By Senator Davis

5-00015A-24 20241280__

A bill to be entitled

An act relating to Medicaid behavioral health provider performance; amending s. 409.967, F.S.; revising provider network requirements for behavioral health providers in the Medicaid program; specifying network testing requirements; requiring the Agency for Health Care Administration to establish certain performance measures; requiring that managed care plan contract amendments be effective by a specified date; requiring the agency to submit an annual report to the Legislature; providing an effective date.

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

Section 1. Paragraphs (c) and (f) of subsection (2) of section 409.967, Florida Statutes, are 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 children. Each plan must maintain a regionwide network of providers in sufficient numbers to meet the access standards for specific medical services for all recipients enrolled in the plan. The exclusive use of mail-order pharmacies may not be

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

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

making a change. Each plan must ensure that the prior authorization process for prescribed drugs is readily accessible to health care providers, including posting appropriate contact information on its website and providing timely responses to providers. For Medicaid recipients diagnosed with hemophilia who have been prescribed anti-hemophilic-factor replacement products, the agency shall provide for those products and hemophilia overlay services through the agency's hemophilia disease management program.

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

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

treatment.

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

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

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

3. Each managed care plan must be accredited by the

National Committee for Quality Assurance, the Joint Commission, or another nationally recognized accrediting body, or have initiated the accreditation process, within 1 year after the contract is executed. The agency shall suspend automatic assignment under ss. 409.977 and 409.984, for any plan not accredited within 18 months after executing the contract~~, the agency shall suspend automatic assignment under ss. 409.977 and 409.984~~.

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

Section 2. The Agency for Health Care Administration shall amend existing contracts with managed care plans to execute the requirements of this act. Such contract amendments must be effective before January 1, 2025.

Section 3. Beginning on October 1, 2024, and annually thereafter, the Agency for Health Care Administration shall submit to the Legislature an annual report on Medicaid-enrolled children and adolescents who are the highest users of crisis stabilization services. The report must include demographic and geographic information; plan-specific performance data based on the performance standards established under s. 409.967(2)(f), Florida Statutes; plan-specific provider network testing data generated pursuant to s. 409.967(2)(c), Florida Statutes, including, but not limited to, an assessment of timeliness of access to services; and trends on reported data points beginning

with the 2021-2022 fiscal year. The report must also include an analysis of relevant managed care plan contract terms and the contract enforcement mechanisms available to the agency to ensure compliance; data on enforcement or incentive actions taken by the agency to ensure compliance with network standards and progress in performance improvement, including, but not limited to, the use of the achieved savings rebate program as provided under s. 409.967, Florida Statutes; and a listing of other actions taken by the agency to better serve such children and adolescents.

Section 4. This act shall take effect July 1, 2024.