 specific performance indicators, and such other information as  
37 the agency deems necessary. The database must be available  
38 online to both the agency and the public and have the capability  
39 to compare the availability of providers to network adequacy



931448

40 standards and to accept and display feedback from each  
41 provider's patients.

42 4. Each plan must ~~shall~~ submit quarterly reports to the  
43 agency identifying the number of enrollees assigned to each  
44 primary care provider.

45 5. The agency shall conduct, or contract for, systematic  
46 and continuous testing of the provider network databases  
47 maintained by each plan to confirm accuracy, confirm that  
48 behavioral health providers are accepting enrollees, and confirm  
49 that enrollees have access to behavioral health services.

50 ~~6.2.~~ Each managed care plan must publish any prescribed  
51 drug formulary or preferred drug list on the plan's website in a  
52 manner that is accessible to and searchable by enrollees and  
53 providers. The plan must update the list within 24 hours after  
54 making a change. Each plan must ensure that the prior  
55 authorization process for prescribed drugs is readily accessible  
56 to health care providers, including posting appropriate contact  
57 information on its website and providing timely responses to  
58 providers. For Medicaid recipients diagnosed with hemophilia who  
59 have been prescribed anti-hemophilic-factor replacement  
60 products, the agency shall provide for those products and  
61 hemophilia overlay services through the agency's hemophilia  
62 disease management program.

63 ~~7.3.~~ Managed care plans, and their fiscal agents or  
64 intermediaries, must accept prior authorization requests for any  
65 service electronically.

66 ~~8.4.~~ Managed care plans serving children in the care and  
67 custody of the Department of Children and Families must maintain  
68 complete medical, dental, and behavioral health encounter



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

84 Section 2. This act shall take effect July 1, 2025.

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

87 And the title is amended as follows:

88 Delete everything before the enacting clause  
89 and insert:

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A bill to be entitled

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An act relating to Medicaid providers; amending s.

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

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Administration to include specified requirements in

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its contracts with Medicaid managed care plans;

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defining the term "outside regular business hours";

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providing an effective date.