

HB 805

2006  
CS

## CHAMBER ACTION

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1 The Insurance Committee recommends the following:

2  
3 **Council/Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to policies, contracts, and programs for  
7 the provision of health care services; amending s.  
8 627.642, F.S.; requiring an identification card containing  
9 specified information to be given to insureds who have  
10 health and accident insurance; amending s. 627.657, F.S.;  
11 requiring an identification card containing specified  
12 information to be given to insureds under group health  
13 insurance policies; amending s. 641.31, F.S.; requiring an  
14 identification card to be given to persons having health  
15 care services through a health maintenance contract;  
16 amending ss. 383.145, 641.185, 641.2018, 641.3107,  
17 641.3922, and 641.513, F.S.; conforming cross-references  
18 to changes made by the act; providing an effective date.

19  
20 Be It Enacted by the Legislature of the State of Florida:

21  
22 Section 1. Subsection (3) is added to section 627.642,  
23 Florida Statutes, to read:

HB 805

2006  
CS

24 |           627.642 Outline of coverage.--

25 |           (3) In addition to the outline of coverage, a major  
26 | medical policy must be accompanied by an identification card  
27 | that contains, at a minimum:

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

31 |           (b) The name of the covered person or covered family,  
32 | whichever applies.

33 |           (c) Type of plan or name of network.

34 |           (d) The member identification number, contract number, and  
35 | policy or group number, if applicable.

36 |           (e) A contact phone number or electronic address for  
37 | authorizations.

38 |           (f) A phone number or electronic address whereby the  
39 | covered person or hospital, physician, or other person rendering  
40 | services covered by the policy may obtain information necessary  
41 | to estimate patient financial responsibility, in compliance with  
42 | privacy rules under the Health Insurance Portability and  
43 | Accountability Act.

44 |           (g) The national plan identifier, when available.

45 |

46 | The identification card must present the information in a  
47 | readily identifiable manner or, alternatively, the information  
48 | may be embedded on the card and available through magnetic  
49 | stripe or smart card. The information may also be provided  
50 | through other electronic technology.

HB 805

2006  
CS

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

54 627.657 Provisions of group health insurance policies.--

55 (2) The policy must be accompanied by an identification  
56 card that contains, at a minimum:

57 (a) The name of the organization issuing the policy or  
58 name of the organization administering the policy, whichever  
59 applies.

60 (b) The name of the covered person or covered family,  
61 whichever applies.

62 (c) Type of plan or name of network.

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

65 (e) A contact phone number or electronic address for  
66 authorizations.

67 (f) A phone number or electronic address whereby the  
68 covered person or hospital, physician, or other person rendering  
69 services covered by the policy may obtain information necessary  
70 to estimate patient financial responsibility, in compliance with  
71 privacy rules under the Health Insurance Portability and  
72 Accountability Act.

73 (g) The national plan identifier, when available.

74  
75 The identification card must present the information in a  
76 readily identifiable manner or, alternatively, the information  
77 may be embedded on the card and available through magnetic

HB 805

2006  
CS

78 | stripe or smart card. The information may also be provided  
79 | through other electronic technology.

80 | Section 3. Present subsections (5) through (40) of section  
81 | 641.31, Florida Statutes, are renumbered as subsections (6)  
82 | through (41), respectively, and a new subsection (5) is added to  
83 | that section, to read:

84 | 641.31 Health maintenance contracts.--

85 | (5) The contract, certificate, or member handbook must be  
86 | accompanied by an identification card that contains, at a  
87 | minimum:

88 | (a) The name of the organization offering the contract or  
89 | name of the organization administering the contract, whichever  
90 | applies.

91 | (b) The name of the covered person or covered family,  
92 | whichever applies.

93 | (c) A statement that the health plan is a health  
94 | maintenance organization.

95 | (d) The member identification number, contract number, and  
96 | group number, if applicable.

97 | (e) A contact phone number or electronic address for  
98 | authorizations.

99 | (f) A phone number or electronic address whereby the  
100 | covered person or hospital, physician, or other person rendering  
101 | services covered by the contract may obtain information  
102 | necessary to estimate patient financial responsibility, in  
103 | compliance with privacy rules under the Health Insurance  
104 | Portability and Accountability Act.

105 | (g) The national plan identifier, when available.

HB 805

2006  
CS

106  
107 The identification card must present the information in a  
108 readily identifiable manner or, alternatively, the information  
109 may be embedded on the card and available through magnetic  
110 stripe or smart card. The information may also be provided  
111 through other electronic technology.

