



1 with this part and rules adopted under this part. Unless  
2 designated by the department, facilities are not permitted to  
3 hold or treat involuntary patients under this part.

4 (3) PRIVATE FACILITIES.--Private facilities designated  
5 as receiving and treatment facilities by the department may  
6 provide examination and treatment of involuntary patients, as  
7 well as voluntary patients, are entitled to reimbursement from  
8 the department, and are subject to all the provisions of this  
9 part.

10 (4) RULES.--The department shall adopt rules relating  
11 to:

12 (a) Procedures and criteria for receiving and  
13 evaluating facility applications for designation, which may  
14 include onsite facility inspection and evaluation of an  
15 applicant's licensing status and performance history, as well  
16 as consideration of local service needs.

17 (b) Minimum standards consistent with this part which  
18 ~~that~~ a facility must meet and maintain in order to be  
19 designated as a receiving or treatment facility and procedures  
20 for monitoring continued adherence to such standards. Licensed  
21 facilities must report financial and health service data to  
22 the department pursuant to s. 408.061.

23 (c) Procedures for receiving complaints against a  
24 designated facility and for initiating inspections and  
25 investigations of facilities alleged to have violated ~~the~~  
26 ~~provisions of~~ this part or rules adopted under this part.

27 (d) Procedures and criteria for the suspension or  
28 withdrawal of designation.

29 Section 2. Paragraph (k) of subsection (3) of section  
30 408.05, Florida Statutes, is amended to read:

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1           408.05 Florida Center for Health Information and  
2 Policy Analysis.--

3           (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order  
4 to produce comparable and uniform health information and  
5 statistics for the development of policy recommendations, the  
6 agency shall perform the following functions:

7           (k) Develop, in conjunction with the State Consumer  
8 Health Information and Policy Advisory Council, and implement  
9 a long-range plan for making available health care quality  
10 measures and financial data that will allow consumers to  
11 compare health care services. The health care quality measures  
12 and financial data the agency must make available shall  
13 include, but is not limited to, pharmaceuticals, physicians,  
14 health care facilities, including health care facilities  
15 licensed under s. 394.875, and health plans and managed care  
16 entities. The agency shall submit the initial plan to the  
17 Governor, the President of the Senate, and the Speaker of the  
18 House of Representatives by January 1, 2006, and shall update  
19 the plan and report on the status of its implementation  
20 annually thereafter. The agency shall also make the plan and  
21 status report available to the public on its Internet website.  
22 As part of the plan, the agency shall identify the process and  
23 timeframes for implementation, any barriers to implementation,  
24 and recommendations of changes in the law that may be enacted  
25 by the Legislature to eliminate the barriers. As preliminary  
26 elements of the plan, the agency shall:

27           1. Make available patient-safety indicators, inpatient  
28 quality indicators, and performance outcome and patient charge  
29 data collected from health care facilities pursuant to s.  
30 408.061(1)(a) and (2). The terms "patient-safety indicators"  
31 and "inpatient quality indicators" shall be as defined by the

1 Centers for Medicare and Medicaid Services, the National  
2 Quality Forum, the Joint Commission on Accreditation of  
3 Healthcare Organizations, the Agency for Healthcare Research  
4 and Quality, the Centers for Disease Control and Prevention,  
5 or a similar national entity that establishes standards to  
6 measure the performance of health care providers, or by other  
7 states. The agency shall determine which conditions,  
8 procedures, health care quality measures, and patient charge  
9 data to disclose based upon input from the council. When  
10 determining which conditions and procedures are to be  
11 disclosed, the council and the agency shall consider variation  
12 in costs, variation in outcomes, and magnitude of variations  
13 and other relevant information. When determining which health  
14 care quality measures to disclose, the agency:

15       a. Shall consider such factors as volume of cases;  
16 average patient charges; average length of stay; complication  
17 rates; mortality rates; and infection rates, among others,  
18 which shall be adjusted for case mix and severity, if  
19 applicable.

20       b. May consider such additional measures that are  
21 adopted by the Centers for Medicare and Medicaid Studies,  
22 National Quality Forum, the Joint Commission on Accreditation  
23 of Healthcare Organizations, the Agency for Healthcare  
24 Research and Quality, Centers for Disease Control and  
25 Prevention, or a similar national entity that establishes  
26 standards to measure the performance of health care providers,  
27 or by other states.

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29 When determining which patient charge data to disclose, the  
30 agency shall consider such measures as average charge, average  
31 net revenue per adjusted patient day, average cost per

1 adjusted patient day, and average cost per admission, among  
2 others.

3           2. Make available performance measures, benefit  
4 design, and premium cost data from health plans licensed  
5 pursuant to chapter 627 or chapter 641. The agency shall  
6 determine which health care quality measures and member and  
7 subscriber cost data to disclose, based upon input from the  
8 council. When determining which data to disclose, the agency  
9 shall consider information that may be required by either  
10 individual or group purchasers to assess the value of the  
11 product, which may include membership satisfaction, quality of  
12 care, current enrollment or membership, coverage areas,  
13 accreditation status, premium costs, plan costs, premium  
14 increases, range of benefits, copayments and deductibles,  
15 accuracy and speed of claims payment, credentials of  
16 physicians, number of providers, names of network providers,  
17 and hospitals in the network. Health plans shall make  
18 available to the agency any such data or information that is  
19 not currently reported to the agency or the office.

