



712492

LEGISLATIVE ACTION

Senate	.	House
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Floor: AD/CR	.	Floor: AD
05/08/2017 02:58 PM	.	05/08/2017 07:49 PM
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The Conference Committee on SB 2508 recommended the following:

1 **Senate Conference Committee Amendment (with title**
2 **amendment)**

3
4 Delete everything after the enacting clause
5 and insert:

6 Section 1. Section 110.12301, Florida Statutes, is amended
7 to read:

8 110.12301 Competitive procurement of postpayment claims
9 review services and dependent eligibility verification

10 services.—The Division of State Group Insurance is directed to
11 competitively procure:



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12 (1) Postpayment claims review services for the state group
13 health insurance plans established pursuant to s. 110.123.
14 Compensation under the contract shall be paid from amounts
15 identified as claim overpayments that are made by or on behalf
16 of the health plans and that are recovered by the vendor. The
17 vendor may retain that portion of the amount recovered as
18 provided in the contract. The contract must require the vendor
19 to maintain all necessary documentation supporting the amounts
20 recovered, retained, and remitted to the division; and

21 (2) A ~~contingency-based~~ contract for dependent eligibility
22 verification services for the state group insurance program;
23 however, compensation under the contract may not exceed
24 historical claim costs for the prior 12 months for the dependent
25 populations disenrolled as a result of the contractor's ~~vendor's~~
26 services.

27 (a)1. By September 1, 2017, the division shall notify all
28 subscribers regarding the eligibility rules for dependents.
29 Through November 30, 2017, the division ~~must~~ ~~may establish a 3-~~
30 ~~month grace period and~~ hold subscribers harmless for past claims
31 of ineligible dependents ~~if such dependents are removed from~~
32 plan membership before December 1, 2017.

33 2. Subparagraph 1. does not apply to any dependent
34 identified as ineligible before July 1, 2017, for which the
35 department has notified the state agency employing the
36 associated subscriber ~~The Department of Management Services~~
37 ~~shall submit budget amendments pursuant to chapter 216 in order~~
38 ~~to obtain budget authority necessary to expend funds from the~~
39 ~~State Employees' Group Health Self-Insurance Trust Fund for~~
40 ~~payments to the vendor as provided in the contract.~~



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41 (b) The contractor providing dependent eligibility
42 verification services may request the following information from
43 subscribers:

44 1. To prove a spouse's eligibility:

45 a. If married less than 12 months and the subscriber and
46 his or her spouse have not filed a joint federal income tax
47 return, a government-issued marriage certificate; or

48 b. If married for 12 or more months, a transcript of the
49 most recently filed federal income tax return.

50 2. To prove a biological child's or a newborn grandchild's
51 eligibility, a government-issued birth certificate.

52 3. To prove an adopted child's eligibility:

53 a. An adoption certificate; or

54 b. An adoption placement agreement and a petition for
55 adoption.

56 4. To prove a stepchild's eligibility:

57 a. A government-issued birth certificate for the stepchild;
58 and

59 b. The transcript of the subscriber's most recently filed
60 federal income tax return.

61 5. Any other information necessary to verify the
62 dependent's eligibility for enrollment in the state group
63 insurance program.

64 (c) If a document requested from a subscriber is not
65 confidential or exempt from public records requirements, the
66 division and the contractor shall disclose to all subscribers
67 that such information submitted to verify the eligibility of
68 dependents may be subject to disclosure and inspection under
69 chapter 119.



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70 (d) A government-issued marriage license or marriage
71 certificate submitted for dependent eligibility verification
72 must include the date of the marriage between the subscriber and
73 the spouse.

74 (e) A government-issued birth certificate submitted for
75 dependent eligibility verification must list the parents' names.

76 (f) Foreign-born subscribers unable to obtain the necessary
77 documentation within the specified time period of producing
78 verification documentation may execute a signed affidavit
79 attesting to eligibility requirements.

80 (g) Documentation submitted to verify eligibility may be an
81 original or a photocopy of an original document. Before
82 submitting a document, the subscriber may redact any information
83 on a document which is not necessary to verify the eligibility
84 of the dependent.

85 (h) All documentation obtained by the contractor to conduct
86 the dependent eligibility verification services must be retained
87 until June 30, 2019. The department or the contractor is not
88 required to retain such documentation after June 30, 2019, and
89 shall destroy such documentation as soon as practicable after
90 such date.

