Florida Senate - 2007

Bill No. <u>SB 1828</u>

	CHAMBER ACTION Senate House						
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11	The Committee on Health and Human Services Appropriations						
12	(Saunders) recommended the following amendment:						
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14	Senate Amendment (with title amendment)						
15	Delete everything after the enacting clause						
16							
17	and insert:						
18	Section 1. Subsections (8) and (9) of section						
19	409.91211, Florida Statutes, are amended to read:						
20	409.91211 Medicaid managed care pilot program						
21	(8)(a) The agency shall develop a methodology for						
22	calculating risk-adjusted capitation rates using comprehensive						
23	encounter data pursuant to subparagraph (3)(p)4. for all						
24	Medicaid services specified under this section. The agency						
25	shall concentrate on the managed care pilot areas in its						
26	efforts to gather comprehensive encounter data. Prior to the						
27	implementation of a risk-adjusted capitation rate methodology						
28	that uses a comprehensive encounter data system, the agency						
29	shall ensure that all of the following criteria are met:						
30	1. The agency has confirmed that the encounter data						
31	are accurate and have been screened for completeness, logic,						
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1	and consistency.					
2	2. The agency has compiled no less than 1 year's worth					
3	of complete encounter data to permit the adjustment of					
4	capitation rates for health risk differences and has ensured					
5	that the data are of sufficient integrity to be used for					
6	risk-adjustment purposes in accordance with actuarial					
7	standards of practice which are generally recognized as sound					
8	and appropriate.					
9	3. The agency has consulted with and sought input from					
10	the technical advisory panel regarding the development and					
11	implementation of the comprehensive encounter data system as					
12	the system is developed.					
13	(b) The agency may implement an interim risk-adjusted					
14	capitation rate methodology to be used before a fully					
15	functional encounter data system has been in operation for 12					
16	months, pursuant to paragraph (a).					
17	The agency must ensure, in the first two state fiscal					
18	years in which a risk-adjusted methodology is a component of					
19	rate setting, that no managed care plan providing					
20	comprehensive benefits to TANF and SSI recipients has an					
21	aggregate risk score that varies by more than 10 percent from					
22	the aggregate weighted mean of all managed care plans					
23	providing comprehensive benefits to TANF and SSI recipients in					
24	a reform area. The agency's payment to a managed care plan					
25	shall be based on such revised aggregate risk score.					
26	(9) <u>Risk-adjusted</u> After any calculations of aggregate					
27	risk scores or revised aggregate risk scores in subsection					
28	(8), the capitation rates for plans participating under this					
29	section shall be phased in as follows:					
30	(a) In the first year <u>of the pilot program</u> , the					
31	capitation rates shall be weighted so that 75 percent of each 2					
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1	capitation rate is based on the current methodology <u>developed</u>					
2	under s. 409.9124 and 25 percent is based on a new					
3	risk-adjusted capitation rate methodology developed under					
4	subsection (8). During the first year of the pilot program, no					
5	managed care plan's aggregate risk score shall vary by more					
б	than 10 percent from the aggregate weighted mean of all					
7	managed care plans providing comprehensive benefits to TANF or					
8	<u>SSI recipients in a reform area.</u>					
9	(b) In the second year <u>of the pilot program</u> , the					
10	capitation rates shall be weighted so that $67 - 50$ percent of					
11	each capitation rate is based on the current methodology					
12	developed under s. 409.9124 and 33 50 percent is based on a					
13	new risk-adjusted capitation rate methodology developed under					
14	subsection (8). During the second year of the pilot program,					
15	no managed care plan's aggregate risk score shall vary by more					
16	than 10 percent from the aggregate weighted mean of all					
17	managed care plans providing comprehensive benefits to TANF or					
18	SSI recipients in a reform area.					
19	(c) <u>In the third year of the pilot program, the</u>					
20	capitation rates shall be weighted so that 67 percent of each					
21	capitation rate is based on the methodology developed under s.					
22	409.9124 and 33 percent is based on a risk-adjusted capitation					
23	rate methodology developed under subsection (8). During the					
24	third year of the pilot program, no managed care plan's					
25	aggregate risk score shall vary by more than 12.5 percent from					
26	the aggregate weighted mean of all managed care plans					
27	providing comprehensive benefits to TANF or SSI recipients in					
28	<u>a reform area.</u> In the following fiscal year, the risk-adjusted					
29	capitation methodology may be fully implemented.					
30	(d) In the fourth year of the pilot program, the					
31	agency shall seek to implement a risk-adjusted capitation rate					
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1	methodology using comprehensive encounter data pursuant to					
2	paragraph (8)(a). Capitation rates in the fourth year shall be					
3	weighted so that 50 percent of each capitation rate is based					
4	on the methodology developed under s. 409.9124 and 50 percent					
5	is based on a risk-adjusted capitation rate methodology which					
6	uses a comprehensive encounter data system, and no managed					
7	care plan's aggregate risk score shall vary by more than 15					
8	percent from the aggregate weighted mean of all managed care					
9	plans providing comprehensive benefits to TANF or SSI					
10	recipients in a reform area.					
11	(e) In the years following the first use of a					
12	risk-adjusted capitation rate methodology using comprehensive					
13	encounter data pursuant to paragraph (8)(a), such methodology					
14	shall be fully implemented and shall account for 100 percent					
15	of managed care plan capitation rates.					
16	Section 2. For the purposes of payment to otherwise					
17	noncontracted hospital providers for services rendered to					
18	persons who are eligible for Medicaid in the reform pilot					
19	areas and enrolled in a managed care organization under					
20	chapter 409 or chapter 641, Florida Statutes, the managed care					
21	organization shall reimburse such providers at a rate that is					
22	equivalent to the amount the Agency for Health Care					
23	Administration would pay on a fee-for-service basis.					
24	Section 3. This act shall take effect July 1, 2007.					
25						
26						
27	========= TITLE AMENDMENT ===========					
28	And the title is amended as follows:					
29	Delete everything before the enacting clause					
30						
31	and insert:					
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1	A bill to be entitled						
2	An act relating to the Medicaid managed care						
3	pilot program; amending s. 409.91211, F.S.;						
4	requiring the Agency for Health Care						
5	Administration to develop a methodology for						
б	6 calculating risk-adjusted capitation rates						
7	based on comprehensive encounter data;						
8	requiring that specified criteria be met prior						
9	to implementation of the methodology; providing						
10	for use of an interim risk-adjusted						
11	methodology; providing a phase-in schedule for						
12	the risk-adjusted methodology for participating						
13	manag	ed care plans;	providing a payment	rate			
14	for noncontracted providers in Medicaid reform						
15	pilot areas; providing an effective date.						
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