

Quality and Cost –Performance Impact

Factors Influences by State/Federal Requirements

Criteria	Licensure requirement	Data Submission Requirement	Medicaid MCO contracts	Other	Incentives	Penalties
<p>Health Plan Licensing Standards</p> <ul style="list-style-type: none"> • Financial conditions • Deceptive or unfair practices • Subscriber protections • Administrative, provider, and management contracts 	<p>Florida Statutes (FS) Chapter 641 Part I 408.061 (1)(c)</p>	<p>Quality of Care Member Satisfaction Claims, premium, administration, and financial information.</p>	<p>Health plans must contract with an adequate network of appropriately licensed providers.</p>		<p>Public Reporting Statements of deficiencies Quality of Care Member Satisfaction</p>	
<p>Hospital Licensing Standards</p> <ul style="list-style-type: none"> • Compliance with Florida Building Code per Office of Plans and Construction (OPC) • Compliance with Certificate of Need (CON) • Administrative Structure • Services Inventories • Patient Safety and Care 	<p>FS 395; FS 408 Part I,</p> <ul style="list-style-type: none"> • 	<p>Project review packet including plans, drawings CON application Licensure application identifying Board, administrative officers Licensure application identifying Emergency Service Inventory, Licensed Programs Patient safety, patient rights, access to information</p>		<p>Medicare requirements at 42 CFR Part 482</p>	<p>Public Safety Public Reporting - Statements of deficiencies</p>	<p>Fine for non-reporting or documented noncompliance Not eligible for initial licensure, bed changes, or address changes without prior OPC and CON approval</p>

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Adverse Incident Reporting	Hospitals and Ambulatory Surgical Centers 395.0197, FS.; Assisted Living Facilities 429.23, FS.; HMOs 641.55, FS.; Nursing Homes 400.147, FS. Hospitals and Ambulatory Surgical Centers 59A-10, Florida Administrative Code (FAC); Assisted Living Facilities 58A-5, FAC.; HMOs 59A-12, FAC.; Nursing Homes 59A-4, FAC	Specific reporting requirements in Administrative Code	Health plans must develop and implement a critical and adverse incident reporting and management system for critical events that negatively impact the health, safety, or welfare of enrollees.		Reporting is confidential	Regulatory Review – investigation if warranted Fines for failure to report/late report
Patient Data Collection	FS 408.061 FAC 59E-7.012	Quarterly Data Submission				
Complication rates		Calculated from quarterly data submission required under FS 408.061			Hospital Public Reporting – Florida Health Finder Hospital Compare updated quarterly	
Infection rates		Calculated from quarterly data submission required under FS 408.061	The MCO contract does not address this element.		Hospital Public Reporting – Florida Health Finder Hospital Compare updated quarterly	Medicare Hospital Acquired Conditions reduction program – up to 1% penalty applied to all Medicare discharges

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Readmission rates		Calculated from quarterly data submission required under FS 408.061	Health plans perform statewide performance improvement projects (PIPs), one of which may address reducing preventable admissions. Health plans must collect and report performance measures for readmissions		Hospital Public Reporting – Florida Health Finder (FHF) Hospital Compare updated quarterly	Loss of up to 2% of all Medicare revenue for excessive readmissions
Care Coordination/ Meaning Use of Clinical Information			Health plans must comply with the requirement for meaningful use of electronic health records by their network providers.	Hospital participation in the Event Notification Service required as condition of LIP funding	Federal incentives for the adoption and meaningful use of electronic health records.	Up to 2% penalty on Medicare payments for failure to e-Prescribe
Utilization by services		Calculated from quarterly data submission required under FS 408.061	Health plans are required to collect and submit encounter data for all services, including expanded benefits, rendered to its enrollees (excluding services paid directly by the Agency on a fee-for-service basis).		Public Reporting - FHF Hospital Compare updated quarterly	

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State Hospital Bed Supply	FS 395.003, 408.036	Valid CON certificate or CON notification or CON exemption; Office of Plans and Construction Project Approval; hospital licensure application		Certificate of Need (CON); Florida Building Code		Cannot exceed licensed capacity
Charges		Reported by facilities in quarterly data submission required under FS 408.061			Hospital Public Reporting - FHF Hospital Compare updated quarterly	
Cost of Care				Hospitals are reimbursed in the Medicaid program based on Diagnostic Related Groups (DRG).		
Uniform system of financial reporting (FUHRS)	FS 408.061	Annual actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures.	Health plans must submit to the Agency an annual audited financial report and quarterly unaudited financial statements.			
Value based purchasing					Medicare Hospital Value Based Purchasing program	