

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

1 Representative(s) Benson offered the following:

2
3 **Amendment (with directory and title amendments)**

4 Remove lines 153-249 and insert:

5 (6) (a) A health maintenance organization shall provide a
6 hospital, physician, or other person rendering services covered
7 by the policy electronic access to the covered person's
8 eligibility and benefits information through a secure Internet
9 website. The eligibility and benefits information shall comply
10 with the transaction standards specified in ANSI ASC X12N 270
11 for health care claim eligibility inquiries and ANSI ASC X12N
12 271 for health care claim eligibility responses, or successor
13 transaction standards, pursuant to the Health Insurance
14 Portability and Accountability Act.

15 (b) A health maintenance organization shall develop an
16 implementation plan to comply with paragraph (a) no later than
17 March 31, 2007, and shall make the eligibility and benefits

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18 information described in this subsection available through a
19 secure Internet website no later than July 1, 2007.

20 Section 5. Paragraph (j) of subsection (3) of section
21 383.145, Florida Statutes, is amended to read:

22 383.145 Newborn and infant hearing screening.--

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

25 (j) The initial procedure for screening the hearing of the
26 newborn or infant and any medically necessary followup
27 reevaluations leading to diagnosis shall be a covered benefit,
28 reimbursable under Medicaid as an expense compensated
29 supplemental to the per diem rate for Medicaid patients enrolled
30 in MediPass or Medicaid patients covered by a fee for service
31 program. For Medicaid patients enrolled in HMOs, providers shall
32 be reimbursed directly by the Medicaid Program Office at the
33 Medicaid rate. This service may not be considered a covered
34 service for the purposes of establishing the payment rate for
35 Medicaid HMOs. All health insurance policies and health
36 maintenance organizations as provided under ss. 627.6416,
37 627.6579, and 641.31(32)~~(30)~~, except for supplemental policies
38 that only provide coverage for specific diseases, hospital
39 indemnity, or Medicare supplement, or to the supplemental
40 polices, shall compensate providers for the covered benefit at
41 the contracted rate. Nonhospital-based providers shall be
42 eligible to bill Medicaid for the professional and technical
43 component of each procedure code.

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

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46 641.185 Health maintenance organization subscriber
47 protections.--

48 (1) With respect to the provisions of this part and part
49 III, the principles expressed in the following statements shall
50 serve as standards to be followed by the commission, the office,
51 the department, and the Agency for Health Care Administration in
52 exercising their powers and duties, in exercising administrative
53 discretion, in administrative interpretations of the law, in
54 enforcing its provisions, and in adopting rules:

55 (b) A health maintenance organization subscriber should
56 receive quality health care from a broad panel of providers,
57 including referrals, preventive care pursuant to s. 641.402(1),
58 emergency screening and services pursuant to ss. 641.31(14)~~(12)~~
59 and 641.513, and second opinions pursuant to s. 641.51.

60 (i) A health maintenance organization subscriber should
61 receive timely and, if necessary, urgent grievances and appeals
62 within the health maintenance organization pursuant to ss.
63 641.228, 641.31(7)~~(5)~~, 641.47, and 641.511.

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

66 641.2018 Limited coverage for home health care
67 authorized.--

68 (1) Notwithstanding other provisions of this chapter, a
69 health maintenance organization may issue a contract that limits
70 coverage to home health care services only. The organization and
71 the contract shall be subject to all of the requirements of this
72 part that do not require or otherwise apply to specific benefits
73 other than home care services. To this extent, all of the
74 requirements of this part apply to any organization or contract
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75 that limits coverage to home care services, except the
76 requirements for providing comprehensive health care services as
77 provided in ss. 641.19(4), (11), and (12), and 641.31(1), except
78 ss. 641.31(11)~~(9)~~, (14)~~(12)~~, ~~(17)~~, (18), (19), (20), (21), (23),
79 and (26)~~(24)~~ and 641.31095.

80 Section 8. Section 641.3107, Florida Statutes, is amended
81 to read:

82 641.3107 Delivery of contract.--Unless delivered upon
83 execution or issuance, a health maintenance contract,
84 certificate of coverage, or member handbook shall be mailed or
85 delivered to the subscriber or, in the case of a group health
86 maintenance contract, to the employer or other person who will
87 hold the contract on behalf of the subscriber group within 10
88 working days from approval of the enrollment form by the health
89 maintenance organization or by the effective date of coverage,
90 whichever occurs first. However, if the employer or other person
91 who will hold the contract on behalf of the subscriber group
92 requires retroactive enrollment of a subscriber, the
93 organization shall deliver the contract, certificate, or member
94 handbook to the subscriber within 10 days after receiving notice
95 from the employer of the retroactive enrollment. This section
96 does not apply to the delivery of those contracts specified in
97 s. 641.31(15)~~(13)~~.

98 Section 9. Paragraph (a) of subsection (7) of section
99 641.3922, Florida Statutes, is amended to read:

100 641.3922 Conversion contracts; conditions.--Issuance of a
101 converted contract shall be subject to the following conditions:

102 (7) REASONS FOR CANCELLATION; TERMINATION.--The converted
103 health maintenance contract must contain a cancellation or

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104 nonrenewability clause providing that the health maintenance
105 organization may refuse to renew the contract of any person
106 covered thereunder, but cancellation or nonrenewal must be
107 limited to one or more of the following reasons:

108 (a) Fraud or intentional misrepresentation, subject to the
109 limitations of s. 641.31(25)~~(23)~~, in applying for any benefits
110 under the converted health maintenance contract.+

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

113 641.513 Requirements for providing emergency services and
114 care.--

115 (4) A subscriber may be charged a reasonable copayment, as
116 provided in s. 641.31(14)~~(12)~~, for the use of an emergency room.

117

118 ===== D I R E C T O R Y A M E N D M E N T =====

119 Remove lines 118 and 119 and insert:
120 641.31, Florida Statutes, are renumbered as subsections (7)
121 through (42), respectively, and new subsections (5) and (6) are
122 added to

123

124 ===== T I T L E A M E N D M E N T =====

125 Remove line 18 and insert:
126 maintenance contract; requiring certain health maintenance
127 organizations to provide to certain service providers by an
128 Internet website certain information relating to a covered
129 person; providing criteria; specifying time requirements for
130 such health maintenance organizations to implement such
131 requirements; amending ss. 383.145, 641.185,