91 Section 2. Upon the expiration and reversion of the
92 amendments made to section 110.12315, Florida Statutes, pursuant
93 to section 123 of chapter 2016-62, Laws of Florida, section
94 110.12315, Florida Statutes, is amended to read:

95 110.12315 Prescription drug program.—The state employees'
96 prescription drug program is established. This program shall be
97 administered by the Department of Management Services, according
98 to the terms and conditions of the plan as established by the



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99 relevant provisions of the annual General Appropriations Act and
100 implementing legislation, subject to the following conditions:

101 (1) The department shall allow prescriptions written by
102 health care providers under the plan to be filled by any
103 licensed pharmacy and reimbursed pursuant to subsection (2)
104 ~~contractual claims-processing provisions. Nothing in This~~
105 section may not be construed as prohibiting a mail order
106 prescription drug program distinct from the service provided by
107 retail pharmacies.

108 (2) In providing for reimbursement of pharmacies for
109 prescription drugs and supplies ~~medicines~~ dispensed to members
110 of the state group health insurance plan and their dependents
111 under the state employees' prescription drug program:

112 (a) Retail, mail order, and specialty pharmacies
113 participating in the program must be reimbursed as established
114 by contract and at a uniform rate and subject to uniform
115 ~~conditions,~~ according to the terms and conditions of the plan.

116 (b) There is ~~shall be~~ a 30-day supply limit for retail
117 pharmacy fills, a 90-day supply limit for mail order fills, and
118 a 90-day supply limit for maintenance drug fills by retail
119 pharmacies prescription card purchases and 90-day supply limit
120 for mail order or mail order prescription drug purchases. This
121 paragraph may not be construed to prohibit fills at any amount
122 less than the applicable supply limit.

123 (c) The ~~current~~ pharmacy dispensing fee shall be negotiated
124 by the department ~~remains in effect.~~

125 (d) ~~(3) The department of Management Services shall~~
126 establish the reimbursement schedule for prescription drugs and
127 supplies ~~pharmaceuticals~~ dispensed under the program.



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128 Reimbursement rates for a prescription drug or supply
129 ~~pharmaceutical~~ must be based on the cost of the generic
130 equivalent drug or supply if a generic equivalent exists, unless
131 the physician, advanced registered nurse practitioner, or
132 physician assistant prescribing the drug or supply
133 ~~pharmaceutical~~ clearly states on the prescription that the brand
134 name drug or supply is medically necessary or that the drug or
135 supply product is included on the formulary of drugs and
136 supplies drug products that may not be interchanged as provided
137 in chapter 465, in which case reimbursement must be based on the
138 cost of the brand name drug or supply as specified in the
139 reimbursement schedule adopted by the department ~~of Management~~
140 ~~Services~~.

141 (3) The department shall maintain the generic, preferred
142 brand name, and the nonpreferred brand name lists of drugs and
143 supplies to be used in the administration of the state
144 employees' prescription drug program.

145 (4) The department shall maintain a list of maintenance
146 drugs and supplies.

147 (a) Preferred provider organization health plan members may
148 have prescriptions for maintenance drugs and supplies filled up
149 to three times as a supply for up to 30 days through a retail
150 pharmacy; thereafter, prescriptions for the same maintenance
151 drug or supply must be filled for up to 90 days either through
152 the department's contracted mail order pharmacy or through a
153 retail pharmacy.

154 (b) Health maintenance organization health plan members may
155 have prescriptions for maintenance drugs and supplies filled for
156 up to 90 days either through a mail order pharmacy or through a



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157 retail pharmacy.

158 (5) Copayments made by health plan members for a supply for
159 up to 90 days through a retail pharmacy shall be the same as
160 copayments made for a similar supply through the department's
161 contracted mail order pharmacy.

162 (6)~~(4)~~ The department of Management Services shall conduct
163 a prescription utilization review program. In order to
164 participate in the state employees' prescription drug program,
165 retail pharmacies dispensing prescription drugs and supplies
166 medicines to members of the state group health insurance plan or
167 their covered dependents, or to subscribers or covered
168 dependents of a health maintenance organization plan under the
169 state group insurance program, shall make their records
170 available for this review.

171 ~~(5) The Department of Management Services shall implement~~
172 ~~such additional cost-saving measures and adjustments as may be~~
173 ~~required to balance program funding within appropriations~~
174 ~~provided, including a trial or starter dose program and~~
175 ~~dispensing of long-term maintenance medication in lieu of acute~~
176 ~~therapy medication.~~

177 (7)~~(6)~~ Participating pharmacies must use a point-of-sale
178 device or an online computer system to verify a participant's
179 eligibility for coverage. The state is not liable for
180 reimbursement of a participating pharmacy for dispensing
181 prescription drugs and supplies to any person whose current
182 eligibility for coverage has not been verified by the state's
183 contracted administrator or by the department of Management
184 Services.

