

Paragraph (c) is added to subsection (2) of section 409.967, Florida Statutes, 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:

(a) Physician compensation.—Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. Effective care management should enable plans to redirect available resources and increase compensation for physicians. Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. The agency may impose fines or other sanctions on a plan that fails to meet this performance standard after 2 years of continuous operation.

(b) Emergency services.—Managed care plans shall pay for services required by ss. 395.1041 and 401.45 and rendered by a noncontracted provider. The plans must comply with s. 641.3155. Reimbursement for services under this paragraph is the lesser of:

1. The provider's charges;
2. The usual and customary provider charges for similar services in the community where the services were provided;
3. The charge mutually agreed to by the entity and the provider within 60 days after submittal of the claim; or
4. The Medicaid rate, which, for the purposes of this paragraph, means the amount the provider would collect from the agency on a fee-for-service basis, less any amounts for the indirect costs of medical education and the direct costs of graduate medical education that are otherwise included in the agency's fee-for-service payment, as required under 42 U.S.C. s. 1396u-2(b)(2)(D). For the purpose of establishing the amounts specified in this subparagraph, the agency shall publish on its website annually, or more frequently as needed, the applicable fee-for-service fee schedules and their effective dates, less any amounts for indirect costs of medical education and direct costs of graduate medical education that are otherwise included in the agency's fee-for-service payments.

(c) Managed care plans shall reimburse nonparticipating freestanding psychiatric specialty hospitals in accordance with subparagraphs (b)1.-3., s. 409.975(6), and 42 C.F.R. 438.3(e)(2)(i).

Currently, if a Freestanding Psychiatric Specialty Hospital is not contracted with, or narrowed out of a network, the plan's members will still be brought there by law enforcement, medical hospitals and community providers will still send their members, and there are no protections to ensure compensation.

This language simply extends a similar non-contracted emergency protection to these providers as statute already does to emergency departments. This is a simple but necessary step towards achieving parity between behavioral health and medical health.

AHCA realized the need for this language and included it in their managed care contracts.

Subsection (5) of Section 394.467, Florida Statutes, is amended to read:

(5) CONTINUANCE OF HEARING.—~~The patient is entitled, with the concurrence of the patient's counsel, to at least one continuance of the hearing for up to 4 weeks~~ may receive a continuance of up to 7 days upon a showing of good cause.

Hearings for Involuntary Inpatient Placement may be continued perpetually under current law. This provision grants a single continuance upon showing good cause.

Paragraph (a) of subsection (6) of Section 394.467, Florida Statutes, is amended to read:

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.

(a)1. The court shall hold the hearing on involuntary inpatient placement within 5 court working days, unless a continuance is granted.

2.~~Except for good cause documented in the court file, the~~ The hearing must be held in ~~the county or the facility, as appropriate,~~ where the patient is located or remotely by video, must be as convenient to the patient as is consistent with orderly procedure, and shall be conducted in physical settings not likely to be injurious to the patient's condition. If the court finds that the patient's attendance at the hearing is not consistent with the best interests of the patient, and the patient's counsel does not object, the court may waive the presence of the patient from all or any portion of the hearing. All witnesses, including but not limited to, medical professionals who are or have been involved with the patient's treatment, may remotely attend and testify at the hearing under oath via video. The state attorney for the circuit in which the patient is located shall represent the state, rather than the petitioning facility administrator, as the real party in interest in the proceeding.

3. The court may appoint a magistrate to preside at the hearing. One of the professionals who executed the petition for involuntary inpatient placement certificate shall be a witness. The patient and the patient's guardian or representative shall be informed by the court of the right to an independent expert examination. If the patient cannot afford such an examination, the court shall ensure that one is provided, as otherwise provided for by law. The independent expert's report is confidential and not discoverable, unless the expert is to be called as a witness for the patient at the hearing. The testimony in the hearing must be given under oath, and the proceedings must be recorded. The patient may refuse to testify at the hearing.

This provision grants Hearings for Involuntary Inpatient Placement to be conducted remotely or by video creating a safer environment for both the patient and staff.

Subsection (3) of Section 397.305, Florida Statutes, is amended to read:

(3) It is the purpose of this chapter to provide for a comprehensive continuum of accessible and quality substance abuse prevention, intervention, clinical treatment, and recovery support services in the least restrictive environment which promotes long-term recovery while protecting and respecting the rights of individuals, primarily through ~~community-based private-not-for-profit~~ providers working with local governmental programs involving a wide range of agencies from both the public and private sectors.

This provision modernizes the statute to include all providers.