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CHAMBER ACTION

Senate

House

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Floor: WD/2R
4/9/2008 2:12 PM

1 Senator Wilson moved the following **amendment**:

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3 **Senate Amendment (with title amendment)**

4 Between line(s) 1219 and 1220,
5 insert:

6 Section 10. Paragraph (p) of subsection (3) of section
7 409.91211, Florida Statutes, as amended by chapter 2007-331, Laws
8 of Florida, is amended to read:

9 409.91211 Medicaid managed care pilot program.--

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

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



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

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

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

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

30 | b. Member satisfaction.

31 | c. Provider satisfaction.

32 | d. Report cards on plan performance and best practices.

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

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

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

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



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

- 49 | (I) The demographic characteristics of the patient.
- 50 | (II) The principal, secondary, and tertiary diagnosis.
- 51 | (III) The procedure performed.

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

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

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

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

61 | b. Collect appropriate information relating to prescription
62 | drugs for each type of patient encounter.

63 | c. Collect appropriate information related to health care
64 | costs and utilization from managed care plans participating in
65 | the demonstration sites, including, but not limited to:

66 | (I) The number of recipients reaching the annual benefit
67 | maximum cost cap;

68 | (II) The number of recipients receiving the maximum
69 | number of services for each service category;

70 | (III) The number of notices sent to recipients meeting
71 | the plan cap for a specific service advising them that services
72 | have been terminated due to reaching the cap;

73 | (IV) The number of notices sent to recipients meeting the
74 | plan cap for a specific service and advising them of the
75 | opportunity to request prior authorization for additional
76 | services in excess of the plan cap;



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77 (V) The number of recipients requesting additional
78 services; and

79 (VI) The number of recipients granted services in excess of
80 the plan cap.

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

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

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

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

95
96 ===== T I T L E A M E N D M E N T =====

97 And the title is amended as follows:

98 On line(s) 42, after the semicolon,
99 insert:

100 amending s. 409.91211, F.S.; specifying appropriate
101 information to be collected by the encounter database
102 related to health care costs and utilization of managed
103 care plans participating in the demonstration sites;