

By Senator Jones

35-01313A-22

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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.

13  
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

35-01313A-22

20221258\_\_

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

35-01313A-22

20221258\_\_

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.