

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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Representative Hogan offered the following:

Amendment

Remove line(s) 77-284, and insert:

(f) Except as provided for in subparagraph (h)2., the ~~percentage of~~ state contribution toward the cost of any plan in the state group insurance program shall be uniform with respect to all state employees in a state collective bargaining unit ~~units~~ participating in the same coverage tier in the same plan ~~or any similar plan~~. Nothing contained within this section prohibits the development of separate benefit plans for officers and employees exempt from the career service collective bargaining or the development of separate benefit plans for each collective bargaining unit.

(g) Participation by individuals in the program shall be available to all state officers, full-time state employees, and

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28 part-time state employees; and such participation in the program
29 or any plan thereof shall be voluntary. Participation in the
30 program shall also be available to retired state officers and
31 employees, as defined in paragraph (2)(g), who elect at the time
32 of retirement to continue coverage under the program, but they
33 may elect to continue all or only part of the coverage they had
34 at the time of retirement. A surviving spouse may elect to
35 continue coverage only under a ~~the~~ state group health insurance
36 plan or a health maintenance organization plan.

37 (h)1. A person eligible to participate in the state group
38 insurance program may be authorized by rules adopted by the
39 department, in lieu of participating in a ~~the~~ state group health
40 insurance plan, to exercise an option to elect membership in a
41 health maintenance organization plan which is under contract
42 with the state in accordance with criteria established by this
43 section and by said rules. The offer of optional membership in a
44 health maintenance organization plan permitted by this paragraph
45 may be limited or conditioned by rule as may be necessary to
46 meet the requirements of state and federal laws.

47 2. The department shall contract with health maintenance
48 organizations seeking to participate in the state group
49 insurance program through a request for proposal or other
50 procurement process, as developed by the Department of
51 Management Services and determined to be appropriate.

52 a. The department shall establish a schedule of minimum
53 benefits for health maintenance organization coverage, and that
54 schedule shall include: physician services; inpatient and
55 outpatient hospital services; emergency medical services,
56 including out-of-area emergency coverage; diagnostic laboratory

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57 and diagnostic and therapeutic radiologic services; mental
58 health, alcohol, and chemical dependency treatment services
59 meeting the minimum requirements of state and federal law;
60 skilled nursing facilities and services; prescription drugs;
61 age-based and gender-based wellness benefits and other benefits
62 as may be required by the department. Additional services may be
63 provided subject to the contract between the department and the
64 HMO.

65 b. The department may establish uniform deductibles,
66 copayments, coverage tiers, or coinsurance schedules for all
67 participating HMO plans.

68 c. The department may require detailed information from
69 each health maintenance organization participating in the
70 procurement process, including information pertaining to
71 organizational status, experience in providing prepaid health
72 benefits, accessibility of services, financial stability of the
73 plan, quality of management services, accreditation status,
74 quality of medical services, network access and adequacy,
75 performance measurement, ability to meet the department's
76 reporting requirements, and the actuarial basis of the proposed
77 rates and other data determined by the director to be necessary
78 for the evaluation and selection of health maintenance
79 organization plans and negotiation of appropriate rates for
80 these plans. Upon receipt of proposals by health maintenance
81 organization plans and the evaluation of those proposals, the
82 department may enter into negotiations with all of the plans or
83 a subset of the plans, as the department determines appropriate.
84 Nothing shall preclude the department from negotiating regional
85 or statewide contracts with health maintenance organization

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86 plans when this is cost-effective and when the department
87 determines that the plan offers high value to enrollees.

88 d. The department may limit the number of HMOs that it
89 contracts with in each service area based on the nature of the
90 bids the department receives, the number of state employees in
91 the service area, or any unique geographical characteristics of
92 the service area. The department shall establish by rule service
93 areas throughout the state.

94 e. All persons participating in the state group insurance
95 program may be ~~who are~~ required to contribute towards a total
96 state group health premium that may vary depending upon the plan
97 and coverage tier selected by the enrollee and the level of
98 state contribution authorized by the Legislature ~~shall be~~
99 ~~subject to the same dollar contribution regardless of whether~~
100 ~~the enrollee enrolls in the state group health insurance plan or~~
101 ~~in an HMO plan.~~

102 3. The department is authorized to negotiate and to
103 contract with specialty psychiatric hospitals for mental health
104 benefits, on a regional basis, for alcohol, drug abuse, and
105 mental and nervous disorders. The department may establish,
106 subject to the approval of the Legislature pursuant to
107 subsection (5), any such regional plan upon completion of an
108 actuarial study to determine any impact on plan benefits and
109 premiums.

110 4. In addition to contracting pursuant to subparagraph 2.,
111 the department may ~~shall~~ enter into contract with any HMO to
112 participate in the state group insurance program which:

113 a. Serves greater than 5,000 recipients on a prepaid basis
114 under the Medicaid program;

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115 b. Does not currently meet the 25-percent non-
116 Medicare/non-Medicaid enrollment composition requirement
117 established by the Department of Health excluding participants
118 enrolled in the state group insurance program;

119 c. Meets the minimum benefit package and copayments and
120 deductibles contained in sub-subparagraphs 2.a. and b.;

121 d. Is willing to participate in the state group insurance
122 program at a cost of premiums that is not greater than 95
123 percent of the cost of HMO premiums accepted by the department
124 in each service area; and

125 e. Meets the minimum surplus requirements of s. 641.225.

