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By the Policy and Steering Committee on Ways and Means; and Senator Alexander

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A bill to be entitled

An act relating to the state group insurance program; amending s. 110.123, F.S.; establishing the state's monthly contributions for employees who have individual coverage and for employees who have family coverage; requiring that the Division of State Group Insurance within the Department of Management Services establish a state employee health clinic pilot program; requiring the division to select a vendor to establish and manage at least one full-scope health and wellness clinic that will provide specified services to members of the State Group Health Insurance Program; requiring that the vendor provide the start-up costs associated with the pilot program; requiring that the vendor staff and manage the clinic, subvendors, and integrated services providers; requiring that the pilot program commence by a specified date; requiring that the Department of Management Services submit an evaluation of the pilot program to the Governor and the Legislature by a specified date; providing that the term of the contract be for only the 2011 plan year; requiring the Division of State Group Insurance to contract for postpayment claims review services for the State Group Insurance Program; requiring that all payments made under the contract be paid from overpayment amounts identified and recovered by the vendor; directing the Division of State Group Insurance to contract for dependent eligibility verification services for the

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State Group Insurance Program; providing a limitation on compensation to the contract vendor; requiring subscribers of the State Group Insurance Program to provide documentation validating eligibility of dependents; authorizing a grace period to document eligibility; authorizing the division to seek indemnification from subscribers having ineligible dependents; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (12) of section 110.123, Florida Statutes, is amended to read:

110.123 State group insurance program.-

- (12) HEALTH SAVINGS ACCOUNTS.—The department is authorized to establish health savings accounts for full-time and part-time state employees in association with a health insurance plan option authorized by the Legislature and conforming to the requirements and limitations of federal provisions relating to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.
- (a)1. A member participating in this health insurance plan option shall be eligible to receive an employer contribution into the employee's health savings account from the State Employees Health Insurance Trust Fund in an amount to be determined by the Legislature. A member is not eligible for an employer contribution upon termination of employment. For the 2010-2011 2009-2010 fiscal year, the state's monthly contribution for employees having individual coverage shall be

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\$41.66 and the monthly contribution for employees having family coverage shall be \$83.33.

- 2. A member participating in this health insurance plan option shall be eligible to deposit the member's own funds into a health savings account.
- (b) The monthly premiums paid by the employer for a member participating in this health insurance plan option shall include an amount equal to the monthly employer contribution authorized by the Legislature for that fiscal year.
- (c) The health savings accounts shall be administered in accordance with the requirements and limitations of federal provisions relating to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.
- Section 2. (1) The Division of State Group Insurance within the Department of Management Services shall establish a state employee health clinic pilot program for the 2011 plan year.
- (2) The Division of State Group Insurance, through a competitive procurement pursuant to the chapter 287, Florida Statutes, shall select a vendor that shall establish and manage at least one full-scope health and wellness clinic providing members of the State Group Health Insurance Program access to the following services:
- (a) Primary care services, including walk-in and consultative appointments for full-scope clinic services, including urgent care;
- (b) Occupational health services, including return-to-work planning, new hire and emergent drug screening, and injury care;
 - (c) Immunizations, including vaccines and flu shots; and
 - (d) Wellness services, including online tools and services,

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health risk assessment and recommendations, health mailings, health fairs, wellness screenings, and on-site education.

- (3) The vendor shall provide any start-up costs associated with the pilot program and shall employ the staff and manage the clinic, subvendors, and integrated services providers.
- (4) The pilot program shall commence no later than January

 1, 2011. By February 1, 2012, the Department of Management

 Services shall submit an evaluation of the pilot program to the

 Governor, the President of the Senate, and the Speaker of the

 House of Representatives. The report must evaluate the extent to

 which the vendor has:
 - (a) Implemented comprehensive services for state employees;
- (b) Leveraged group purchasing power in order to enable convenient access to full-scope services;
- (c) Distributed health and wellness information and health education materials; and
 - (d) Ensured consistent quality standards.
- (5) The term of the contract shall be for only the 2011 plan year.
- Section 3. The Division of State Group Insurance is directed to competitively procure:
- (1) Postpayment claims review services for the State Group Insurance Program established pursuant to s. 110.123, Florida Statutes; however, all payments made under the contract must be paid from overpayment amounts identified and recovered by the vendor. The vendor under such contract shall identify overpayments made by or on behalf of the State Group Insurance Program, may collect such overpaid amounts, and retain that portion of the collections so designated in the contract; and

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(2) Dependent eligibility verification services for the State Group Insurance Program; however, compensation under the contract may not exceed the verifiable cost avoidance resulting from the successful disenrollment of unauthorized individuals.

Section 4. As a condition to continuing enrollment and participation of dependents in the State Group Insurance Program administered by the Division of State Group Insurance pursuant to s. 110.123, Florida Statutes, subscribers must provide documentation validating eligibility criteria. Such documentation may include, but need not be limited to, marriage certificates, birth certificates, court orders, notarized attestations, and other documents validating eligibility criteria. The Division of State Group Insurance may implement a grace period of up to 6 months and may thereafter seek indemnification from subscribers who have ineligible dependents.

Section 5. This act shall take effect July 1, 2010.