CHAMBER ACTION

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1 The Commerce Council recommends the following:
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3 **Council/Committee Substitute**
4 Remove the entire bill and insert:
5 A bill to be entitled
6 An act relating to plans, policies, contracts, and
7 programs for the provision of health care services;
8 amending s. 408.909, F.S.; revising eligibility
9 requirements for participation in health flex plans;
10 amending s. 627.642, F.S.; requiring an identification
11 card containing specified information to be given to
12 insureds who have health and accident insurance; amending
13 s. 627.657, F.S.; requiring an identification card
14 containing specified information to be given to insureds
15 under group health insurance policies; amending s. 641.31,
16 F.S.; requiring an identification card to be given to
17 persons having health care services through a health
18 maintenance contract; amending ss. 383.145, 641.185,
19 641.2018, 641.3107, 641.3922, and 641.513, F.S.;
20 conforming cross-references to changes made by the act;
21 providing application; providing an effective date.
22
23 Be It Enacted by the Legislature of the State of Florida:

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25 Section 1. Subsection (5) of section 408.909, Florida
26 Statutes, is amended to read:
27 408.909 Health flex plans.--
28 (5) ELIGIBILITY.--Eligibility to enroll in an approved
29 health flex plan is limited to residents of this state who:
30 (a) Are 64 years of age or younger;
31 (b) Have a family income equal to or less than <u>250</u> ~~200~~
32 percent of the federal poverty level;
33 (c) Are eligible under a federally approved Medicaid
34 demonstration waiver and reside in Palm Beach County or Miami-
35 Dade County;
36 (d) Are not covered by a private insurance policy and are
37 not eligible for coverage through a public health insurance
38 program, such as Medicare or Medicaid, unless specifically
39 authorized under paragraph (c), or another public health care
40 program, such as KidCare, and have not been covered at any time
41 during the past 6 months; ~~and~~
42 (e) Have applied for health care coverage through an
43 approved health flex plan and have agreed to make any payments
44 required for participation, including periodic payments or
45 payments due at the time health care services are provided<u>; or</u>~~.~~
46 <u>(f) Have met the requirements of paragraphs (a)-(e) and</u>
47 <u>are part of an employer group where at least 75 percent of the</u>
48 <u>employees have a family income equal to or less than 250 percent</u>
49 <u>of the federal poverty level.</u>
50 Section 2. Subsection (3) is added to section 627.642,
51 Florida Statutes, to read:

52 627.642 Outline of coverage.--

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

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

59 (b) The name of the contract holder.

60 (c) The type of plan only if the health plan is filed with
61 the state, an indication that the plan is self-funded, or the
62 name of the 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 determine if the plan is
70 insured and may obtain a benefits verification in order to
71 estimate patient financial responsibility, in compliance with
72 privacy rules under the Health Insurance Portability and
73 Accountability Act.

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

77

78 The identification card must present the information in a
79 readily identifiable manner or, alternatively, the information

80 may be embedded on the card and available through magnetic
81 stripe or smart card. The information may also be provided
82 through other electronic technology.
83 Section 3. Present subsection (2) of section 627.657,
84 Florida Statutes, is renumbered as subsection (3), and a new
85 subsection (2) is added to that section, to read:
86 627.657 Provisions of group health insurance policies.--
87 (2) The medical policy as specified in s. 627.6699(3)(k)
88 must be accompanied by an identification card that contains, at
89 a minimum:
90 (a) The name of the organization issuing the policy or
91 name of the organization administering the policy, whichever
92 applies.
93 (b) The name of the certificateholder.
94 (c) The type of plan only if the health plan is filed with
95 the state, an indication that the plan is self-funded, or the
96 name of the network.
97 (d) The member identification number, contract number, and
98 policy or group number, if applicable.
99 (e) A contact phone number or electronic address for
100 authorizations.
101 (f) A phone number or electronic address whereby the
102 covered person or hospital, physician, or other person rendering
103 services covered by the policy may determine if the plan is
104 insured and may obtain a benefits verification in order to
105 estimate patient financial responsibility, in compliance with
106 privacy rules under the Health Insurance Portability and
107 Accountability Act.

108 (g) The national plan identifier, in accordance with the
109 compliance date set forth by the federal Department of Health
110 and Human Services.
111
112 The identification card must present the information in a
113 readily identifiable manner or, alternatively, the information
114 may be embedded on the card and available through magnetic
115 stripe or smart card. The information may also be provided
116 through other electronic technology.
117 Section 4. Present subsections (5) through (40) of section
118 641.31, Florida Statutes, are renumbered as subsections (6)
119 through (41), respectively, and a new subsection (5) is added to
120 that section, to read:
121 641.31 Health maintenance contracts.--
122 (5) The contract, certificate, or member handbook must be
123 accompanied by an identification card that contains, at a
124 minimum:
125 (a) The name of the organization offering the contract or
126 name of the organization administering the contract, whichever
127 applies.
128 (b) The name of the subscriber.
129 (c) A statement that the health plan is a health
130 maintenance organization. Only a health plan with a certificate
131 of authority issued under this chapter may be identified as a
132 health maintenance organization.
133 (d) The member identification number, contract number, and
134 group number, if applicable.