112 Section 4. Paragraph (j) of subsection (3) of section  
113 383.145, Florida Statutes, is amended to read:

114 383.145 Newborn and infant hearing screening.--

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

117 (j) The initial procedure for screening the hearing of the  
118 newborn or infant and any medically necessary followup  
119 reevaluations leading to diagnosis shall be a covered benefit,  
120 reimbursable under Medicaid as an expense compensated  
121 supplemental to the per diem rate for Medicaid patients enrolled  
122 in MediPass or Medicaid patients covered by a fee for service  
123 program. For Medicaid patients enrolled in HMOs, providers shall  
124 be reimbursed directly by the Medicaid Program Office at the  
125 Medicaid rate. This service may not be considered a covered  
126 service for the purposes of establishing the payment rate for  
127 Medicaid HMOs. All health insurance policies and health  
128 maintenance organizations as provided under ss. 627.6416,  
129 627.6579, and 641.31(31)~~(30)~~, except for supplemental policies  
130 that only provide coverage for specific diseases, hospital  
131 indemnity, or Medicare supplement, or to the supplemental  
132 policies, shall compensate providers for the covered benefit at  
133 the contracted rate. Nonhospital-based providers shall be

HB 805

2006  
CS

134 eligible to bill Medicaid for the professional and technical  
135 component of each procedure code.

136 Section 5. Paragraphs (b) and (i) of subsection (1) of  
137 section 641.185, Florida Statutes, are amended to read:

138 641.185 Health maintenance organization subscriber  
139 protections.--

140 (1) With respect to the provisions of this part and part  
141 III, the principles expressed in the following statements shall  
142 serve as standards to be followed by the commission, the office,  
143 the department, and the Agency for Health Care Administration in  
144 exercising their powers and duties, in exercising administrative  
145 discretion, in administrative interpretations of the law, in  
146 enforcing its provisions, and in adopting rules:

147 (b) A health maintenance organization subscriber should  
148 receive quality health care from a broad panel of providers,  
149 including referrals, preventive care pursuant to s. 641.402(1),  
150 emergency screening and services pursuant to ss. 641.31 (13) ~~(12)~~  
151 and 641.513, and second opinions pursuant to s. 641.51.

152 (i) A health maintenance organization subscriber should  
153 receive timely and, if necessary, urgent grievances and appeals  
154 within the health maintenance organization pursuant to ss.  
155 641.228, 641.31 (6) ~~(5)~~, 641.47, and 641.511.

156 Section 6. Subsection (1) of section 641.2018, Florida  
157 Statutes, is amended to read:

158 641.2018 Limited coverage for home health care  
159 authorized.--

160 (1) Notwithstanding other provisions of this chapter, a  
161 health maintenance organization may issue a contract that limits

HB 805

2006  
CS

162 coverage to home health care services only. The organization and  
163 the contract shall be subject to all of the requirements of this  
164 part that do not require or otherwise apply to specific benefits  
165 other than home care services. To this extent, all of the  
166 requirements of this part apply to any organization or contract  
167 that limits coverage to home care services, except the  
168 requirements for providing comprehensive health care services as  
169 provided in ss. 641.19(4), (11), and (12), and 641.31(1), except  
170 ss. 641.31(10)~~(9)~~, (13)~~(12)~~, ~~(17)~~, (18), (19), (20), (21), (22),  
171 and (25)~~(24)~~ and 641.31095.

172 Section 7. Section 641.3107, Florida Statutes, is amended  
173 to read:

174 641.3107 Delivery of contract.--Unless delivered upon  
175 execution or issuance, a health maintenance contract,  
176 certificate of coverage, or member handbook shall be mailed or  
177 delivered to the subscriber or, in the case of a group health  
178 maintenance contract, to the employer or other person who will  
179 hold the contract on behalf of the subscriber group within 10  
180 working days from approval of the enrollment form by the health  
181 maintenance organization or by the effective date of coverage,  
182 whichever occurs first. However, if the employer or other person  
183 who will hold the contract on behalf of the subscriber group  
184 requires retroactive enrollment of a subscriber, the  
185 organization shall deliver the contract, certificate, or member  
186 handbook to the subscriber within 10 days after receiving notice  
187 from the employer of the retroactive enrollment. This section  
188 does not apply to the delivery of those contracts specified in  
189 s. 641.31(14)~~(13)~~.

HB 805

2006  
CS

190 Section 8. Paragraph (a) of subsection (7) of section  
191 641.3922, Florida Statutes, is amended to read:

192 641.3922 Conversion contracts; conditions.--Issuance of a  
193 converted contract shall be subject to the following conditions:

194 (7) REASONS FOR CANCELLATION; TERMINATION.--The converted  
195 health maintenance contract must contain a cancellation or  
196 nonrenewability clause providing that the health maintenance  
197 organization may refuse to renew the contract of any person  
198 covered thereunder, but cancellation or nonrenewal must be  
199 limited to one or more of the following reasons:

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

203 Section 9. Subsection (4) of section 641.513, Florida  
204 Statutes, is amended to read:

205 641.513 Requirements for providing emergency services and  
206 care.--

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

209 Section 10. This act shall take effect July 1, 2006.