

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 specified measures
 5 beginning with a certain data reporting period;
 6 requiring plans to stratify reported measures by
 7 specified categories beginning with a certain data
 8 reporting period; requiring a plan's performance to be
 9 published on its website in a specified manner;
 10 requiring the Agency for Health Care Administration to
 11 use the measures to monitor plan performance;
 12 providing an 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 | Healthcare Effectiveness ~~Health Plan Employer~~ Data and
34 | Information Set (HEDIS) measures, the federal Core Set of
35 | Children's Health Care Quality measures, and the federal Core
36 | Set of Adult Health Care Quality Measures, as specified by the
37 | agency. Each plan must collect and report the Adult Core Set
38 | behavioral health measures beginning with data reports for the
39 | 2025 calendar year. Each plan must stratify reported measures by
40 | age, sex, race, ethnicity, primary language, and whether the
41 | enrollee received a Social Security Administration determination
42 | of disability for purposes of Supplemental Security Income
43 | beginning with data reports for the 2026 calendar year. A plan's
44 | performance on these measures must be published on the plan's
45 | website in a manner that allows recipients to reliably compare
46 | the performance of plans. The agency shall use the ~~HEDIS~~
47 | measures as a tool to monitor plan performance.

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

50 or another nationally recognized accrediting body, or have
51 initiated the accreditation process, within 1 year after the
52 contract is executed. For any plan not accredited within 18
53 months after executing the contract, the agency shall suspend
54 automatic assignment under ss. 409.977 and 409.984 ~~s. 409.977~~
55 ~~and 409.984~~.

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

62 Section 2. This act shall take effect July 1, 2022.