

HB 899

2021

1 A bill to be entitled
2 An act relating to managed care plan performance;
3 amending s. 409.967, F.S.; requiring managed care
4 plans to collect and report Health Plan Employer Data
5 and Information Set measures by specified categories;
6 requiring certain managed care plans to collect and
7 report annually the Core Set of Children's Health Care
8 Quality measures by specified categories and to
9 publish such measures on their websites; requiring the
10 Agency for Health Care Administration to use such
11 measures to monitor plan performance; providing an
12 effective date.

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14 Be It Enacted by the Legislature of the State of Florida:

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16 Section 1. Paragraph (f) of subsection (2) of section
17 409.967, Florida Statutes, is amended to read:

18 409.967 Managed care plan accountability.—

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

23 (f) Continuous improvement.—The agency shall establish
24 specific performance standards and expected milestones or
25 timelines for improving performance over the term of the

26 contract.

27 1. Each managed care plan shall establish an internal
28 health care quality improvement system, including enrollee
29 satisfaction and disenrollment surveys. The quality improvement
30 system must include incentives and disincentives for network
31 providers.

32 2. Each managed care plan must collect and report the
33 Health Plan Employer Data and Information Set (HEDIS) measures,
34 as specified by the agency, which must be stratified by age,
35 race, ethnicity, primary language, sex, and disability status.
36 These measures must be published on the plan's website in a
37 manner that allows recipients to reliably compare the
38 performance of plans. The agency shall use the HEDIS measures as
39 a tool to monitor plan performance.

40 3. Each managed care plan that has Medicaid enrollees from
41 birth to 20 years of age must collect and report annually the
42 Core Set of Children's Health Care Quality (Child Core Set)
43 measures, as developed by the Centers for Medicare and Medicaid
44 Services, which must be stratified by age, race, ethnicity,
45 primary language, sex, and disability status. These measures
46 must be published on the plan's website in a manner that allows
47 recipients to reliably compare the performance of plans. The
48 agency shall use the Child Core Set measures as a tool to
49 monitor plan performance.

50 ~~4.3.~~ Each managed care plan must be accredited by the

51 National Committee for Quality Assurance, the Joint Commission,
52 or another nationally recognized accrediting body, or have
53 initiated the accreditation process, within 1 year after the
54 contract is executed. For any plan not accredited within 18
55 months after executing the contract, the agency shall suspend
56 automatic assignment under s. 409.977 and 409.984.

57 ~~5.4.~~ By the end of the fourth year of the first contract
58 term, the agency shall issue a request for information to
59 determine whether cost savings could be achieved by contracting
60 for plan oversight and monitoring, including analysis of
61 encounter data, assessment of performance measures, and
62 compliance with other contractual requirements.

63 Section 2. This act shall take effect July 1, 2021.