

	LEGISLATIVE	ACTION	
Senate			House

Floor: 2/AD/RM Floor: SENAT/C

03/10/2016 04:57 PM 03/11/2016 10:58 AM

Senator Garcia moved the following:

Senate Amendment to House Amendment (533707) to Senate Amendment (with title amendment)

Between lines 102 and 103 insert:

1

3

4 5

6 7

8

9

10

11

Section 2. Notwithstanding the amendment made to s. 409.975(6), Florida Statutes, by HB 5101, 1st Eng., 2016 Regular Session, subsection (6) of s. 409.975, Florida Statutes, is reenacted 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.

(6) PROVIDER PAYMENT.—Managed care plans and hospitals shall negotiate mutually acceptable rates, methods, and terms of payment. For rates, methods, and terms of payment negotiated after the contract between the agency and the plan is executed, plans shall pay hospitals, at a minimum, the rate the agency would have paid on the first day of the contract between the provider and the plan. Such payments to hospitals may not exceed 120 percent of the rate the agency would have paid on the first day of the contract between the provider and the plan, unless specifically approved by the agency. Payment rates may be updated periodically.

Section 3. It is the intent of the Legislature that the reenactment of s. 409.975(6), Florida Statutes, made by this act shall control over the amendment to that subsection made by HB 5101, 1st Eng., 2016 Regular Session, regardless of the order in which the reenactment and the amendment are enacted.

29 30 31

32

33

34 35

36

37

38

39

40

12

13

14 15

16

17

18

19

20

21

22

23

24

25

26

27

28

======= T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete lines 108 - 121

and insert:

An act relating to health care; requiring the Agency for Health Care Administration, the Department of Health, and the Office of Insurance Regulation to collect certain information; creating the Telehealth Advisory Council within the agency for specified purposes; specifying council membership; providing for 41

42

43

44 45

46

47

48

49

50 51

52



council membership requirements; requiring the council to review certain findings and make recommendations in a report to the Governor and the Legislature by a specified date; requiring the agency to report such information to the Governor and Legislature by a specified date; providing certain enforcement authority to each agency; providing for expiration of the reporting requirement; reenacting s. 409.975(6), F.S., relating to provider payment of managed medical assistance program participants; providing legislative intent regarding the effect of other legislation; providing an effective