

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

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

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15       **Section 1. Paragraph (c) of subsection (2) of section**  
16 **409.967, Florida Statutes, is 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.

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.