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1 A bill to be entitled

2 An act relating to mental health facilities; amending s.
3 394.461, F.S.; authorizing reimbursement of certain
4 private mental health receiving and treatment facilities
5 by the Department of Children and Family Services;
6 requiring licensed mental health receiving and treatment
7 facilities designated by the department to report
8 financial and health service data to the department;
9 amending s. 408.05, F.S.; requiring the Agency for Health
10 Care Administration to make certain health care data
11 collected from specified mental health care providers
12 available to consumers; amending s. 408.061, F.S.;
13 requiring that certain data be collected by specified
14 mental health care providers and submitted to the agency
15 each quarter; defining the term "payer class"; requiring
16 the agency to publish an annual report from the data
17 collected; reenacting s. 381.026(4)(c), F.S., relating to
18 the patient's bill of rights and responsibilities, to
19 incorporate the amendments made to s. 408.05, F.S., in a
20 reference thereto; providing an effective date.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. Subsections (3) and (4) of section 394.461,
25 Florida Statutes, are amended to read:

26 394.461 Designation of receiving and treatment
27 facilities.--The department is authorized to designate and
28 monitor receiving facilities and treatment facilities and may

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29 suspend or withdraw such designation for failure to comply with
30 this part and rules adopted under this part. Unless designated
31 by the department, facilities are not permitted to hold or treat
32 involuntary patients under this part.

33 (3) PRIVATE FACILITIES.--Private facilities designated as
34 receiving and treatment facilities by the department may provide
35 examination and treatment of involuntary patients, as well as
36 voluntary patients, are entitled to reimbursement from the
37 department, and are subject to all the provisions of this part.

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

39 (a) Procedures and criteria for receiving and evaluating
40 facility applications for designation, which may include onsite
41 facility inspection and evaluation of an applicant's licensing
42 status and performance history, as well as consideration of
43 local service needs.

44 (b) Minimum standards consistent with this part which ~~that~~
45 a facility must meet and maintain in order to be designated as a
46 receiving or treatment facility and procedures for monitoring
47 continued adherence to such standards. Licensed facilities must
48 report financial and health service data to the department
49 pursuant to s. 408.061.

50 (c) Procedures for receiving complaints against a
51 designated facility and for initiating inspections and
52 investigations of facilities alleged to have violated ~~the~~
53 ~~provisions of~~ this part or rules adopted under this part.

54 (d) Procedures and criteria for the suspension or
55 withdrawal of designation.

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56 Section 2. Paragraph (k) of subsection (3) of section
57 408.05, Florida Statutes, is amended to read:

58 408.05 Florida Center for Health Information and Policy
59 Analysis.--

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

64 (k) Develop, in conjunction with the State Consumer Health
65 Information and Policy Advisory Council, and implement a long-
66 range plan for making available health care quality measures and
67 financial data that will allow consumers to compare health care
68 services. The health care quality measures and financial data
69 the agency must make available shall include, but is not limited
70 to, pharmaceuticals, physicians, health care facilities,
71 including health care facilities licensed under s. 394.875, and
72 health plans and managed care entities. The agency shall submit
73 the initial plan to the Governor, the President of the Senate,
74 and the Speaker of the House of Representatives by January 1,
75 2006, and shall update the plan and report on the status of its
76 implementation annually thereafter. The agency shall also make
77 the plan and status report available to the public on its
78 Internet website. As part of the plan, the agency shall identify
79 the process and timeframes for implementation, any barriers to
80 implementation, and recommendations of changes in the law that
81 may be enacted by the Legislature to eliminate the barriers. As
82 preliminary elements of the plan, the agency shall:

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83 1. Make available patient-safety indicators, inpatient
84 quality indicators, and performance outcome and patient charge
85 data collected from health care facilities pursuant to s.
86 408.061(1)(a) and (2). The terms "patient-safety indicators" and
87 "inpatient quality indicators" shall be as defined by the
88 Centers for Medicare and Medicaid Services, the National Quality
89 Forum, the Joint Commission on Accreditation of Healthcare
90 Organizations, the Agency for Healthcare Research and Quality,
91 the Centers for Disease Control and Prevention, or a similar
92 national entity that establishes standards to measure the
93 performance of health care providers, or by other states. The
94 agency shall determine which conditions, procedures, health care
95 quality measures, and patient charge data to disclose based upon
96 input from the council. When determining which conditions and
97 procedures are to be disclosed, the council and the agency shall
98 consider variation in costs, variation in outcomes, and
99 magnitude of variations and other relevant information. When
100 determining which health care quality measures to disclose, the
101 agency:

102 a. Shall consider such factors as volume of cases; average
103 patient charges; average length of stay; complication rates;
104 mortality rates; and infection rates, among others, which shall
105 be adjusted for case mix and severity, if applicable.

106 b. May consider such additional measures that are adopted
107 by the Centers for Medicare and Medicaid Studies, National
108 Quality Forum, the Joint Commission on Accreditation of
109 Healthcare Organizations, the Agency for Healthcare Research and
110 Quality, Centers for Disease Control and Prevention, or a

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111 similar national entity that establishes standards to measure
112 the performance of health care providers, or by other states.
113

114 When determining which patient charge data to disclose, the
115 agency shall consider such measures as average charge, average
116 net revenue per adjusted patient day, average cost per adjusted
117 patient day, and average cost per admission, among others.

