

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Homan offered the following:

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3 **Amendment (with title amendment)**

4 Remove lines 831-895 and insert:

5 (3) PERFORMANCE MEASUREMENT.—Each plan shall monitor the  
6 quality and performance of each participating provider. At the  
7 beginning of the contract period, each plan shall notify all its  
8 network providers of the metrics used by the plan for evaluating  
9 the provider's performance and determining continued  
10 participation in the network.

11 (4) PREGNANCY AND INFANT HEALTH.—Each plan shall establish  
12 specific programs and procedures to improve pregnancy outcomes  
13 and infant health, including, but not limited to, coordination  
14 with the Healthy Start program, immunization programs, and  
15 referral to the Special Supplemental Nutrition Program for

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16 Women, Infants, and Children, and the Children's Medical  
17 Services program for children with special health care needs.

18 (5) SCREENING RATE.—Each plan shall achieve an annual  
19 Early and Periodic Screening, Diagnosis, and Treatment Service  
20 screening rate of at least 60 percent for those recipients  
21 continuously enrolled for at least 8 months.

22 (6) PROVIDER PAYMENT.—Plans and hospitals shall negotiate  
23 mutually acceptable rates, methods, and terms of payment. At a  
24 minimum, plans shall pay hospitals the Medicaid rate. Payments  
25 to hospitals shall not exceed 150 percent of the Medicaid rate,  
26 unless specifically approved by the agency. For purposes of this  
27 subsection, the Medicaid rate is the rate the agency would have  
28 paid on the first day of the contract between the provider and  
29 the plan. Payment rates may be updated periodically.

30 (7) CONFLICT RESOLUTION.—The agency shall establish a  
31 process for resolving disputes between qualified plans Medicaid  
32 inpatient hospital providers when the agency is notified by  
33 either party of irreconcilable differences and the agency  
34 determines that the dispute jeopardizes access to or quality of  
35 services for Medicaid recipients. The agency may contract with  
36 an outside entity for any portion of this process. When this  
37 process is invoked by one or both of the parties, the agency is  
38 authorized to establish payment rates, contract terms, and other  
39 conditions on either or both parties. This process may not be  
40 used to review and reverse any plan decision to exclude any  
41 provider that fails to meet quality standards. Administration  
42 costs of each instance of conflict resolution shall be paid by  
43 the entities which invoke it, in equal parts.

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44        (8) MEDICALLY NEEDED ENROLLEES.—Each selected plan shall

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48                    **T I T L E   A M E N D M E N T**

49        Remove lines 80-81 and insert:

50        in the first year; requiring plans to monitor the