20           3. Determine the method and format for public  
21 disclosure of data reported pursuant to this paragraph. The  
22 agency shall make its determination based upon input from the  
23 State Consumer Health Information and Policy Advisory Council.  
24 At a minimum, the data shall be made available on the agency's  
25 Internet website in a manner that allows consumers to conduct  
26 an interactive search that allows them to view and compare the  
27 information for specific providers. The website must include  
28 such additional information as is determined necessary to  
29 ensure that the website enhances informed decisionmaking among  
30 consumers and health care purchasers, which shall include, at  
31 a minimum, appropriate guidance on how to use the data and an

1 | explanation of why the data may vary from provider to  
2 | provider. The data specified in subparagraph 1. shall be  
3 | released no later than January 1, 2006, for the reporting of  
4 | infection rates, and no later than October 1, 2005, for  
5 | mortality rates and complication rates. The data specified in  
6 | subparagraph 2. shall be released no later than October 1,  
7 | 2006.

8 |         Section 3. Present paragraph (e) of subsection (1) of  
9 | section 408.061, Florida Statutes, is redesignated as  
10 | paragraph (f), and a new paragraph (e) is added to that  
11 | subsection, to read:

12 |             408.061 Data collection; uniform systems of financial  
13 | reporting; information relating to physician charges;  
14 | confidential information; immunity.--

15 |             (1) The agency shall require the submission by health  
16 | care facilities, health care providers, and health insurers of  
17 | data necessary to carry out the agency's duties.

18 | Specifications for data to be collected under this section  
19 | shall be developed by the agency with the assistance of  
20 | technical advisory panels including representatives of  
21 | affected entities, consumers, purchasers, and such other  
22 | interested parties as may be determined by the agency.

23 |             (e)1. Data to be submitted by a health care provider  
24 | licensed under s. 394.875 must include, but need not be  
25 | limited to, admission data and the source of patient referral;  
26 | discharge data; the patient's status at discharge; the average  
27 | patient length of stay by payer class; total patient days and  
28 | total patient admissions by payer class; the primary and  
29 | secondary diagnoses of each patient; the number of licensed  
30 | beds in the facility; the number of contracted beds as defined  
31 | in s. 394.455(25); total revenues by payer class; and

1 operating expenses, including expenses incurred for rendering  
2 services to patients who cannot or do not pay for their care  
3 and for whom there is no other means by which to collect  
4 payment and demographic data.

5 2. For the purpose of this paragraph, the term "payer  
6 class" includes, but is not limited to, Medicare, Medicare  
7 HMO, Medicaid, Medicaid HMO, private-pay insurance, private  
8 health care maintenance organization, private preferred  
9 provider organization, services contracted by the Department  
10 of Children and Family Services, self-pay, charity, and other  
11 government programs.

12 3. The data collected by a health care provider  
13 licensed under s. 394.875 must be submitted to the agency  
14 quarterly. The chief executive officer or an authorized  
15 representative or employee of the licensed facility must  
16 certify that the information submitted is true and accurate.  
17 Data elements shall be reported electronically. The agency  
18 shall publish an annual report detailing the information  
19 submitted by health care providers.

20 Section 4. For the purpose of incorporating the  
21 amendment made by this act to section 408.05, Florida  
22 Statutes, in a reference thereto, paragraph (c) of subsection  
23 (4) of section 381.026, Florida Statutes, is reenacted to  
24 read:

25 381.026 Florida Patient's Bill of Rights and  
26 Responsibilities.--

27 (4) RIGHTS OF PATIENTS.--Each health care facility or  
28 provider shall observe the following standards:

29 (c) Financial information and disclosure.--

30 1. A patient has the right to be given, upon request,  
31 by the responsible provider, his or her designee, or a

1 representative of the health care facility full information  
2 and necessary counseling on the availability of known  
3 financial resources for the patient's health care.

4         2. A health care provider or a health care facility  
5 shall, upon request, disclose to each patient who is eligible  
6 for Medicare, in advance of treatment, whether the health care  
7 provider or the health care facility in which the patient is  
8 receiving medical services accepts assignment under Medicare  
9 reimbursement as payment in full for medical services and  
10 treatment rendered in the health care provider's office or  
11 health care facility.

12         3. A health care provider or a health care facility  
13 shall, upon request, furnish a person, prior to provision of  
14 medical services, a reasonable estimate of charges for such  
15 services. Such reasonable estimate shall not preclude the  
16 health care provider or health care facility from exceeding  
17 the estimate or making additional charges based on changes in  
18 the patient's condition or treatment needs.

19         4. Each licensed facility not operated by the state  
20 shall make available to the public on its Internet website or  
21 by other electronic means a description of and a link to the  
22 performance outcome and financial data that is published by  
23 the agency pursuant to s. 408.05(3)(k). The facility shall  
24 place a notice in the reception area that such information is  
25 available electronically and the website address. The licensed  
26 facility may indicate that the pricing information is based on  
27 a compilation of charges for the average patient and that each  
28 patient's bill may vary from the average depending upon the  
29 severity of illness and individual resources consumed. The  
30 licensed facility may also indicate that the price of service  
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1 is negotiable for eligible patients based upon the patient's  
2 ability to pay.

3 5. A patient has the right to receive a copy of an  
4 itemized bill upon request. A patient has a right to be given  
5 an explanation of charges upon request.

6 Section 5. This act shall take effect July 1, 2007.

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9 SENATE SUMMARY

10 Requires mental health receiving and treatment facilities  
11 designated by the Department of Children and Family  
12 Services to report financial and health service data to  
13 the department. Requires the Agency for Health Care  
14 Administration to make certain health care data collected  
15 from specified mental health care providers available to  
16 consumers. Requires that certain data be collected by  
17 specified mental health care providers and submitted to  
18 the agency each quarter. Requires the agency to publish  
19 an annual report from the data collected.  
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