A bill to be entitled 1 2 An act relating to health insurance; amending ss. 627.642, 627.657, and 641.31, F.S.; requiring an identification 3 4 card containing specified information to be given to insureds under health benefit plans and group health 5 insurance policies and persons having health care services 6 through health maintenance contracts; providing 7 8 applicability; providing an effective date. 9 10 Be It Enacted by the Legislature of the State of Florida: 11 Subsection (3) is added to section 627.642, Section 1. 12 13 Florida Statutes, to read: 627.642 Outline of coverage. --14 In addition to the outline of coverage, a policy as 15 specified in s. 627.6699(3)(k) must be accompanied by an 16 17 identification card that contains, at a minimum: 18 The name of the organization issuing the policy or the name of the organization administering the policy, whichever 19 20 applies. The name of the contract holder. 21 (b) The type of plan only if the plan is filed in the 22 state, an indication that the plan is self-funded, or the name 23 24 of the network.

- (d) The member identification number, contract number, and policy or group number, if applicable.
- (e) A contact phone number or electronic address for authorizations.

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

- (g) The national plan identifier, in accordance with the compliance date set forth by the federal Department of Health and Human Services.
- The identification card must present the information in a readily identifiable manner or, alternatively, the information may be embedded on the card and available through magnetic stripe or smart card. The information may also be provided through other electronic technology.
- Section 2. Present subsection (2) of section 627.657, Florida Statutes, is renumbered as subsection (3), and a new subsection (2) is added to that section, to read:
 - 627.657 Provisions of group health insurance policies.--
- (2) The medical policy as specified in s. 627.6699(3)(k) must be accompanied by an identification card that contains, at a minimum:
- (a) The name of the organization issuing the policy or name of the organization administering the policy, whichever applies.
 - (b) The name of the certificateholder.
 - (c) The type of plan only if the plan is filed in the

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CODING: Words stricken are deletions; words underlined are additions.

state, an indication that the plan is self-funded, or the name of the network.

- (d) The member identification number, contract number, and policy or group number, if applicable.
- (e) A contact phone number or electronic address for authorizations.
- (f) A phone number or electronic address whereby the covered person or hospital, physician, or other person rendering services covered by the policy may determine if the plan is insured and may obtain a benefits verification in order to estimate patient financial responsibility, in compliance with privacy rules under the Health Insurance Portability and Accountability Act.
- (g) The national plan identifier, in accordance with the compliance date set forth by the federal Department of Health and Human Services.

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

Section 3. Subsection (41) is added to section 641.31, Florida Statutes, to read:

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

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

(b) The name of the subscriber.

- (c) A statement that the health plan is a health maintenance organization. Only a health plan with a certificate of authority issued under this chapter may be identified as a health maintenance organization.
- (d) The member identification number, contract number, and group number, if applicable.
- (e) A contact phone number or electronic address for authorizations.
- (f) A phone number or electronic address whereby the covered person or hospital, physician, or other person rendering services covered by the contract may determine if the plan is insured and may obtain a benefits verification in order to estimate patient financial responsibility, in compliance with privacy rules under the Health Insurance Portability and Accountability Act.
- (g) The national plan identifier, in accordance with the compliance date set forth by the federal Department of Health and Human Services.

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

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113 Section 4. This act shall take effect January 1, 2008, and shall apply to identification cards issued for policies or certificates issued or renewed on or after that date.

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