

Bill No. HB 7087, 2nd Eng.

Barcode 963080

	CHAMBER ACTION	
<u>Senate</u>		<u>House</u>

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Senator Peaden moved the following amendment:

Senate Amendment (with title amendment)

Lines 462, delete that line

and insert:

Section 17. Subsection (3) is added to section 627.642, Florida Statutes, to read:

627.642 Outline of coverage.--

(3) In addition to the outline of coverage, a 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 the name of the organization administering the policy, whichever applies.

(b) The name of the contract holder.

(c) The type of plan only if the plan is filed in the 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.

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1 (e) A contact phone number or electronic address for
2 authorizations.

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

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

13
14 The identification card must present the information in a
15 readily identifiable manner or, alternatively, the information
16 may be embedded on the card and available through magnetic
17 stripe or smart card. The information may also be provided
18 through other electronic technology.

19 Section 18. Present subsection (2) of section 627.657,
20 Florida Statutes, is renumbered as subsection (3), and a new
21 subsection (2) is added to that section, to read:

22 627.657 Provisions of group health insurance
23 policies.--

24 (2) The medical policy as specified in s.
25 627.6699(3)(k) must be accompanied by an identification card
26 that contains, at a minimum:

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

30 (b) The name of the certificateholder.

31 (c) The type of plan only if the plan is filed in the

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

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

5 (e) A contact phone number or electronic address for
6 authorizations.

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

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

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

23 Section 19. Present subsections (5) through (40) of
24 section 641.31, Florida Statutes, are renumbered as
25 subsections (6) through (41), respectively, and a new
26 subsection (5) is added to that section, to read:

27 641.31 Health maintenance contracts.--

28 (5) The contract, certificate, or member handbook must
29 be accompanied by an identification card that contains, at a
30 minimum:

31 (a) The name of the organization offering the contract

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1 or name of the organization administering the contract,
2 whichever applies.

3 (b) The name of the subscriber.

4 (c) A statement that the health plan is a health
5 maintenance organization. Only a health plan with a
6 certificate of authority issued under this chapter may be
7 identified as a health maintenance organization.

8 (d) The member identification number, contract number,
9 and group number, if applicable.

10 (e) A contact phone number or electronic address for
11 authorizations.

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

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

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

28 Section 20. Paragraph (j) of subsection (3) of section
29 383.145, Florida Statutes, is amended to read:

30 383.145 Newborn and infant hearing screening.--

31 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE

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1 COVERAGE; REFERRAL FOR ONGOING SERVICES.--

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

22 Section 21. Paragraphs (b) and (i) of subsection (1)
23 of section 641.185, Florida Statutes, are amended to read:

24 641.185 Health maintenance organization subscriber
25 protections.--

26 (1) With respect to the provisions of this part and
27 part III, the principles expressed in the following statements
28 shall serve as standards to be followed by the commission, the
29 office, the department, and the Agency for Health Care
30 Administration in exercising their powers and duties, in
31 exercising administrative discretion, in administrative

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1 interpretations of the law, in enforcing its provisions, and
2 in adopting rules:

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

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

13 Section 22. Subsection (1) of section 641.2018,
14 Florida Statutes, is amended to read:

15 641.2018 Limited coverage for home health care
16 authorized.--

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

30 Section 23. Section 641.3107, Florida Statutes, is
31 amended to read:

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1 641.3107 Delivery of contract.--Unless delivered upon
2 execution or issuance, a health maintenance contract,
3 certificate of coverage, or member handbook shall be mailed or
4 delivered to the subscriber or, in the case of a group health
5 maintenance contract, to the employer or other person who will
6 hold the contract on behalf of the subscriber group within 10
7 working days from approval of the enrollment form by the
8 health maintenance organization or by the effective date of
9 coverage, whichever occurs first. However, if the employer or
10 other person who will hold the contract on behalf of the
11 subscriber group requires retroactive enrollment of a
12 subscriber, the organization shall deliver the contract,
13 certificate, or member handbook to the subscriber within 10
14 days after receiving notice from the employer of the
15 retroactive enrollment. This section does not apply to the
16 delivery of those contracts specified in s. 641.31(14) ~~s.~~
17 ~~641.31(13)~~.

18 Section 24. Paragraph (a) of subsection (7) of section
19 641.3922, Florida Statutes, is amended to read:

20 641.3922 Conversion contracts; conditions.--Issuance
21 of a converted contract shall be subject to the following
22 conditions:

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

30 (a) Fraud or intentional misrepresentation, subject to
31 the limitations of s. 641.31(24) ~~s. 641.31(23)~~, in applying

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1 for any benefits under the converted health maintenance
2 contract.~~7~~

3 Section 25. Subsection (4) of section 641.513, Florida
4 Statutes, is amended to read:

5 641.513 Requirements for providing emergency services
6 and care.--

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

10 Section 26. Effective July 1, 2007, section 627.4108,
11 Florida Statutes, is created to read:

12 627.4108 Credit for administrative efficiencies.--A
13 life or health insurer or health maintenance organization may
14 offer to groups a credit reflecting demonstrable
15 administrative savings resulting from efficiencies that occur
16 when two or more life or health insurance products, or a
17 health maintenance organization contract and one or more life
18 or health insurance products, are purchased from the insurer
19 or its affiliated companies or health maintenance
20 organization. The insurer or health maintenance organization
21 shall be required to demonstrate to the office that the
22 proposed credit is reasonable, does not exceed the
23 administrative savings, and is offered in a nondiscriminatory
24 manner. Such demonstration may be submitted for approval
25 separate from any premium rate filing. Such credit, which
26 results in a reduction of revenue, may not be reflected in the
27 experience used in rate filings. The commission may establish
28 by rule procedures to be used in ascertaining the appropriate
29 amount and reasonableness of the credit in relation to the
30 administrative savings and to ensure that it is offered in a
31 nondiscriminatory manner.

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1 Section 27. Section 468.807, Florida Statutes, is
2 repealed.

3 Section 28. This section, section 26, and section 27
4 shall take effect July 1, 2007, sections 1 through 16 shall
5 take effect October 1, 2007, and sections 17 through 25 shall
6 take effect January 1, 2008, and the latter shall apply to
7 identification cards issued for policies or certificates
8 issued or renewed on or after that date.

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

12 And the title is amended as follows:

13 Line 50, delete that line,

14

15 and insert:

16 amending s. 627.642, F.S.; requiring an
17 identification card containing specified
18 information to be given to insureds who have
19 health and accident insurance; amending s.
20 627.657, F.S.; requiring an identification card
21 containing specified information to be given to
22 insureds under group health insurance policies;
23 amending s. 641.31, F.S.; requiring an
24 identification card to be given to persons
25 having health care services through a health
26 maintenance contract; amending ss. 383.145,
27 641.185, 641.2018, 641.3107, 641.3922, and
28 641.513, F.S.; conforming cross-references to
29 changes made by the act; providing application;
30 creating s. 627.4108, F.S.; authorizing life or
31 health insurers or health maintenance

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1 organizations to offer to groups a credit
2 reflecting demonstrable administrative savings
3 resulting from efficiencies under specified
4 conditions; providing applicability;
5 authorizing the Financial Services Commission
6 to establish certain rules; repealing s.
7 468.807, F.S.; relating to the licensure of
8 orthotists and prosthetists; providing
9 effective dates.

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