By Senator Atwater

25-412A-06

1 A bill to be entitled
2 An act relating to policies, contracts, and
3 programs for the provision of health care
4 services; amending s. 627.642, F.S.; requiring
5 an identification card containing specified
6 information to be given to insureds who have
7 health and accident insurance; amending s.
8 627.657, F.S.; requiring an identification card
9 containing specified information to be given to
10 insureds under group health insurance policies;
11 amending s. 641.31, F.S.; requiring an
12 identification card to be given to persons
13 having health care services through a health
14 maintenance contract; amending ss. 383.145,
15 641.185, 641.2018, 641.3107, 641.3922, 641.513,
16 F.S.; conforming cross-references to changes
17 made by the act; providing an effective date.
18
19 Be It Enacted by the Legislature of the State of Florida:
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21 Section 1. Subsection (3) is added to section 627.642,
22 Florida Statutes, to read:
23 627.642 Outline of coverage.--
24 (3) In addition to the outline of coverage, the policy
25 must be accompanied by an identification card that contains,
26 at a minimum:
27 (a) The name of the organization issuing the policy or
28 the name of the organization administering the policy,
29 whichever is applicable;
30 (b) The name of the covered person or covered family,
31 whichever is applicable;

1 (c) The chapter under which the policy was issued, or
2 self-insured plan, as indicated by (SIP);
3 (d) The member identification number, contract number,
4 and 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
10 estimated copayments, deductibles, and coinsurance for which
11 the covered person may be liable, as well as the percentage of
12 the covered person's or covered family's annual maximum
13 out-of-pocket payments which has been paid; and
14 (g) The national plan identifier, when available.
15 Section 2. Present subsection (2) of section 627.657,
16 Florida Statutes, is renumbered as subsection (3), and a new
17 subsection (2) is added to that section, to read:
18 627.657 Provisions of group health insurance
19 policies.--
20 (2) The policy must be accompanied by an
21 identification card that contains, at a minimum:
22 (a) The name of the organization issuing the policy or
23 the name of the organization administering the policy,
24 whichever is applicable;
25 (b) The name of the covered person or covered family,
26 whichever is applicable;
27 (c) The chapter under which the policy was issued, or
28 self-insured plan, as indicated by (SIP);
29 (d) The member identification number, contract number,
30 and 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
6 estimated copayments, deductibles, and coinsurance for which
7 the covered person may be liable, as well as the percentage of
8 the covered person's or covered family's annual maximum
9 out-of-pocket payments which has been paid; and
10 (g) The national plan identifier, when available.
11 Section 3. Present subsections (5) through (40) of
12 section 641.31, Florida Statutes, are renumbered as
13 subsections (6) through (41), respectively, and a new
14 subsection (5) is added to that section, to read:
15 641.31 Health maintenance contracts.--
16 (5) The contract, certificate, or member handbook must
17 be accompanied by an identification card that contains, at a
18 minimum:
19 (a) The name of the organization issuing the contract
20 or the name of the organization administering the contract,
21 whichever is applicable;
22 (b) The name of the covered person or covered family,
23 whichever is applicable;
24 (c) The chapter under which the contract was issued,
25 or self-insured plan, as indicated by (SIP);
26 (d) The member identification number, contract number,
27 and group number, if applicable;
28 (e) A contact phone number or electronic address for
29 authorizations;
30 (f) A phone number or electronic address whereby the
31 covered person or hospital, physician, or other person

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1 rendering services covered by the contract may determine
2 estimated copayments, deductibles, and coinsurance for which
3 the covered person may be liable, as well as the percentage of
4 the covered person's or covered family's annual maximum
5 out-of-pocket payments which has been paid; and
6 (g) The national plan identifier, when available.
7 Section 4. Paragraph (j) of subsection (3) of section
8 383.145, Florida Statutes, is amended to read:
9 383.145 Newborn and infant hearing screening.--
10 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
11 COVERAGE; REFERRAL FOR ONGOING SERVICES.--
12 (j) The initial procedure for screening the hearing of
13 the newborn or infant and any medically necessary followup
14 reevaluations leading to diagnosis shall be a covered benefit,
15 reimbursable under Medicaid as an expense compensated
16 supplemental to the per diem rate for Medicaid patients
17 enrolled in MediPass or Medicaid patients covered by a fee for
18 service program. For Medicaid patients enrolled in HMOs,
19 providers shall be reimbursed directly by the Medicaid Program
20 Office at the Medicaid rate. This service may not be
21 considered a covered service for the purposes of establishing
22 the payment rate for Medicaid HMOs. All health insurance
23 policies and health maintenance organizations as provided
24 under ss. 627.6416, 627.6579, and 641.31(31) ~~641.31(30)~~,
25 except for supplemental policies that only provide coverage
26 for specific diseases, hospital indemnity, or Medicare
27 supplement, or to the supplemental polices, shall compensate
28 providers for the covered benefit at the contracted rate.
29 Nonhospital-based providers shall be eligible to bill Medicaid
30 for the professional and technical component of each procedure
31 code.

