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(b)

A bill to be entitled

An act relating to patient referrals by Medicaid managed care organizations and managed care plans; requiring the Agency for Health Care Administration to contract for an analysis of Medicaid managed care plan referrals to affiliated organizations; providing requirements; requiring a report; providing an effective date.

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

- Section 1. (1) The Agency for Health Care Administration shall contract for an analysis of managed care plan referrals to affiliated organizations. As used in this section, the term "managed care plan" has the same meaning as in s. 409.962, Florida Statutes.
- (a) The contractor shall collect, compile, and analyze data to determine the extent to which each managed care plan, other than a provider service network as described in s.

  409.912(1), Florida Statutes, or any of the managed care plan's subcontractors, owns, has a controlling interest in, or has a profit-sharing arrangement with, a service provider or provider organization that provides services in the Statewide Medicaid Managed Care program under contract with that managed care plan.
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The contractor shall collect, compile, and analyze

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managed care plan data to determine the extent to which each
managed care plan refers or steers patients to service providers
or provider organizations which the managed care plan, or any of
its subcontractors, owns, has a controlling interest in, or has
a profit-sharing arrangement with. The analysis under this
paragraph must include a comparison of the cost of the services
provided under such referrals or steerage and the cost of such
services provided by other providers under contract with the
managed care plan or its subcontractor.

- (2) By July 1, 2026, the agency shall submit a report on the analyses required by subsection (1) to the Governor, the President of the Senate, and the Speaker of the House of Representatives.
  - Section 2. This act shall take effect July 1, 2025.