



1        (c) The type of plan only if the plan is filed in the  
2 state, an indication that the plan is self-funded, or the name  
3 of the network.

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

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

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

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

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

24        Section 2. Present subsection (2) of section 627.657,  
25 Florida Statutes, is renumbered as subsection (3), and a new  
26 subsection (2) is added to that section, to read:

27            627.657 Provisions of group health insurance  
28 policies.--

29            (2) The medical policy as specified in s.  
30 627.6699(3)(k) must be accompanied by an identification card  
31 that contains, at a minimum:

1           (a) The name of the organization issuing the policy or  
2 name of the organization administering the policy, whichever  
3 applies.

4           (b) The name of the certificateholder.

5           (c) The type of plan only if the plan is filed in the  
6 state, an indication that the plan is self-funded, or the name  
7 of the network.

8           (d) The member identification number, contract number,  
9 and policy or 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 policy may determine if the  
15 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 3. Present subsections (5) through (40) of  
29 section 641.31, Florida Statutes, are renumbered as  
30 subsections (6) through (41), respectively, and a new  
31 subsection (5) is added to that section, to read:

1           641.31 Health maintenance contracts.--  
2           (5) The contract, certificate, or member handbook must  
3 be accompanied by an identification card that contains, at a  
4 minimum:  
5           (a) The name of the organization offering the contract  
6 or name of the organization administering the contract,  
7 whichever applies.  
8           (b) The name of the subscriber.  
9           (c) A statement that the health plan is a health  
10 maintenance organization. Only a health plan with a  
11 certificate of authority issued under this chapter may be  
12 identified as a health maintenance organization.  
13           (d) The member identification number, contract number,  
14 and group number, if applicable.  
15           (e) A contact phone number or electronic address for  
16 authorizations.  
17           (f) A phone number or electronic address whereby the  
18 covered person or hospital, physician, or other person  
19 rendering services covered by the contract may determine if  
20 the plan is insured and may obtain a benefits verification in  
21 order to estimate patient financial responsibility, in  
22 compliance with privacy rules under the Health Insurance  
23 Portability and Accountability Act.  
24           (g) The national plan identifier, in accordance with  
25 the compliance date set forth by the federal Department of  
26 Health and Human Services.  
27  
28 The identification card must present the information in a  
29 readily identifiable manner or, alternatively, the information  
30 may be embedded on the card and available through magnetic  
31

1 stripe or smart card. The information may also be provided  
2 through other electronic technology.

3           Section 4. Paragraph (j) of subsection (3) of section  
4 383.145, Florida Statutes, is amended to read:

5           383.145 Newborn and infant hearing screening.--

6           (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE  
7 COVERAGE; REFERRAL FOR ONGOING SERVICES.--

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

28           Section 5. Paragraphs (b) and (i) of subsection (1) of  
29 section 641.185, Florida Statutes, are amended to read:

30           641.185 Health maintenance organization subscriber  
31 protections.--

1           (1) With respect to the provisions of this part and  
2 part III, the principles expressed in the following statements  
3 shall serve as standards to be followed by the commission, the  
4 office, the department, and the Agency for Health Care  
5 Administration in exercising their powers and duties, in  
6 exercising administrative discretion, in administrative  
7 interpretations of the law, in enforcing its provisions, and  
8 in adopting rules:

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

15           (i) A health maintenance organization subscriber  
16 should receive timely and, if necessary, urgent grievances and  
17 appeals within the health maintenance organization pursuant to  
18 ss. 641.228, 641.31(6) ~~641.31(5)~~, 641.47, and 641.511.

19           Section 6. Subsection (1) of section 641.2018, Florida  
20 Statutes, is amended to read:

21           641.2018 Limited coverage for home health care  
22 authorized.--

23           (1) Notwithstanding other provisions of this chapter,  
24 a health maintenance organization may issue a contract that  
25 limits coverage to home health care services only. The  
26 organization and the contract shall be subject to all of the  
27 requirements of this part that do not require or otherwise  
28 apply to specific benefits other than home care services. To  
29 this extent, all of the requirements of this part apply to any  
30 organization or contract that limits coverage to home care  
31 services, except the requirements for providing comprehensive

1 health care services as provided in ss. 641.19(4), (11), and  
2 (12), and 641.31(1), except ss. 641.31(10) ~~641.31(9)~~,  
3 ~~(13)(12)~~, ~~(17)~~, (18), (19), (20), (21), ~~(22)~~, and ~~(25)(24)~~ and  
4 641.31095.

5 Section 7. Section 641.3107, Florida Statutes, is  
6 amended to read:

7 641.3107 Delivery of contract.--Unless delivered upon  
8 execution or issuance, a health maintenance contract,  
9 certificate of coverage, or member handbook shall be mailed or  
10 delivered to the subscriber or, in the case of a group health  
11 maintenance contract, to the employer or other person who will  
12 hold the contract on behalf of the subscriber group within 10  
13 working days from approval of the enrollment form by the  
14 health maintenance organization or by the effective date of  
15 coverage, whichever occurs first. However, if the employer or  
16 other person who will hold the contract on behalf of the  
17 subscriber group requires retroactive enrollment of a  
18 subscriber, the organization shall deliver the contract,  
19 certificate, or member handbook to the subscriber within 10  
20 days after receiving notice from the employer of the  
21 retroactive enrollment. This section does not apply to the  
22 delivery of those contracts specified in s. 641.31(14) ~~s.~~  
23 ~~641.31(13)~~.

24 Section 8. Paragraph (a) of subsection (7) of section  
25 641.3922, Florida Statutes, is amended to read:

26 641.3922 Conversion contracts; conditions.--Issuance  
27 of a converted contract shall be subject to the following  
28 conditions:

29 (7) REASONS FOR CANCELLATION; TERMINATION.--The  
30 converted health maintenance contract must contain a  
31 cancellation or nonrenewability clause providing that the

1 health maintenance organization may refuse to renew the  
2 contract of any person covered thereunder, but cancellation or  
3 nonrenewal must be limited to one or more of the following  
4 reasons:

5 (a) Fraud or intentional misrepresentation, subject to  
6 the limitations of s. 641.31(24) ~~s. 641.31(23)~~, in applying  
7 for any benefits under the converted health maintenance  
8 contract.

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

11 641.513 Requirements for providing emergency services  
12 and care.--

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

16 Section 10. This act shall take effect January 1,  
17 2008, and shall apply to identification cards issued for  
18 policies or certificates issued or renewed on or after that  
19 date.

20 \*\*\*\*\*

21  
22 SENATE SUMMARY

23 Requires an identification card containing specified  
24 information to be given to insureds who have health and  
25 accident insurance. Requires an identification card  
26 containing specified information to be given to insureds  
27 under group health insurance policies. Requires an  
28 identification card to be given to persons having health  
29 care services through a health maintenance contract.  
30  
31