



1 (b) Have a family income equal to or less than 250 ~~200~~  
2 percent of the federal poverty level.~~;~~

3 (c) Are eligible under a federally approved Medicaid  
4 demonstration waiver and reside in Palm Beach County or  
5 Miami-Dade County.~~;~~

6 (d) Are not covered by a private insurance policy and  
7 are not eligible for coverage through a public health  
8 insurance program, such as Medicare or Medicaid, unless  
9 specifically authorized under paragraph (c), or another public  
10 health care program, such as KidCare, and have not been  
11 covered at any time during the past 6 months.~~;~~~~and~~

12 (e) Have applied for health care coverage through an  
13 approved health flex plan and have agreed to make any payments  
14 required for participation, including periodic payments or  
15 payments due at the time health care services are provided.

16 (f) Are part of an employer group where at least 75  
17 percent of the employees have a family income equal to or less  
18 than 250 percent of the federal poverty level.

19 Section 2. Subsection (3) is added to section 627.642,  
20 Florida Statutes, to read:

21 627.642 Outline of coverage.--

22 (3) In addition to the outline of coverage, a policy  
23 as specified in s. 627.6699(3)(k) must be accompanied by an  
24 identification card that contains, at a minimum:

25 (a) The name of the organization issuing the policy or  
26 the name of the organization administering the policy,  
27 whichever applies.

28 (b) The name of the contract holder.

29 (c) The type of plan only if the plan is filed in the  
30 state, an indication that the plan is self-funded, or the name  
31 of the network.

1           (d) The member identification number, contract number,  
2 and policy or group number, if applicable.

3           (e) A contact phone number or electronic address for  
4 authorizations.

5           (f) A phone number or electronic address whereby the  
6 covered person or hospital, physician, or other person  
7 rendering services covered by the policy may determine if the  
8 plan is insured and may obtain a benefits verification in  
9 order to estimate patient financial responsibility, in  
10 compliance with privacy rules under the Health Insurance  
11 Portability and Accountability Act.

12           (g) The national plan identifier, in accordance with  
13 the compliance date set forth by the federal Department of  
14 Health and Human Services.

15  
16 The identification card must present the information in a  
17 readily identifiable manner or, alternatively, the information  
18 may be embedded on the card and available through magnetic  
19 stripe or smart card. The information may also be provided  
20 through other electronic technology.

21           Section 3. Present subsection (2) of section 627.657,  
22 Florida Statutes, is renumbered as subsection (3), and a new  
23 subsection (2) is added to that section, to read:

24           627.657 Provisions of group health insurance  
25 policies.--

26           (2) The medical policy as specified in s.  
27 627.6699(3)(k) must be accompanied by an identification card  
28 that contains, at a minimum:

29           (a) The name of the organization issuing the policy or  
30 name of the organization administering the policy, whichever  
31 applies.

1           (b) The name of the certificateholder.

2           (c) The type of plan only if the plan is filed in the  
3 state, an indication that the plan is self-funded, or the name  
4 of the network.

5           (d) The member identification number, contract number,  
6 and policy or group number, if applicable.

7           (e) A contact phone number or electronic address for  
8 authorizations.

9           (f) A phone number or electronic address whereby the  
10 covered person or hospital, physician, or other person  
11 rendering services covered by the policy may determine if the  
12 plan is insured and may obtain a benefits verification in  
13 order to estimate patient financial responsibility, in  
14 compliance with privacy rules under the Health Insurance  
15 Portability and Accountability Act.

16           (g) The national plan identifier, in accordance with  
17 the compliance date set forth by the federal Department of  
18 Health and Human Services.

19  
20 The identification card must present the information in a  
21 readily identifiable manner or, alternatively, the information  
22 may be embedded on the card and available through magnetic  
23 stripe or smart card. The information may also be provided  
24 through other electronic technology.

25           Section 4. Present subsections (5) through (40) of  
26 section 641.31, Florida Statutes, are renumbered as  
27 subsections (6) through (41), respectively, and a new  
28 subsection (5) is added to that section, to read:

29           641.31 Health maintenance contracts.--  
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1           (5) The contract, certificate, or member handbook must  
2 be accompanied by an identification card that contains, at a  
3 minimum:

4           (a) The name of the organization offering the contract  
5 or name of the organization administering the contract,  
6 whichever applies.

