

2016 Legislative Session Highlights of Healthcare Bills and Agency Impact

State Consumer Health Information and
Policy Advisory Council

March 24, 2016



Bills that did not pass...

- Ambulatory Surgery Center (ASC) 24 hr stays
- Recovery Care Centers (RCCs)
- Certificate of Need (CON)
- Clearinghouse for Physicians Orders for Life Sustaining Treatment (POLST)

Bills that Passed

- Mental Health and Substance Abuse
- Direct Primary Care
- Balance Billing

★ **Telehealth**

★ **Transparency in Healthcare**



HB 7087: Telehealth

- 1. Survey for capabilities, utilization and coverage levels:**
 - AHCA to survey health care facilities
 - DOH to survey health care practitioners (licensed)
 - OIR to survey health plans and HMOs
- 2. AHCA to submit a report of **survey findings** to the Governor, Senate President, and Speaker of the House by **12/31/2016****
- 3. Final **Advisory Council** report of **recommendations** to increase the use and accessibility of telehealth services by **10/31/2017****

Expires 6/30/2018



HB 7087: Telehealth

Creates a Telehealth Advisory Council – *15 members*

- Secretary of AHCA and 9 appointees
 - 2 reps from health insurers that cover telehealth services
 - 2 reps from health care facilities (including a hospital)
 - 2 reps from long term care facilities (including a nursing home)
 - 2 reps from entities that create or sell telehealth products
 - 1 rep of organization that represents telehealth stakeholders
- State Surgeon General and 4 appointees
 - 2 health care practitioners (from different areas of practice)
 - 2 reps of organizations that represent health care practitioners



HB 1175: Transparency in Healthcare

This act is intended to promote health care price and quality transparency to enable consumers to make informed choices regarding health care treatment and improve competition in the health care market.



HB 1175: Transparency in Healthcare

New requirements for facility websites:

Applies to facilities licensed under 395, excluding state facilities

- Pricing and information about average payments from insurance plans for defined *service bundles*
- Information on billing and collections policies
- Information about contract providers who may bill separately and may be out of the consumer's health insurance network
- Information about and links to insurance plans for which the facility is a participating network provider
- Direct link to quality data published by the Agency



HB 1175: Transparency in Healthcare

New requirements: Pre-Treatment Cost Estimates

Applies to facilities licensed under 395, excluding state facilities

- Provided in writing or electronically, non-adjusted charges
- For defined *service bundles*, or more personalized on request
- Within 7 business days
- Must detail facility fees, inform about contract providers who may bill separately, and inform consumer to contact their health plan for copayment and cost-sharing information
- Must include information on financial assistance, billing, and collections policies
- Penalty of \$1,000/day up to \$10,000 max.



HB 1175: Transparency in Healthcare

New requirements: Post-Treatment Statement or Bill

Applies to facilities licensed under 395, excluding state facilities

- Provided within 7 business days of discharge or request
- Must detail all services provided by date and provider
- Must clearly identify and explain the purpose of facility fees
- Must list all items as paid, pending payment by a third party, or pending payment by the patient – and must include an amount and due date for any patient balance.
- Must direct the patient to contact their health insurer for information on cost-sharing responsibilities
- Must include contact information for patient billing liaison



HB 1175: Transparency in Healthcare

New requirements: Post-Treatment Statement or Bill

Applies to facilities licensed under 395, excluding state facilities

- Records to substantiate billing must be available within 10 business days, on site or electronic (HIPAA compliant)
- Facility must have method to respond to billing questions within 7 business days
- If resolution cannot be reached – facility must provide consumer with contact information for the Agency



HB 1175: Transparency in Healthcare

- **Urgent Care and Diagnostic Imaging Centers**
 - Must post a schedule of charges
 - Penalty of \$1,000/day (no max.)
- **Healthcare practitioners**, for non-emergent procedures in a facility licensed under 395
 - Written, good-faith estimate, non-discounted charges
 - Within 7 business days
 - Penalty of \$500/day up to \$5,000 max.



HB 1175: Transparency in Healthcare

New requirements for Health Insurers and HMOs:

- Make available on their websites a method for policyholders to estimate copayments, deductibles, and other cost-sharing responsibilities... by the defined service bundles
 - Shall be calculated according to individual policy and known plan usage during the coverage period
 - Can be calculated based on a more personalized estimate received from a health care facility
- Hyperlink to quality information published by the Agency
- Inform all policyholders of availability of this information



HB 1175: Transparency in Healthcare

- Each health insurer that participates in the state group health insurance plan or Medicaid managed care shall contribute all claims data from Florida policyholders held by the insurer and its affiliates to the contracted vendor
- Health insurers shall submit Medicaid managed care claims data to the vendor beginning July 1, 2017 (or before).



HB 1175: Transparency in Healthcare

Excludes claims for:

- Accident or disability income insurance
- Liability insurance, including general, supplemental, and automobile
- Worker's compensation or similar
- Automobile medical payment insurance
- Credit-only insurance
- Onsite and pre-paid health clinics
- Limited scope dental or vision benefits
- Long-term or community based care
- Disease specific insurance
- Hospital or other fixed indemnity insurance
- Medicare Supplemental health insurance



Florida Center for Health Information and ~~Policy Analysis~~ Transparency

Proposed name change effective July 1, 2016



Florida Center for Health Information and Transparency

- Identify available data sets, compile new data as authorized, and promote the use of extant data and statistics
- Collect and compile data on:
 - a) Health resources, including practitioners
 - b) Health services and facilities inventories
 - c) Utilization of healthcare services
 - d) Healthcare costs and financing
 - e) Extent of public and private health insurance coverage
 - f) Quality of care initiatives



Contract with a vendor...

