

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 certain measures for
5 specified categories beginning with specified data
6 reporting periods; requiring managed care plans to
7 stratify reported measures by specified categories for
8 specified data reporting periods; requiring managed
9 care plans to publish the performance on such measures
10 on their websites; requiring the Agency for Health
11 Care Administration to use such measures to monitor
12 plan performance; 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, federal Core Set of Children's
35 | Health Care Quality measures, and federal Core Set of Adult
36 | Health Care Quality Measures, as specified by the agency. Each
37 | plan must collect and report the Adult Core Set behavioral
38 | health measures beginning with calendar year 2024 data reports.
39 | Each plan must stratify reported measures by age, sex, race,
40 | ethnicity, primary language, and whether the enrollee received a
41 | Social Security Administration disability determination for
42 | purposes of Supplemental Security Income beginning with calendar
43 | year 2025 data reports. The plan's performance on these measures
44 | must be published on the plan's website in a manner that allows
45 | recipients to reliably compare the performance of plans. The
46 | agency shall use the ~~HEDIS~~ measures as a tool to monitor plan
47 | 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 s. 409.977 and 409.984.

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

61 | Section 2. This act shall take effect July 1, 2021.