

## AHCA proposes quality reporting changes for HMOs

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The state Agency for Health Care Administration wants to require certain insurance plans to submit data on immunizations, cancer screening and other quality indicators to the agency every year.

The 11 quality indicators are among more than 90 different measures from the widely used Healthcare Effective Data and Information Set, or HEDIS.

An HMO that fails to file accurate HEDIS information to AHCA by Oct. 1 would be fined \$1,000 a day beginning Oct. 2, under the proposed change to rule 59B-13.001, which the agency published March 6.

The agency intends to publish the data every two years, along with the organization's rating for the quality indicator, a description of the indicator, the HMO's name, the year the data was filed, the type of insurance the HMO offers and whether the health plan is new or small.

The proposed rule would require HMOs to submit data on adult body mass index assessment for Medicaid patients; childhood and adolescent immunization for Medicaid patients; breast cancer screening for Medicaid, commercial and Medicare patients; cervical cancer screening for Medicaid and commercial patients; chlamydia screening in women for Medicaid and commercial patients; controlling high blood pressure for Medicaid, commercial and Medicare patients, comprehensive diabetes care for Medicaid, commercial and Medicare patients; prenatal and postpartum care for Medicaid and commercial patients; well-child visits in the first 15 months of life for Medicaid and commercial patients; well-child visits in the third, fourth, fifth and sixth years of life for Medicaid and commercial patients.

The public has until March 27 to comment.