

1 A bill to be entitled
2 An act relating to access to Medicaid providers;
3 amending s. 409.967, F.S.; requiring the Agency for
4 Health Care Administration to include specified
5 requirements in its contracts with Medicaid managed
6 care plans; defining the term "outside of regular
7 business hours"; providing an effective date.
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9 Be It Enacted by the Legislature of the State of Florida:
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11 **Section 1. Paragraph (c) of subsection (2) of section**
12 **409.967, Florida Statutes, is amended to read:**

13 409.967 Managed care plan accountability.—

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

18 (c) Access.—

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

26 sufficient to meet network access standards. Consistent with the
27 standards established by the agency, provider networks may
28 include providers located outside the region.

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

38 3. Each plan shall establish and maintain an accurate and
39 complete electronic database of contracted providers, including
40 information about licensure or registration, locations and hours
41 of operation, specialty credentials and other certifications,
42 specific performance indicators, and such other information as
43 the agency deems necessary. The database must be available
44 online to both the agency and the public and have the capability
45 to compare the availability of providers to network adequacy
46 standards and to accept and display feedback from each
47 provider's patients.

48 4. Each plan shall submit quarterly reports to the agency
49 identifying the number of enrollees assigned to each primary
50 care provider.

51 5. The agency shall conduct, or contract for, systematic
52 and continuous testing of the provider network databases
53 maintained by each plan to confirm accuracy, confirm that
54 behavioral health providers are accepting enrollees, and confirm
55 that enrollees have access to behavioral health services.

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

69 ~~7.3.~~ Managed care plans, and their fiscal agents or
70 intermediaries, must accept prior authorization requests for any
71 service electronically.

72 ~~8.4.~~ Managed care plans serving children in the care and
73 custody of the Department of Children and Families must maintain
74 complete medical, dental, and behavioral health encounter
75 information and participate in making such information available

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

90 | **Section 2.** This act shall take effect July 1, 2026.