

FOR CONSIDERATION By the Committee on Governmental Oversight and Accountability

585-01514A-15

20157026pb

1 A bill to be entitled

2 An act relating to the state group insurance program;
3 creating s. 110.12303, F.S.; defining terms; requiring
4 the Department of Management Services to ensure that a
5 health maintenance organization under contract with
6 the department provides reasonable access to certain
7 services to persons younger than 21 years of age;
8 specifying provisions that must be included in a
9 contract between the department and a health
10 maintenance organization; providing an effective date.

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12 Be It Enacted by the Legislature of the State of Florida:

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14 Section 1. Section 110.12303, Florida Statutes, is created
15 to read:

16 110.12303 Reasonable access to health services for persons
17 under age 21.-

18 (1) As used in this section, the term:

19 (a) "Health maintenance organization" or "HMO" means an
20 entity certified under part I of chapter 641 which is under
21 contract with the department to participate in the state group
22 insurance program.

23 (b) "Health services" means medical services provided to a
24 member which meet early and periodic screening, diagnostic, and
25 treatment requirements under the state Medicaid Plan and are
26 covered under the state group health insurance plan, as defined
27 in s. 110.123.

28 (c) "Member" means a health plan member, as defined in s.
29 110.123, who is younger than 21 years of age.

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30 (d) "Reasonable access" means health services are initiated
31 within timeframes established as guidelines for national
32 standards of medical care but no later than 3 months after the
33 initial date of the request for health services.

34 (e) "State group insurance program" has the same meaning as
35 provided in s. 110.123.

36 (f) "Subscriber" means the enrollee, as defined in s.
37 110.123, under which a member is eligible to participate in the
38 state group insurance program.

39 (2) In addition to the requirements in s. 110.123, the
40 department must ensure that a health maintenance organization
41 provides a member with reasonable access to health services.

42 (3) A contract between the department and an HMO must:

43 (a) Include standards, relating to health services, for
44 network adequacy, timely referral, and reasonable access.

45 (b) Specify the financial consequences that the department
46 must apply if the HMO fails to meet the standards established
47 for network adequacy, timely referral, and reasonable access.

48 (c) Require the HMO to allow, if reasonable access is
49 denied, a member or subscriber to:

50 1. Submit a complaint or grievance pursuant to the
51 procedures established in s. 641.511; and

52 2. Request an external review, including an expedited
53 external review, pursuant to the procedure provided in s. 1001
54 of the federal Patient Protection and Affordable Care Act, Pub.
55 L. No. 111-148.

56 (d) Require the HMO to report to the department at least
57 quarterly. The report must include the following:

58 1. The number of complaints or grievances initiated in the

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59 past quarter regarding reasonable access to health services.

60 2. The types of health services that were the subjects of
61 the complaints and grievances.

62 3. The resolution of such complaints and grievances.

63 (e) Specify a fine to be assessed against an HMO, in
64 addition to any fine imposed under paragraph (b), in each
65 instance that the HMO has failed to provide reasonable access to
66 health services.

67 Section 2. This act shall take effect July 1, 2015.