

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Sprowls offered the following:

2
3 **Amendment (with title amendment)**

4 Remove lines 1040-1099 and insert:

5 Health insurers shall submit Medicaid managed care claims data
6 to the vendor beginning July 1, 2017, and may submit data before
7 that date. However, each insurer and its affiliates may not
8 contribute claims data to the contracted vendor which reflect
9 coverage for the following benefits:

10 (a) Coverage only for accident or disability income
11 insurance, or any combination thereof.

12 (b) Coverage issued as a supplement to liability
13 insurance.

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14 (c) Liability insurance, including general liability
15 insurance and automobile liability insurance.

16 (d) Workers' compensation or similar insurance.

17 (e) Automobile medical payment insurance.

18 (f) Credit-only insurance.

19 (g) Coverage for onsite medical clinics, including prepaid
20 health clinics under part II of chapter 641.

21 (h) Limited scope dental or vision benefits.

22 (i) Benefits for long-term care, nursing home care, home
23 health care, community-based care, or any combination thereof.

24 (j) Coverage only for a specified disease or illness.

25 (k) Hospital indemnity or other fixed indemnity insurance.

26 (l) Medicare supplemental health insurance as defined
27 under s. 1882(g)(1) of the Social Security Act, coverage
28 supplemental to the coverage provided under 10 U.S.C. chapter
29 55, and similar supplemental coverage provided to supplement
30 coverage under a group health plan.

31 Section 8. Subsection (6) of section 641.54, Florida
32 Statutes, is amended, present subsection (7) is renumbered as
33 subsection (8) and amended, and a new subsection (7) is added to
34 that section, to read:

35 641.54 Information disclosure.—

36 (6) Each health maintenance organization shall make
37 available to its subscribers on its website or by request the
38 estimated copayment ~~copay~~, coinsurance percentage, or
39 deductible, whichever is applicable, for any covered services as

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40 described by the searchable bundles established on a consumer-
41 friendly, Internet-based platform pursuant to s. 408.05(3)(c) or
42 as described by a personalized estimate received from a facility
43 pursuant to s. 395.301 or a practitioner pursuant to s.
44 456.0575, the status of the subscriber's maximum annual out-of-
45 pocket payments for a covered individual or family, and the
46 status of the subscriber's maximum lifetime benefit. Such
47 estimate ~~does shall~~ not preclude the actual copayment copay,
48 coinsurance percentage, or deductible, whichever is applicable,
49 from exceeding the estimate.

50 (7) Each health maintenance organization that participates
51 in the state group health insurance plan created under s.
52 110.123 or Medicaid managed care pursuant to part IV of chapter
53 409 shall contribute all claims data from Florida subscribers
54 held by the organization and its affiliates to the contracted
55 vendor selected by the Agency for Health Care Administration
56 under s. 408.05(3)(c). Health maintenance organizations shall
57 submit Medicaid managed care claims data to the vendor beginning
58 July 1, 2017, and may submit data before that date. However,
59 each health maintenance organization and its affiliates may not
60 contribute claims data to the contracted vendor which reflect
61 coverage for the following benefits:

62 (a) Coverage only for accident or disability income
63 insurance, or any combination thereof.

64 (b) Coverage issued as a supplement to liability
65 insurance.

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- 66 (c) Liability insurance, including general liability
- 67 insurance and automobile liability insurance.
- 68 (d) Workers' compensation or similar insurance.
- 69 (e) Automobile medical payment insurance.
- 70 (f) Credit-only insurance.
- 71 (g) Coverage for onsite medical clinics, including prepaid
- 72 health clinics under part II of chapter 641.
- 73 (h) Limited scope dental or vision benefits.
- 74 (i) Benefits for long-term care, nursing home care, home
- 75 health care, community-based care, or any combination thereof.
- 76 (j) Coverage only for a specified disease or illness.
- 77 (k) Hospital indemnity or other fixed indemnity insurance.
- 78 (l) Medicare supplemental health insurance as defined
- 79 under s. 1882(g)(1) of the Social Security Act, coverage
- 80 supplemental to the coverage provided under 10 U.S.C. chapter
- 81 55, and similar supplemental coverage provided to supplement
- 82 coverage under a group health plan.

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

86 Remove lines 77-88 and insert:

87 agency; establishing a deadline for submission of

88 Medicaid managed care claims data by health insurers;

89 requiring that an insurer and its affiliates not

90 submit claims data reflecting certain coverage to the

91 contracted vendor; amending s. 641.54, F.S.; requiring

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92 a health maintenance organization to make certain
93 information available to its subscribers on its
94 website; requiring a health insurer to provide a
95 hyperlink to certain health information on its
96 website; requiring a health maintenance organization
97 that participates in the state group health insurance
98 plan or Medicaid managed care to contribute all
99 Florida claims data held by it or its affiliates to
100 the contracted vendor selected by the agency;
101 establishing a deadline for submission of Medicaid
102 managed care claims data by health maintenance
103 organizations;

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