7           (b) The name of the subscriber.

8           (c) A statement that the health plan is a health  
9 maintenance organization. Only a health plan with a  
10 certificate of authority issued under this chapter may be  
11 identified as a health maintenance organization.

12           (d) The member identification number, contract number,  
13 and group number, if applicable.

14           (e) A contact phone number or electronic address for  
15 authorizations.

16           (f) A phone number or electronic address whereby the  
17 covered person or hospital, physician, or other person  
18 rendering services covered by the contract may determine if  
19 the plan is insured and may obtain a benefits verification in  
20 order to estimate patient financial responsibility, in  
21 compliance with privacy rules under the Health Insurance  
22 Portability and Accountability Act.

23           (g) The national plan identifier, in accordance with  
24 the compliance date set forth by the federal Department of  
25 Health and Human Services.

26  
27 The identification card must present the information in a  
28 readily identifiable manner or, alternatively, the information  
29 may be embedded on the card and available through magnetic  
30 stripe or smart card. The information may also be provided  
31 through other electronic technology.

1           Section 5. Paragraph (j) of subsection (3) of section  
2 383.145, Florida Statutes, is amended to read:

3           383.145 Newborn and infant hearing screening.--

4           (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE  
5 COVERAGE; REFERRAL FOR ONGOING SERVICES.--

6           (j) The initial procedure for screening the hearing of  
7 the newborn or infant and any medically necessary followup  
8 reevaluations leading to diagnosis shall be a covered benefit,  
9 reimbursable under Medicaid as an expense compensated  
10 supplemental to the per diem rate for Medicaid patients  
11 enrolled in MediPass or Medicaid patients covered by a fee for  
12 service program. For Medicaid patients enrolled in HMOs,  
13 providers shall be reimbursed directly by the Medicaid Program  
14 Office at the Medicaid rate. This service may not be  
15 considered a covered service for the purposes of establishing  
16 the payment rate for Medicaid HMOs. All health insurance  
17 policies and health maintenance organizations as provided  
18 under ss. 627.6416, 627.6579, and 641.31(31)(~~30~~), except for  
19 supplemental policies that only provide coverage for specific  
20 diseases, hospital indemnity, or Medicare supplement, or to  
21 the supplemental polices, shall compensate providers for the  
22 covered benefit at the contracted rate. Nonhospital-based  
23 providers shall be eligible to bill Medicaid for the  
24 professional and technical component of each procedure code.

25           Section 6. Paragraphs (b) and (i) of subsection (1) of  
26 section 641.185, Florida Statutes, are amended to read:

27           641.185 Health maintenance organization subscriber  
28 protections.--

29           (1) With respect to the provisions of this part and  
30 part III, the principles expressed in the following statements  
31 shall serve as standards to be followed by the commission, the

1 office, the department, and the Agency for Health Care  
2 Administration in exercising their powers and duties, in  
3 exercising administrative discretion, in administrative  
4 interpretations of the law, in enforcing its provisions, and  
5 in adopting rules:

6 (b) A health maintenance organization subscriber  
7 should receive quality health care from a broad panel of  
8 providers, including referrals, preventive care pursuant to s.  
9 641.402(1), emergency screening and services pursuant to ss.  
10 641.31(13)(~~12~~) and 641.513, and second opinions pursuant to s.  
11 641.51.

12 (i) A health maintenance organization subscriber  
13 should receive timely and, if necessary, urgent grievances and  
14 appeals within the health maintenance organization pursuant to  
15 ss. 641.228, 641.31(6)(~~5~~), 641.47, and 641.511.