135 (e) A contact phone number or electronic address for
136 authorizations.
137 (f) A phone number or electronic address whereby the
138 covered person or hospital, physician, or other person rendering
139 services covered by the contract may determine if the plan is
140 insured and may obtain a benefits verification in order to
141 estimate patient financial responsibility, in compliance with
142 privacy rules under the Health Insurance Portability and
143 Accountability Act.
144 (g) The national plan identifier, in accordance with the
145 compliance date set forth by the federal Department of Health
146 and Human Services.
147
148 The identification card must present the information in a
149 readily identifiable manner or, alternatively, the information
150 may be embedded on the card and available through magnetic
151 stripe or smart card. The information may also be provided
152 through other electronic technology.
153 Section 5. Paragraph (j) of subsection (3) of section
154 383.145, Florida Statutes, is amended to read:
155 383.145 Newborn and infant hearing screening.--
156 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
157 COVERAGE; REFERRAL FOR ONGOING SERVICES.--
158 (j) The initial procedure for screening the hearing of the
159 newborn or infant and any medically necessary followup
160 reevaluations leading to diagnosis shall be a covered benefit,
161 reimbursable under Medicaid as an expense compensated
162 supplemental to the per diem rate for Medicaid patients enrolled

163 in MediPass or Medicaid patients covered by a fee for service
164 program. For Medicaid patients enrolled in HMOs, providers shall
165 be reimbursed directly by the Medicaid Program Office at the
166 Medicaid rate. This service may not be considered a covered
167 service for the purposes of establishing the payment rate for
168 Medicaid HMOs. All health insurance policies and health
169 maintenance organizations as provided under ss. 627.6416,
170 627.6579, and 641.31(31) ~~(30)~~, except for supplemental policies
171 that only provide coverage for specific diseases, hospital
172 indemnity, or Medicare supplement, or to the supplemental
173 polices, shall compensate providers for the covered benefit at
174 the contracted rate. Nonhospital-based providers shall be
175 eligible to bill Medicaid for the professional and technical
176 component of each procedure code.
177 Section 6. Paragraphs (b) and (i) of subsection (1) of
178 section 641.185, Florida Statutes, are amended to read:
179 641.185 Health maintenance organization subscriber
180 protections.--
181 (1) With respect to the provisions of this part and part
182 III, the principles expressed in the following statements shall
183 serve as standards to be followed by the commission, the office,
184 the department, and the Agency for Health Care Administration in
185 exercising their powers and duties, in exercising administrative
186 discretion, in administrative interpretations of the law, in
187 enforcing its provisions, and in adopting rules:
188 (b) A health maintenance organization subscriber should
189 receive quality health care from a broad panel of providers,
190 including referrals, preventive care pursuant to s. 641.402(1),

191 emergency screening and services pursuant to ss. 641.31(13) ~~(12)~~
192 and 641.513, and second opinions pursuant to s. 641.51.
193 (i) A health maintenance organization subscriber should
194 receive timely and, if necessary, urgent grievances and appeals
195 within the health maintenance organization pursuant to ss.
196 641.228, 641.31(6) ~~(5)~~, 641.47, and 641.511.
197 Section 7. Subsection (1) of section 641.2018, Florida
198 Statutes, is amended to read:
199 641.2018 Limited coverage for home health care
200 authorized.--
201 (1) Notwithstanding other provisions of this chapter, a
202 health maintenance organization may issue a contract that limits
203 coverage to home health care services only. The organization and
204 the contract shall be subject to all of the requirements of this
205 part that do not require or otherwise apply to specific benefits
206 other than home care services. To this extent, all of the
207 requirements of this part apply to any organization or contract
208 that limits coverage to home care services, except the
209 requirements for providing comprehensive health care services as
210 provided in ss. 641.19(4), (11), and (12), and 641.31(1), except
211 ss. 641.31(10) ~~(9)~~, (13) ~~(12), (17)~~, (18), (19), (20), (21), (22),
212 and (25) ~~(24)~~ and 641.31095.
213 Section 8. Section 641.3107, Florida Statutes, is amended
214 to read:
215 641.3107 Delivery of contract.--Unless delivered upon
216 execution or issuance, a health maintenance contract,
217 certificate of coverage, or member handbook shall be mailed or
218 delivered to the subscriber or, in the case of a group health

219 maintenance contract, to the employer or other person who will
220 hold the contract on behalf of the subscriber group within 10
221 working days from approval of the enrollment form by the health
222 maintenance organization or by the effective date of coverage,
223 whichever occurs first. However, if the employer or other person
224 who will hold the contract on behalf of the subscriber group
225 requires retroactive enrollment of a subscriber, the
226 organization shall deliver the contract, certificate, or member
227 handbook to the subscriber within 10 days after receiving notice
228 from the employer of the retroactive enrollment. This section
229 does not apply to the delivery of those contracts specified in
230 s. 641.31(14)(13).
231 Section 9. Paragraph (a) of subsection (7) of section
232 641.3922, Florida Statutes, is amended to read:
233 641.3922 Conversion contracts; conditions.--Issuance of a
234 converted contract shall be subject to the following conditions:
235 (7) REASONS FOR CANCELLATION; TERMINATION.--The converted
236 health maintenance contract must contain a cancellation or
237 nonrenewability clause providing that the health maintenance
238 organization may refuse to renew the contract of any person
239 covered thereunder, but cancellation or nonrenewal must be
240 limited to one or more of the following reasons:
241 (a) Fraud or intentional misrepresentation, subject to the
242 limitations of s. 641.31(24)(23), in applying for any benefits
243 under the converted health maintenance contract.;
244 Section 10. Subsection (4) of section 641.513, Florida
245 Statutes, is amended to read:

246 641.513 Requirements for providing emergency services and
247 care.--
248 (4) A subscriber may be charged a reasonable copayment, as
249 provided in s. 641.31(13) ~~(12)~~, for the use of an emergency room.
250 Section 11. This act shall take effect January 1, 2007,
251 and shall apply to identification cards issued for policies or
252 certificates issued or renewed on or after that date.