126
127 The department is authorized to contract with HMOs that meet the
128 requirements of sub-subparagraphs a.-d. prior to the open
129 enrollment period for state employees. The department is not
130 required to renew the contract with the HMOs as set forth in
131 this paragraph more than twice. Thereafter, the HMOs shall be
132 eligible to participate in the state group insurance program
133 only through the request for proposal or invitation to negotiate
134 process described in subparagraph 2.

135 5. All enrollees in any ~~the~~ state group health insurance
136 plan or any health maintenance organization plan shall have the
137 option of changing to any other health plan which is offered by
138 the state within any open enrollment period designated by the
139 department. Open enrollment shall be held at least once each
140 calendar year.

141 6. When a contract between a treating provider and the
142 state-contracted health maintenance organization is terminated
143 for any reason other than for cause, each party shall allow any

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144 enrollee for whom treatment was active to continue coverage and
145 care when medically necessary, through completion of treatment
146 of a condition for which the enrollee was receiving care at the
147 time of the termination, until the enrollee selects another
148 treating provider, or until the next open enrollment period
149 offered, whichever is longer, but no longer than 6 months after
150 termination of the contract. Each party to the terminated
151 contract shall allow an enrollee who has initiated a course of
152 prenatal care, regardless of the trimester in which care was
153 initiated, to continue care and coverage until completion of
154 postpartum care. This does not prevent a provider from refusing
155 to continue to provide care to an enrollee who is abusive,
156 noncompliant, or in arrears in payments for services provided.
157 For care continued under this subparagraph, the program and the
158 provider shall continue to be bound by the terms of the
159 terminated contract. Changes made within 30 days before
160 termination of a contract are effective only if agreed to by
161 both parties.

162 7. Any HMO participating in the state group insurance
163 program shall submit health care utilization and cost data to
164 the department, in such form and in such manner as the
165 department shall require, as a condition of participating in the
166 program. The department shall enter into negotiations with its
167 contracting HMOs to determine the nature and scope of the data
168 submission and the final requirements, format, penalties
169 associated with noncompliance, and timetables for submission.
170 These determinations shall be adopted by rule.

171 8. The department may establish and direct, with respect
172 to collective bargaining issues, a comprehensive package of

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173 insurance benefits that may include supplemental health and life
174 coverage, dental care, long-term care, vision care, and other
175 benefits it determines necessary to enable state employees to
176 select from among benefit options that best suit their
177 individual and family needs.

178 a. Based upon a desired benefit package, the department
179 shall issue a request for proposal or invitation to negotiate
180 for health insurance providers interested in participating in
181 the state group insurance program, and the department shall
182 issue a request for proposal or invitation to negotiate for
183 insurance providers interested in participating in the non-
184 health-related components of the state group insurance program.
185 Upon receipt of all proposals, the department may enter into
186 contract negotiations with insurance providers submitting bids
187 or negotiate a specially designed benefit package. Insurance
188 providers offering or providing supplemental coverage as of May
189 30, 1991, which qualify for pretax benefit treatment pursuant to
190 s. 125 of the Internal Revenue Code of 1986, with 5,500 or more
191 state employees currently enrolled may be included by the
192 department in the supplemental insurance benefit plan
193 established by the department without participating in a request
194 for proposal, submitting bids, negotiating contracts, or
195 negotiating a specially designed benefit package. These
196 contracts shall provide state employees with the most cost-
197 effective and comprehensive coverage available; however, no
198 state or agency funds shall be contributed toward the cost of
199 any part of the premium of such supplemental benefit plans. With
200 respect to dental coverage, the division shall include in any
201 solicitation or contract for any state group dental program made

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202 after July 1, 2001, a comprehensive indemnity dental plan option
203 which offers enrollees a completely unrestricted choice of
204 dentists. If a dental plan is endorsed, or in some manner
205 recognized as the preferred product, such plan shall include a
206 comprehensive indemnity dental plan option which provides
207 enrollees with a completely unrestricted choice of dentists.

208 b. Pursuant to the applicable provisions of s. 110.161,
209 and s. 125 of the Internal Revenue Code of 1986, the department
210 shall enroll in the pretax benefit program those state employees
211 who voluntarily elect coverage in any of the supplemental
212 insurance benefit plans as provided by sub-subparagraph a.

213 c. Nothing herein contained shall be construed to prohibit
214 insurance providers from continuing to provide or offer
215 supplemental benefit coverage to state employees as provided
216 under existing agency plans.

217 (4) PAYMENT OF PREMIUMS; CONTRIBUTION BY STATE; LIMITATION
218 ON ACTIONS TO PAY AND COLLECT PREMIUMS.--

219 (c) During each policy or budget year, no state agency
220 shall contribute a greater dollar amount ~~percentage~~ of the
221 premium cost for its officers or employees for any plan option
222 ~~type of coverage~~ under the state group insurance program than
223 any other agency for similar officers and employees, nor shall
224 any greater dollar amount ~~percentage contribution~~ of premium
225 cost be made for employees in one state collective bargaining
226 unit than for those in any other state collective bargaining
227 unit. Nothing in this section prohibits the use of different
228 levels of state contributions for positions exempt from career
229 service.