

ENROLLED

HB 855

2022 Legislature

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 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.

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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

ENROLLED

HB 855

2022 Legislature

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, 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,

ENROLLED

HB 855

2022 Legislature

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
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.