118 2. Make available performance measures, benefit design,
119 and premium cost data from health plans licensed pursuant to
120 chapter 627 or chapter 641. The agency shall determine which
121 health care quality measures and member and subscriber cost data
122 to disclose, based upon input from the council. When determining
123 which data to disclose, the agency shall consider information
124 that may be required by either individual or group purchasers to
125 assess the value of the product, which may include membership
126 satisfaction, quality of care, current enrollment or membership,
127 coverage areas, accreditation status, premium costs, plan costs,
128 premium increases, range of benefits, copayments and
129 deductibles, accuracy and speed of claims payment, credentials
130 of physicians, number of providers, names of network providers,
131 and hospitals in the network. Health plans shall make available
132 to the agency any such data or information that is not currently
133 reported to the agency or the office.

134 3. Determine the method and format for public disclosure
135 of data reported pursuant to this paragraph. The agency shall
136 make its determination based upon input from the State Consumer
137 Health Information and Policy Advisory Council. At a minimum,
138 the data shall be made available on the agency's Internet

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139 website in a manner that allows consumers to conduct an
140 interactive search that allows them to view and compare the
141 information for specific providers. The website must include
142 such additional information as is determined necessary to ensure
143 that the website enhances informed decisionmaking among
144 consumers and health care purchasers, which shall include, at a
145 minimum, appropriate guidance on how to use the data and an
146 explanation of why the data may vary from provider to provider.
147 The data specified in subparagraph 1. shall be released no later
148 than January 1, 2006, for the reporting of infection rates, and
149 no later than October 1, 2005, for mortality rates and
150 complication rates. The data specified in subparagraph 2. shall
151 be released no later than October 1, 2006.

152 Section 3. Present paragraph (e) of subsection (1) of
153 section 408.061, Florida Statutes, is redesignated as paragraph
154 (f), and a new paragraph (e) is added to that subsection, to
155 read:

156 408.061 Data collection; uniform systems of financial
157 reporting; information relating to physician charges;
158 confidential information; immunity.--

159 (1) The agency shall require the submission by health care
160 facilities, health care providers, and health insurers of data
161 necessary to carry out the agency's duties. Specifications for
162 data to be collected under this section shall be developed by
163 the agency with the assistance of technical advisory panels
164 including representatives of affected entities, consumers,
165 purchasers, and such other interested parties as may be
166 determined by the agency.

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167 (e)1. Data to be submitted by a health care provider
168 licensed under s. 394.875 must include, but need not be limited
169 to, admission data and the source of patient referral; discharge
170 data; the patient's status at discharge; the average patient
171 length of stay by payer class; total patient days and total
172 patient admissions by payer class; the primary and secondary
173 diagnoses of each patient; the number of licensed beds in the
174 facility; the number of contracted beds in a public facility as
175 defined in s. 394.455(25); total revenues by payer class; and
176 operating expenses.

177 2. For the purpose of this paragraph, the term "payer
178 class" includes, but is not limited to, Medicare, Medicare HMO,
179 Medicaid, Medicaid HMO, private-pay insurance, private health
180 care maintenance organization, private preferred provider
181 organization, services contracted by the Department of Children
182 and Family Services, self-pay, charity, and other government
183 programs.

184 3. The data collected by a health care provider licensed
185 under s. 394.875 must be submitted to the agency quarterly. The
186 chief executive officer or an authorized representative or
187 employee of the licensed facility must certify that the
188 information submitted is true and accurate. Data elements shall
189 be reported electronically. The agency shall publish an annual
190 report detailing the information submitted by health care
191 providers.

192 Section 4. For the purpose of incorporating the amendment
193 made by this act to section 408.05, Florida Statutes, in a

194 reference thereto, paragraph (c) of subsection (4) of section
 195 381.026, Florida Statutes, is reenacted to read:

196 381.026 Florida Patient's Bill of Rights and
 197 Responsibilities.--

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

200 (c) Financial information and disclosure.--

201 1. A patient has the right to be given, upon request, by
 202 the responsible provider, his or her designee, or a
 203 representative of the health care facility full information and
 204 necessary counseling on the availability of known financial
 205 resources for the patient's health care.

206 2. A health care provider or a health care facility shall,
 207 upon request, disclose to each patient who is eligible for
 208 Medicare, in advance of treatment, whether the health care
 209 provider or the health care facility in which the patient is
 210 receiving medical services accepts assignment under Medicare
 211 reimbursement as payment in full for medical services and
 212 treatment rendered in the health care provider's office or
 213 health care facility.

214 3. A health care provider or a health care facility shall,
 215 upon request, furnish a person, prior to provision of medical
 216 services, a reasonable estimate of charges for such services.
 217 Such reasonable estimate shall not preclude the health care
 218 provider or health care facility from exceeding the estimate or
 219 making additional charges based on changes in the patient's
 220 condition or treatment needs.

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221 4. Each licensed facility not operated by the state shall
222 make available to the public on its Internet website or by other
223 electronic means a description of and a link to the performance
224 outcome and financial data that is published by the agency
225 pursuant to s. 408.05(3)(k). The facility shall place a notice
226 in the reception area that such information is available
227 electronically and the website address. The licensed facility
228 may indicate that the pricing information is based on a
229 compilation of charges for the average patient and that each
230 patient's bill may vary from the average depending upon the
231 severity of illness and individual resources consumed. The
232 licensed facility may also indicate that the price of service is
233 negotiable for eligible patients based upon the patient's
234 ability to pay.

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

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