

By Senator Peaden

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A bill to be entitled
An act relating to health flex plans; amending
s. 408.909, F.S.; revising the definition of
the term "health flex plans"; authorizing plans
to limit the term of coverage; extending the
required period without coverage before one is
eligible to participate; extending the
expiration date for the program; providing an
effective date.

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

Section 1. Subsections (2), (3), (5), and (10) of
section 408.909, Florida Statutes, are amended to read:

408.909 Health flex plans.--

(2) DEFINITIONS.--As used in this section, the term:

(a) "Agency" means the Agency for Health Care
Administration.

(b) "Department" means the Department of Insurance.

(c) "Enrollee" means an individual who has been
determined to be eligible for and is receiving health care
coverage under a health flex plan approved under this section.

(d) "Health care coverage" or "health flex plan
coverage" means health care services that are covered as
benefits under an approved health flex plan or that are
otherwise provided, either directly or through arrangements
with other persons, via a health flex plan on a prepaid per
capita basis or on a prepaid aggregate fixed-sum basis.

(e) "Health flex plan" means a health plan approved
under subsection (3) which guarantees payment for specified
health care coverage provided to the enrollee who purchases

1 coverage directly from the plan or through a small business
2 purchasing arrangement sponsored by a local government.

3 (f) "Health flex plan entity" means a health insurer,
4 health maintenance organization,
5 health-care-provider-sponsored organization, local government,
6 health care district, or other public or private
7 community-based organization that develops and implements an
8 approved health flex plan and is responsible for administering
9 the health flex plan and paying all claims for health flex
10 plan coverage by enrollees of the health flex plan.

11 (3) PILOT PROGRAM.--The agency and the department
12 shall each approve or disapprove health flex plans that
13 provide health care coverage for eligible participants who
14 reside in the three areas of the state that have the highest
15 number of uninsured persons, as identified in the Florida
16 Health Insurance Study conducted by the agency and in Indian
17 River County. A health flex plan may limit or exclude benefits
18 otherwise required by law for insurers offering coverage in
19 this state, may cap the total amount of claims paid per year
20 per enrollee, may limit the number of enrollees or the term of
21 coverage, or may take any combination of those actions.

22 (a) The agency shall develop guidelines for the review
23 of applications for health flex plans and shall disapprove or
24 withdraw approval of plans that do not meet or no longer meet
25 minimum standards for quality of care and access to care.

26 (b) The department shall develop guidelines for the
27 review of health flex plan applications and shall disapprove
28 or shall withdraw approval of plans that:

29 1. Contain any ambiguous, inconsistent, or misleading
30 provisions or any exceptions or conditions that deceptively
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1 affect or limit the benefits purported to be assumed in the
2 general coverage provided by the health flex plan;

3 2. Provide benefits that are unreasonable in relation
4 to the premium charged or contain provisions that are unfair
5 or inequitable or contrary to the public policy of this state,
6 that encourage misrepresentation, or that result in unfair
7 discrimination in sales practices; or

8 3. Cannot demonstrate that the health flex plan is
9 financially sound and that the applicant is able to underwrite
10 or finance the health care coverage provided.

11 (c) The agency and the department may adopt rules as
12 needed to administer this section.

13 (5) ELIGIBILITY.--Eligibility to enroll in an approved
14 health flex plan is limited to residents of this state who:

15 (a) Are 64 years of age or younger;

16 (b) Have a family income equal to or less than 200
17 percent of the federal poverty level;

18 (c) Are not covered by a private insurance policy and
19 are not eligible for coverage through a public health
20 insurance program, such as Medicare or Medicaid, or another
21 public health care program, such as KidCare, and have not been
22 covered at any time during the past 12 ~~6~~ months; and

23 (d) Have applied for health care coverage through an
24 approved health flex plan and have agreed to make any payments
25 required for participation, including periodic payments or
26 payments due at the time health care services are provided.

27 (10) EXPIRATION.--This section expires July 1, 2008
28 ~~2004~~.

29 Section 2. This act shall take effect July 1, 2003.
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SENATE SUMMARY

Revises provisions relating to health flex plans. Revises a definition. Authorizes plans to limit the term of coverage. Extends a qualification period and extends the term of the program.