

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Finance & Facilities
 2 Subcommittee

3 Representative Bartleman offered the following:

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5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Sub-paragraph 2. of paragraph (f) of subsection
 8 (2) of section 409.967, Florida Statutes, is amended to read:

9 409.967 Managed care plan accountability.—

10 (2) The agency shall establish such contract requirements
 11 as are necessary for the operation of the statewide managed care
 12 program. In addition to any other provisions the agency may deem
 13 necessary, the contract must require:

14 (f) Continuous improvement.—The agency shall establish
 15 specific performance standards and expected milestones or

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16 | timelines for improving performance over the term of the
17 | contract.

18 | 1. Each managed care plan shall establish an internal
19 | health care quality improvement system, including enrollee
20 | satisfaction and disenrollment surveys. The quality improvement
21 | system must include incentives and disincentives for network
22 | providers.

23 | 2. Each managed care plan must collect and report the
24 | Healthcare Effectiveness ~~Health Plan Employer~~ Data and
25 | Information Set (HEDIS) measures, federal Core Set of Children's
26 | Health Care Quality measures, and federal Core Set of Adult
27 | Health Care Quality Measures, as specified by the agency. Each
28 | plan must collect and report the Adult Core Set behavioral
29 | health measures beginning with calendar year 2024 data reports.
30 | Each plan must stratify reported measures by age, sex, race,
31 | ethnicity, primary language, and whether the enrollee received a
32 | Social Security Administration disability determination for
33 | purposes of Supplemental Security Income beginning with calendar
34 | year 2025 data reports. The plan's performance on these measures
35 | must be published on the plan's website in a manner that allows
36 | recipients to reliably compare the performance of plans. The
37 | agency shall use the ~~HEDIS~~ measures as a tool to monitor plan
38 | performance.

39 | 3. Each managed care plan must be accredited by the
40 | National Committee for Quality Assurance, the Joint Commission,

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41 or another nationally recognized accrediting body, or have
42 initiated the accreditation process, within 1 year after the
43 contract is executed. For any plan not accredited within 18
44 months after executing the contract, the agency shall suspend
45 automatic assignment under s. 409.977 and 409.984.

46 4. By the end of the fourth year of the first contract
47 term, the agency shall issue a request for information to
48 determine whether cost savings could be achieved by contracting
49 for plan oversight and monitoring, including analysis of
50 encounter data, assessment of performance measures, and
51 compliance with other contractual requirements.

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

56 Remove lines 3-11 and insert:
57 amending s. 409.967, F.S.; requiring managed care plans to
58 collect and report Health Plan Employer Data and Information
59 Set, Core Set of Children's Health Care Quality, and Core Set of
60 Adult Health Care Quality measures for specified categories
61 beginning with specified data reporting periods; requiring
62 managed care plans to stratify required measures in specified
63 categories for specified data reporting periods; requiring
64 managed care plans to publish such measures on their websites;

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65 | requiring the Agency for Health Care Administration to use such
66 | measures to monitor plan performance; providing an