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CHAMBER ACTION

Senate	.	House
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4/9/2008 2:12 PM	.	

Senator Wilson moved the following **amendment:**

Senate Amendment (with title amendment)

Between line(s) 1219 and 1220,

insert:

Section 10. Paragraph (p) of subsection (3) of section 409.91211, Florida Statutes, as amended by chapter 2007-331, Laws of Florida, is amended to read:

409.91211 Medicaid managed care pilot program.--

(3) The agency shall have the following powers, duties, and responsibilities with respect to the pilot program:

(p) To implement standards for plan compliance, including, but not limited to, standards for quality assurance and performance improvement, standards for peer or professional reviews, grievance policies, and policies for maintaining program integrity. The agency shall develop a data-reporting system, seek input from managed care plans in order to establish requirements

for patient-encounter reporting, and ensure that the data reported is accurate and complete.

1. In performing the duties required under this section, the agency shall work with managed care plans to establish a uniform system to measure and monitor outcomes for a recipient of Medicaid services.

2. The system shall use financial, clinical, and other criteria based on pharmacy, medical services, and other data that is related to the provision of Medicaid services, including, but not limited to:

a. The Health Plan Employer Data and Information Set (HEDIS) or measures that are similar to HEDIS.

b. Member satisfaction.

c. Provider satisfaction.

d. Report cards on plan performance and best practices.

e. Compliance with the requirements for prompt payment of claims under ss. 627.613, 641.3155, and 641.513.

f. Utilization and quality data for the purpose of ensuring access to medically necessary services, including underutilization or inappropriate denial of services.

3. The agency shall require the managed care plans that have contracted with the agency to establish a quality assurance system that incorporates the provisions of s. 409.912(27) and any standards, rules, and guidelines developed by the agency.

4. The agency shall establish an encounter database in order to compile data on health services rendered by health care practitioners who provide services to patients enrolled in managed care plans in the demonstration sites. The encounter database shall:

a. Collect the following for each type of patient encounter with a health care practitioner or facility, including:

(I) The demographic characteristics of the patient.

(II) The principal, secondary, and tertiary diagnosis.

(III) The procedure performed.

(IV) The date and location where the procedure was performed.

(V) The payment for the procedure, if any.

(VI) If applicable, the health care practitioner's universal identification number.

(VII) If the health care practitioner rendering the service is a dependent practitioner, the modifiers appropriate to indicate that the service was delivered by the dependent practitioner.

b. Collect appropriate information relating to prescription drugs for each type of patient encounter, including, but not limited to:

(I) Data showing the unduplicated number of recipients whose prescription coverage, by therapeutic class, was rejected each month at the point of service because the drug was not on the plan's preferred drug list, and, of those rejections:

(A) The number of recipients receiving the original prescription;

(B) The number of recipients receiving a therapeutic brand alternative;

(C) The number of recipients receiving a therapeutic generic alternative; and

(D) The number of recipients who did not receive a medication in this therapeutic class.

(II) The number of recipients whose prescription coverage was rejected each month due to:

(A) The recipient reaching the plan cap on the number of covered prescriptions; or

(B) The recipient reaching the dollar cap on the cost of covered prescriptions.

c. Collect appropriate information related to health care costs and utilization from managed care plans participating in the demonstration sites.

5. To the extent practicable, when collecting the data the agency shall use a standardized claim form or electronic transfer system that is used by health care practitioners, facilities, and payors.

6. Health care practitioners and facilities in the demonstration sites shall electronically submit, and managed care plans participating in the demonstration sites shall electronically receive, information concerning claims payments and any other information reasonably related to the encounter database using a standard format as required by the agency.

7. The agency shall establish reasonable deadlines for phasing in the electronic transmittal of full encounter data.

8. The system must ensure that the data reported is accurate and complete.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

On line(s) 42, after the first semicolon,

insert:

amending s. 409.91211, F.S; specifying the appropriate information to be collected by the encounter database

which relates to prescription drugs for each type of patient encounter;