185 ~~(7) Under the state employees' prescription drug program~~



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186 ~~copayments must be made as follows:~~

187 (8) (a) Effective July 1, 2017 ~~January 1, 2006~~, for the
188 State Group Health Insurance Standard Plan, copayments must be
189 made as follows:

- 190 1. For a supply for up to 30 days from a retail pharmacy:
191 a. For generic drug ~~with card~~.....\$7 ~~\$10~~.
192 b. ~~2.~~ For preferred brand name drug ~~with card~~.....\$30 ~~\$25~~.
193 c. ~~3.~~ For nonpreferred brand name drug ~~with card~~.....\$50 ~~\$40~~.
194 2. For a supply for up to 90 days from a mail order
195 pharmacy or a retail pharmacy:

- 196 a. ~~4.~~ For generic ~~mail order~~ drug.....\$14 ~~\$20~~.
197 b. ~~5.~~ For preferred brand name ~~mail order~~ drug.....\$60 ~~\$50~~.
198 c. ~~6.~~ For nonpreferred brand name ~~mail order~~ drug...\$100 ~~\$80~~.

199 (b) Effective July 1, 2017 ~~January 1, 2006~~, for the State
200 Group Health Insurance High Deductible Plan, coinsurance must be
201 paid as follows:

- 202 1. For a supply for up to 30 days from a retail pharmacy:
203 a. ~~Retail coinsurance~~ For generic drug ~~with card~~.....30%.
204 b. ~~2. Retail coinsurance~~ For preferred brand name drug ~~with~~
205 ~~card~~.....30%.
206 c. ~~3. Retail coinsurance~~ For nonpreferred brand name drug
207 ~~with card~~.....50%.

- 208 2. For a supply for up to 90 days from a mail order
209 pharmacy or a retail pharmacy:
210 a. ~~4. Mail order coinsurance~~ For generic drug.....30%.
211 b. ~~5. Mail order coinsurance~~ For preferred brand name
212 drug.....30%.
213 c. ~~6. Mail order coinsurance~~ For nonpreferred brand name
214 drug.....50%.



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215 ~~(c) The Department of Management Services shall create a~~
216 ~~preferred brand name drug list to be used in the administration~~
217 ~~of the state employees' prescription drug program.~~

218 Section 3. This act shall take effect July 1, 2017.

219

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

221 And the title is amended as follows:

222 Delete everything before the enacting clause
223 and insert:

224 A bill to be entitled
225 An act relating to the Division of State Group
226 Insurance; amending s. 110.12301, F.S.; removing a
227 requirement that a contract for dependent eligibility
228 verification services for the state group insurance
229 program be a contingency-based contract; requiring the
230 division to notify subscribers of dependent
231 eligibility rules by a certain date; requiring the
232 division to hold a subscriber harmless for past claims
233 of ineligible dependents for a specified timeframe;
234 providing for applicability; removing a requirement
235 that the Department of Management Services submit
236 budget amendments pursuant to ch. 216, F.S., regarding
237 vendor payments for dependent eligibility verification
238 services; authorizing the contractor providing
239 dependent eligibility verification services to request
240 certain information from subscribers; requiring the
241 division and the contractor to disclose to subscribers
242 that dependent eligibility verification information
243 may be subject to disclosure and inspection under



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244 public records requirements under certain
245 circumstances; specifying requirements for marriage
246 licenses or certificates or birth certificates
247 submitted for dependent eligibility verification;
248 authorizing foreign-born subscribers to submit an
249 affidavit in lieu of documentation under certain
250 circumstances; specifying that original or photocopied
251 documentation may be submitted; authorizing a
252 subscriber to redact unnecessary information before
253 submitting documentation; requiring the contractor to
254 retain documentation obtained for dependent
255 eligibility verification services for a specified
256 timeframe; requiring the department and the contractor
257 to destroy such documentation after a specified date;
258 amending s. 110.12315, F.S.; providing that retail,
259 mail order, and specialty pharmacies participating in
260 the state employees' prescription drug program shall
261 be reimbursed as established by contract; revising
262 supply limitations under the program; requiring that
263 the pharmacy dispensing fee be negotiated by the
264 department; revising provisions governing the
265 reimbursement schedule for prescription drugs and
266 supplies dispensed under the program; requiring the
267 department to maintain certain lists; establishing
268 supply limitations for maintenance drugs and supplies;
269 specifying pricing of certain copayments by health
270 plan members; deleting a provision requiring the
271 department to implement additional cost-saving
272 measures and adjustments; revising copayment and



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273 coinsurance amounts for the State Group Health
274 Insurance Standard Plan and the State Group Health
275 Insurance High Deductible Plan; providing an effective
276 date.