16 Section 7. Subsection (1) of section 641.2018, Florida  
17 Statutes, is amended to read:

18 641.2018 Limited coverage for home health care  
19 authorized.--

20 (1) Notwithstanding other provisions of this chapter,  
21 a health maintenance organization may issue a contract that  
22 limits coverage to home health care services only. The  
23 organization and the contract shall be subject to all of the  
24 requirements of this part that do not require or otherwise  
25 apply to specific benefits other than home care services. To  
26 this extent, all of the requirements of this part apply to any  
27 organization or contract that limits coverage to home care  
28 services, except the requirements for providing comprehensive  
29 health care services as provided in ss. 641.19(4), (11), and  
30 (12), and 641.31(1), except ss. 641.31(10)(~~9~~), (13)(~~12~~), (~~17~~),  
31 (18), (19), (20), (21), (22), and (25)(~~24~~) and 641.31095.

1           Section 8. Section 641.3107, Florida Statutes, is  
2 amended to read:

3           641.3107 Delivery of contract.--Unless delivered upon  
4 execution or issuance, a health maintenance contract,  
5 certificate of coverage, or member handbook shall be mailed or  
6 delivered to the subscriber or, in the case of a group health  
7 maintenance contract, to the employer or other person who will  
8 hold the contract on behalf of the subscriber group within 10  
9 working days from approval of the enrollment form by the  
10 health maintenance organization or by the effective date of  
11 coverage, whichever occurs first. However, if the employer or  
12 other person who will hold the contract on behalf of the  
13 subscriber group requires retroactive enrollment of a  
14 subscriber, the organization shall deliver the contract,  
15 certificate, or member handbook to the subscriber within 10  
16 days after receiving notice from the employer of the  
17 retroactive enrollment. This section does not apply to the  
18 delivery of those contracts specified in s. 641.31(14)(~~13~~).

19           Section 9. Paragraph (a) of subsection (7) of section  
20 641.3922, Florida Statutes, is amended to read:

21           641.3922 Conversion contracts; conditions.--Issuance  
22 of a converted contract shall be subject to the following  
23 conditions:

24           (7) REASONS FOR CANCELLATION; TERMINATION.--The  
25 converted health maintenance contract must contain a  
26 cancellation or nonrenewability clause providing that the  
27 health maintenance organization may refuse to renew the  
28 contract of any person covered thereunder, but cancellation or  
29 nonrenewal must be limited to one or more of the following  
30 reasons:



1 (a) Fraud or intentional misrepresentation, subject to  
2 the limitations of s. 641.31(24)(~~23~~), in applying for any  
3 benefits under the converted health maintenance contract.

4 Section 10. Subsection (4) of section 641.513, Florida  
5 Statutes, is amended to read:

6 641.513 Requirements for providing emergency services  
7 and care.--

8 (4) A subscriber may be charged a reasonable  
9 copayment, as provided in s. 641.31(13)(~~12~~), for the use of an  
10 emergency room.

11 Section 11. Except as otherwise expressly provided in  
12 this act, this act shall take effect January 1, 2007, and  
13 shall apply to identification cards issued for policies or  
14 certificates issued or renewed on or after that date.

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1                   STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
2                   COMMITTEE SUBSTITUTE FOR  
3                   Senate Bill 1274

4 The committee substitute makes the following changes:

- 5 1. Individual major medical health insurance policies, rather  
6 than all individual policies, must provide policyholders  
7 with an ID card.
- 8 2. The bill changes the information to be included by health  
9 insurers on ID cards to terminology frequently used in  
10 health policies and recognizes federal regulations  
11 adopted under the Health Insurance Portability and  
12 Accountability Act govern the type of information an  
13 insurer may disclose.
- 14 3. An insurer is authorized to provide required information  
15 electronically or embedded in magnetic strips on smart  
16 cards.
- 17 4. Any ID card issued by an HMO must identify the insurer as  
18 an HMO.
- 19 5. The eligibility requirements for the Health Flex Plan  
20 Program are revised to expand the pool of potential  
21 eligible persons by allowing family income to be equal or  
22 less than 250 percent of the federal poverty level,  
23 rather than equal to or less than 200 percent of the  
24 federal poverty level, for a family of four. The bill  
25 also requires, as another condition of eligibility, that  
26 the person is part of an employer group where at least 75  
27 percent of the employees have a family income equal to or  
28 less than 250 percent of the federal poverty level.  
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