230802

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/06/2017	.	
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The Committee on Banking and Insurance (Garcia) recommended the following:

1 **Senate Amendment (with title amendment)**

2

3 Delete lines 27 - 132

4 and insert:

5 (a)1. A managed care plan may not exclude any of the

6 following providers that meet the credentialing requirements of,

7 comply with agency standards for, and accept the terms of the

8 plan:

9 a. A pharmacy.

10 b. A primary care physician.

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11 c. A specialty physician.
12 d. A physical or occupational therapist or an infusion
13 therapy provider.
14 e. A chiropractor.
15 2. The managed care plan must offer the same rate of
16 reimbursement in the plan’s network to all providers that are of
17 the same type as any of those listed in subparagraph 1.
18 (b) Plans must include all providers in the region which
19 ~~that~~ are classified by the agency as essential Medicaid
20 providers, unless the agency approves, in writing, an
21 alternative arrangement for securing the types of services
22 offered by the essential providers. Providers are essential for
23 serving Medicaid enrollees if they offer services that are not
24 available from any other provider within a reasonable access
25 standard, or if they provided a substantial share of the total
26 units of a particular service used by Medicaid patients within
27 the region during the last 3 years and the combined capacity of
28 other service providers in the region is insufficient to meet
29 the total needs of the Medicaid patients. The agency may not
30 classify physicians and other practitioners as essential
31 providers. The agency, at a minimum, shall determine which
32 providers in the following categories are essential Medicaid
33 providers:
34 1. Federally qualified health centers.
35 2. Statutory teaching hospitals as defined in s.
36 408.07(45).
37 3. Hospitals that are trauma centers as defined in s.
38 395.4001(14).
39 4. Hospitals located at least 25 miles from any other

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40 hospital with similar services.
41
42 Managed care plans that have not contracted with all essential
43 providers in the region as of the first date of recipient
44 enrollment, or with whom an essential provider has terminated
45 its contract, must negotiate in good faith with such essential
46 providers for 1 year or until an agreement is reached, whichever
47 is first. Payments for services rendered by a nonparticipating
48 essential provider shall be made at the applicable Medicaid rate
49 as of the first day of the contract between the agency and the
50 plan. A rate schedule for all essential providers shall be
51 attached to the contract between the agency and the plan. After
52 1 year, managed care plans that are unable to contract with
53 essential providers shall notify the agency and propose an
54 alternative arrangement for securing the essential services for
55 Medicaid enrollees. The arrangement must rely on contracts with
56 other participating providers, regardless of whether those
57 providers are located within the same region as the
58 nonparticipating essential service provider. If the alternative
59 arrangement is approved by the agency, payments to
60 nonparticipating essential providers after the date of the
61 agency's approval shall equal 90 percent of the applicable
62 Medicaid rate. Except for payment for emergency services, if the
63 alternative arrangement is not approved by the agency, payment
64 to nonparticipating essential providers shall equal 110 percent
65 of the applicable Medicaid rate.
66 (c) ~~(b)~~ Certain providers are statewide resources and
67 essential providers for all managed care plans in all regions.
68 All managed care plans must include these essential providers in

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69 their networks. Statewide essential providers include:
70 1. Faculty plans of Florida medical schools.
71 2. Regional perinatal intensive care centers as defined in
72 s. 383.16(2).
73 3. Hospitals licensed as specialty children’s hospitals as
74 defined in s. 395.002(28).
75 4. Accredited and integrated systems serving medically
76 complex children which comprise separately licensed, but
77 commonly owned, health care providers delivering at least the
78 following services: medical group home, in-home and outpatient
79 nursing care and therapies, pharmacy services, durable medical
80 equipment, and Prescribed Pediatric Extended Care.
81
82 Managed care plans that have not contracted with all statewide
83 essential providers in all regions as of the first date of
84 recipient enrollment must continue to negotiate in good faith.
85 Payments to physicians on the faculty of nonparticipating
86 Florida medical schools shall be made at the applicable Medicaid
87 rate. Payments for services rendered by regional perinatal
88 intensive care centers shall be made at the applicable Medicaid
89 rate as of the first day of the contract between the agency and
90 the plan. Except for payments for emergency services, payments
91 to nonparticipating specialty children’s hospitals shall equal
92 the highest rate established by contract between that provider
93 and any other Medicaid managed care plan.
94 (d) ~~(c)~~ After 12 months of active participation in a plan’s
95 network, the plan may exclude any essential provider from the
96 network for failure to meet quality or performance criteria. If
97 the plan excludes an essential provider from the plan, the plan

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98 must provide written notice to all recipients who have chosen
99 that provider for care. The notice shall be provided at least 30
100 days before the effective date of the exclusion. For purposes of
101 this paragraph, the term “essential provider” includes providers
102 determined by the agency to be essential Medicaid providers
103 under paragraph (b) ~~(a)~~ and the statewide essential providers
104 specified in paragraph (c) ~~(b)~~.
105 (e)~~(d)~~ The applicable Medicaid rates for emergency services
106 paid by a plan under this section to a provider with which the
107 plan does not have an active contract shall be determined
108 according to s. 409.967(2)(b).
109 (f)~~(e)~~ Each managed care plan must offer a network contract
110 to each home medical equipment and supplies provider in the
111 region which meets quality and fraud prevention and detection
112 standards established by the plan and which agrees to accept the
113 lowest price previously negotiated between the plan and another
114 such provider.
115 (g) The agency shall adopt rules necessary to implement and
116 administer this subsection, including rules establishing
117 credentialing requirements and quality standards for the
118 providers specified in paragraph (a).
119
120 ================= T I T L E A M E N D M E N T ================
121 And the title is amended as follows:
122 Delete lines 4 - 10
123 and insert:
124 managed care plan from excluding specified providers
125 that meet the credentialing requirements and standards
126 established by the Agency for Health Care

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127 Administration and that accept the terms of the plan;
128 requiring a managed care plan to offer the same rate
129 of reimbursement to providers of the same type in the
130 plan’s network; providing rulemaking authority;
131 providing an