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1 Section 5. Paragraphs (b) and (i) of subsection (1) of
2 section 641.185, Florida Statutes, are amended to read:
3 641.185 Health maintenance organization subscriber
4 protections.--
5 (1) With respect to the provisions of this part and
6 part III, the principles expressed in the following statements
7 shall serve as standards to be followed by the commission, the
8 office, the department, and the Agency for Health Care
9 Administration in exercising their powers and duties, in
10 exercising administrative discretion, in administrative
11 interpretations of the law, in enforcing its provisions, and
12 in adopting rules:
13 (b) A health maintenance organization subscriber
14 should receive quality health care from a broad panel of
15 providers, including referrals, preventive care pursuant to s.
16 641.402(1), emergency screening and services pursuant to ss.
17 641.31(13) ~~ss. 641.31(12)~~ and 641.513, and second opinions
18 pursuant to s. 641.51.
19 (i) A health maintenance organization subscriber
20 should receive timely and, if necessary, urgent grievances and
21 appeals within the health maintenance organization pursuant to
22 ss. 641.228, 641.31(6) ~~641.31(5)~~, 641.47, and 641.511.
23 Section 6. Subsection (1) of section 641.2018, Florida
24 Statutes, is amended to read:
25 641.2018 Limited coverage for home health care
26 authorized.--
27 (1) Notwithstanding other provisions of this chapter,
28 a health maintenance organization may issue a contract that
29 limits coverage to home health care services only. The
30 organization and the contract shall be subject to all of the
31 requirements of this part that do not require or otherwise

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1 apply to specific benefits other than home care services. To
2 this extent, all of the requirements of this part apply to any
3 organization or contract that limits coverage to home care
4 services, except the requirements for providing comprehensive
5 health care services as provided in ss. 641.19(4), (11), and
6 (12), and 641.31(1), except ss. 641.31(10), (13) ~~ss.~~
7 ~~641.31(9), (12), (17)~~, (18), (19), (20), (21),(22), and (25)
8 ~~(24)~~ and 641.31095.
9 Section 7. Section 641.3107, Florida Statutes, is
10 amended to read:
11 641.3107 Delivery of contract.--Unless delivered upon
12 execution or issuance, a health maintenance contract,
13 certificate of coverage, or member handbook shall be mailed or
14 delivered to the subscriber or, in the case of a group health
15 maintenance contract, to the employer or other person who will
16 hold the contract on behalf of the subscriber group within 10
17 working days from approval of the enrollment form by the
18 health maintenance organization or by the effective date of
19 coverage, whichever occurs first. However, if the employer or
20 other person who will hold the contract on behalf of the
21 subscriber group requires retroactive enrollment of a
22 subscriber, the organization shall deliver the contract,
23 certificate, or member handbook to the subscriber within 10
24 days after receiving notice from the employer of the
25 retroactive enrollment. This section does not apply to the
26 delivery of those contracts specified in s. 641.31(14) ~~s.~~
27 ~~641.31(13)~~.
28 Section 8. Subsection (7) of section 641.3922, Florida
29 Statutes, is amended to read:
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1 641.3922 Conversion contracts; conditions.--Issuance
2 of a converted contract shall be subject to the following
3 conditions:
4 (7) REASONS FOR CANCELLATION; TERMINATION.--The
5 converted health maintenance contract must contain a
6 cancellation or nonrenewability clause providing that the
7 health maintenance organization may refuse to renew the
8 contract of any person covered thereunder, but cancellation or
9 nonrenewal must be limited to one or more of the following
10 reasons:
11 (a) Fraud or intentional misrepresentation, subject to
12 the limitations of s. 641.31(24) ~~s. 641.31(23)~~, in applying
13 for any benefits under the converted health maintenance
14 contract.~~;~~
15 (b) Disenrollment for cause, after following the
16 procedures outlined in s. 641.3921(4).
17 (c) Willful and knowing misuse of the health
18 maintenance organization identification membership card by the
19 subscriber or the willful and knowing furnishing to the
20 organization by the subscriber of incorrect or incomplete
21 information for the purpose of fraudulently obtaining coverage
22 or benefits from the organization.
23 (d) Failure, after notice, to pay required premiums.
24 (e) The subscriber has left the geographic area of the
25 health maintenance organization with the intent to relocate or
26 establish a new residence outside the organization's
27 geographic area.
28 (f) A dependent of the subscriber has reached the
29 limiting age under the converted contract, subject to
30 subsection (12); but the refusal to renew coverage shall apply
31

only to coverage of the dependent, except in the case of handicapped children.

(g) A change in marital status that makes a person ineligible under the original terms of the converted contract, subject to subsection (12).

Section 9. Subsection (4) of section 641.513, Florida Statutes, is amended to read:

641.513 Requirements for providing emergency services and care.--

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

Section 10. This act shall take effect July 1, 2006.

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SENATE SUMMARY

Requires that persons with accident and health insurance policies, group health insurance, or health care services through a health maintenance contract be given an identification card that contains identifying information for both the insured and insurer, information relating to coverage, and contact information for the insured or a health care provider to determine the insured's financial liability with respect to services.