

CS/HB 517

2026

A bill to be entitled
An act relating to Medicaid provider networks;
amending s. 409.967, F.S.; requiring the Agency for
Health Care Administration to establish network
adequacy standards for prepaid dental plans; providing
requirements for such standards; requiring Medicaid
managed care plan provider network databases to
identify whether providers are accepting new patients;
requiring prepaid dental plans to provide specified
information on the online provider database; providing
an effective date.

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

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.—

1. The agency shall establish specific standards for the number, type, and regional distribution of providers in managed care plan networks to ensure access to care for both adults and

26 children.

27 a. Each plan must maintain a regionwide network of
28 providers in sufficient numbers to meet the access standards for
29 specific medical services for all recipients enrolled in the
30 plan. The exclusive use of mail-order pharmacies may not be
31 sufficient to meet network access standards. Consistent with the
32 standards established by the agency, provider networks may
33 include providers located outside the region. The agency shall
34 establish a specific network adequacy standard, with time and
35 distance travel standards, for each provider type and specialty
36 service covered by prepaid dental plans, and shall establish a
37 standard for each level of sedation dentistry. The standards for
38 sedation dentistry shall ensure sufficient capacity to ensure
39 all enrollees who require sedation dentistry as medically
40 necessary may access at least two preventive or treatment
41 appointments per year. The time and distance travel standards
42 for sedation dentistry shall be no more than the standards for
43 general dentistry.

44 b. Each plan shall establish and maintain an accurate and
45 complete electronic database of contracted providers, including
46 information about licensure or registration, locations and hours
47 of operation, specialty credentials and other certifications,
48 specific performance indicators, whether the provider is
49 accepting additional Medicaid patients, and such other
50 information as the agency deems necessary. The database must be

51 available online to both the agency and the public and have the
52 capability to compare the availability of providers to network
53 adequacy standards and to accept and display feedback from each
54 provider's patients. For prepaid dental plans, the online
55 provider database must clearly identify sedation dentistry
56 providers, list specialty providers separately from general
57 dentists, and specifically identify the specialty services
58 offered by each provider. Each plan shall submit quarterly
59 reports to the agency identifying the number of enrollees
60 assigned to each primary care provider.

61 c. The agency shall conduct, or contract for, systematic
62 and continuous testing of the provider network databases
63 maintained by each plan to confirm accuracy, confirm that
64 behavioral health providers are accepting enrollees, and confirm
65 that enrollees have access to behavioral health services.

66 2. Each managed care plan must publish any prescribed drug
67 formulary or preferred drug list on the plan's website in a
68 manner that is accessible to and searchable by enrollees and
69 providers. The plan must update the list within 24 hours after
70 making a change. Each plan must ensure that the prior
71 authorization process for prescribed drugs is readily accessible
72 to health care providers, including posting appropriate contact
73 information on its website and providing timely responses to
74 providers. For Medicaid recipients diagnosed with hemophilia who
75 have been prescribed anti-hemophilic-factor replacement

76 products, the agency shall provide for those products and
77 hemophilia overlay services through the agency's hemophilia
78 disease management program.

79 3. Managed care plans, and their fiscal agents or
80 intermediaries, must accept prior authorization requests for any
81 service electronically.

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

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