To provide a consumer-friendly, internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison...

- Must allow searches by condition or defined service bundles, in plain language understandable to a layperson
- Must produce average payment and ranges of payments (excluding Medicaid and Medicare), by individual provider and region or market area



HB 1175: Transparency in Healthcare

The Agency shall establish by rule:

- Types of data collected, used, or shared
- Requirements for implementation of the consumer-friendly internet platform
- Requirements for submission of data by health insurers and HMOs to contracted vendor
- Requirements for data collection by contracted vendor
- How information is to be published on the consumer-friendly internet platform



HB 1175: Transparency in Healthcare

Each year the center shall select and analyze one or more research topics that can be investigated using the [claims] data... The selected topics must focus on producing actionable information for improving quality of care and reducing costs.

The first topic selected by the center must address preventable hospitalizations.



State Consumer Health Information and Policy Advisory Council

- No changes to membership composition or terms
- Removes requirement for Long Range Plan
- Council's duties and responsibilities include:
 1. Develop a mission, goals, and plan of action for identification, collection, standardization, sharing, and coordination of health-related data across federal, state, and local government and private sector entities
 2. Develop a review process to ensure cooperative planning among agencies that collect or maintain healthcare data.
 3. Create ad hoc technical workgroups as needed



HB 1175: Transparency in Healthcare

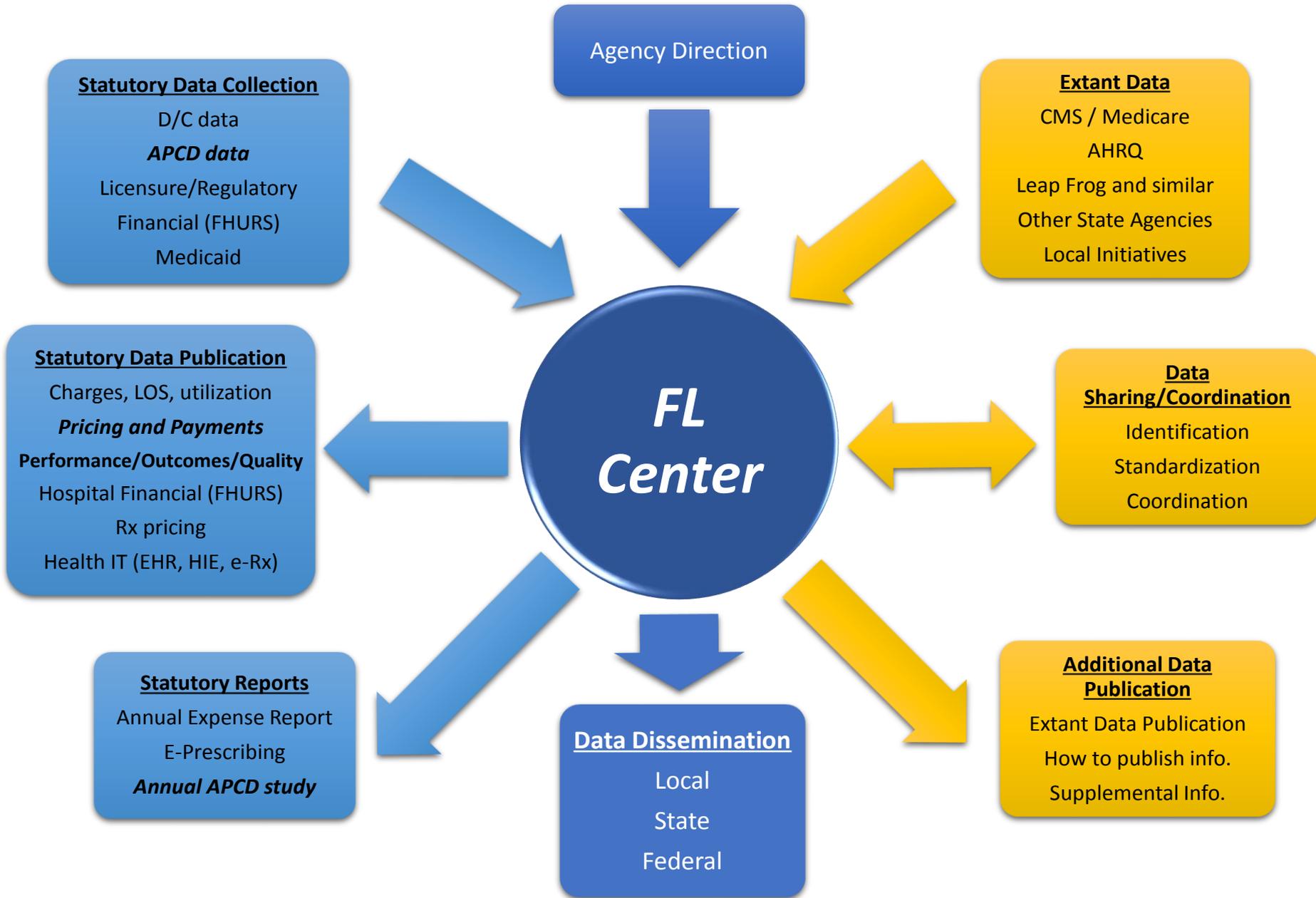
Consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data.



FL Center: Existing Directives

- 408.05 – FL Center for Health Information and Policy Analysis
- 408.061 – Data collection, uniform systems of financial reporting, *et al.*
- 408.062 – Research analyses, studies, reports
- 408.063 – Dissemination of health care information
- 408.051 – Florida Electronic Health Records Exchange Act





One resource for health care information

