



LEGISLATIVE ACTION

Senate	.	House
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Floor: WD/2R	.	
04/30/2014 11:01 AM	.	
	.	

Senator Grimsley moved the following:

Senate Amendment (with title amendment)

Between lines 1056 and 1057

insert:

Section 22. Paragraph (d) of subsection (1) of section 409.975, Florida Statutes, is amended to read:

409.975 Managed care plan accountability.—In addition to the requirements of s. 409.967, plans and providers participating in the managed medical assistance program shall comply with the requirements of this section.

(1) PROVIDER NETWORKS.—Managed care plans must develop and



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12 maintain provider networks that meet the medical needs of their
13 enrollees in accordance with standards established pursuant to
14 s. 409.967(2)(c). Except as provided in this section, managed
15 care plans may limit the providers in their networks based on
16 credentials, quality indicators, and price.

17 (d) Each managed care plan must offer a network contract to
18 each home medical equipment and supplies provider in the region
19 which meets quality and fraud prevention and detection standards
20 established by the plan and which agrees to accept the lowest
21 price previously negotiated between the plan and another such
22 provider providing services in the region.

23 1. The provider accepting the lowest price in the region
24 may not be affiliated with the managed care plan, the managed
25 care plan's third-party administrator, or any provider,
26 including a home medical equipment and supplies provider,
27 contracted or subcontracted by the managed care plan to manage
28 that set of services or to establish a network.

29 2. Recipients must be allowed to select services from any
30 home medical equipment and supplies provider in a managed care
31 plan's network. A service authorization requested by an in-
32 network provider may not be transferred to another in-network
33 provider once a recipient has selected a provider. Only a
34 recipient may request a transfer from one in-network provider to
35 another in-network provider.

36
37
38 ===== T I T L E A M E N D M E N T =====

39 And the title is amended as follows:

40 Delete line 45



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41 and insert:
42 enroll in Medicaid managed care; amending s. 409.975,
43 F.S.; providing limitations on home medical equipment
44 and supplies providers contracting with a managed care
45 plan; providing that only a Medicaid recipient may
46 request a transfer from one in-network provider to
47 another; providing an