



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

FLORIDA HMO CONTRACT CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
690-191.0512	All contracts and related forms shall contain a unique form number in the lower left hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.3104	Execution of contracts: Group and individual contracts to be executed by facsimile signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.024(17) Individual	Pre-Existing Condition: A condition, or symptoms thereof, which was diagnosed for which the individual received medical advise or treatment from a physician within a 24-month period preceding the effective date of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(a)	Group and non-group subscriber contracts shall include: Definitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(b)	Group and non-group subscriber contracts shall include: An effective date and term of contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(c)	Group and non-group subscriber contracts shall include: Space for rate to be charged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(d)	Group and non-group subscriber contracts shall include: Mode of payment (monthly, quarterly, etc. with provision for change of mode if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(e)	Group and non-group subscriber contracts shall include: Eligibility requirements for enrollment, including waiting periods for receiving services and any other restrictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(g)	Group and non-group subscriber contracts shall include: Co-payment features, if any.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(j)	Group and non-group subscriber contracts shall include: The contract, certificate, or handbook shall state where and in what manner the comprehensive health care services may be obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(k)	Group and non-group subscriber contracts shall include: Factors pertaining to pre-existing conditions, if applicable. Pre-existing conditions cannot be excluded longer than two years, groups of 2 or more (12 months) (18 months for late entrants).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(l)	Group and non-group subscriber contracts shall include: All limitations, exclusions and exceptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(p)	Group and non-group subscriber contracts shall include: Any other factors necessary for complete understanding of what is covered and what is excluded by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.033(1)(r)	Group and non-group subscriber contracts shall include: Provisions relating to the right of subrogation shall be allowed, providing it is not in conflict with any applicable Florida Statute or the decisions of courts of competent jurisdiction which eliminate or restrict such rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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69O-191.033(1)(s)	Group and non-group subscriber contracts shall include: Provisions relating to the right of reimbursement pursuant to Section 641.31(8), F.S., shall be allowed, providing it is not in conflict with any applicable Florida Statute or the decisions of courts of competent jurisdiction which eliminate or restrict such rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.033(1)(t)	Group and non-group subscriber contracts shall include: Arbitration provisions, if any, shall include a statement that arbitration shall not preclude review pursuant to Rule 69O-191.081 and shall be conducted pursuant to Ch. 682, F.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.033(1)(w)	Group and non-group subscriber contracts shall include: Complications of pregnancy which must be treated the same as any other illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.033(4)	All contractual, certificate and member handbook limitations, exclusions and exceptions shall be grouped together with captions in bold-faced type and shall be printed with at least the same prominence as provisions that describe benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(1)	Certificate and member handbooks shall include: Definitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(2)	Certificate and member handbooks shall include: Eligibility requirements for enrollment, including waiting periods for receiving services and any other limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(3)	Certificate and member handbooks shall include: Health care services to be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(5)	Certificate and member handbooks shall include: Provisions for adding new family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(8)	Certificate and member handbooks shall include: Limitations, exceptions, or exclusions, such as waiting periods, specific conditions not covered and limitations on length of stay and all other qualifying or limiting features.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(9)	Certificate and member handbooks shall include: Provisions relating to pre-existing conditions, if applicable. NOTE: Pre-existing conditions cannot be excluded for longer than two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(11)	Certificate and member handbooks shall include: Provisions relating to the right of subrogation shall be allowed, providing it is not in conflict with any applicable Florida Statute or the decisions of courts of competent jurisdiction which eliminate or restrict such rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(12)	Certificate and member handbooks shall include: Provisions relating to the right of reimbursement pursuant to Section 641.31(8), F.S., shall be allowed, providing it is not in conflict with any applicable Florida Statute or the decisions of courts of competent jurisdiction which eliminate or restrict such rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-191.039(13)	Certificate and member handbooks shall include: Arbitration provisions, if any, shall include a statement that arbitration shall not preclude review pursuant to Rule 69O-191.081 and shall be conducted pursuant to Ch. 682, F.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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690-191.039(16)	Certificate and member handbooks shall include: Any applicable Co-payments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.039(18)	Certificate and member handbooks shall include: The term of coverage shall be no less than for a period of twelve months for non-group and group plans unless otherwise requested by the subscriber in writing. HMOs shall not offer or initiate this request during initial solicitation or prior to renewal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-191.042	Member Termination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.19(12)(a)	Provide direct access to chiropractic and podiatry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4236	An insurer may not exclude coverage for Bone Marrow Transplants procedures recommended by the referring physician and the treating physician under a policy exclusion for experimental, clinical investigative, educational, or similar procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6419	An insurer may not deny the issuance or nonrenewal, or cancel, a policy of accident or health insurance, nor include any exception or exclusion of benefits in a policy, solely because the insured has been diagnosed as having a fibrocystic condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6425 and 641.31074	Renewability: Coverage must be renewed except for reasons outlined in these sections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.668	Mental & Nervous conditions, Group only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.669 and 690-191.033(1)(v)	Substance abuse, Group only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6692	Small Group: Florida Health Insurance Coverage Continuation Act: Provision for continuation of coverage for one through 19 small group plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6699(3)(h) Small Group	Eligible Employee means an employee who works full time, having a normal workweek of 25 or more hours, and who has met any applicable waiting period requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6699(3)(v)	Small Employer definition required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6699(5)(g)3a	Small Group: Pre-existing conditions: Basic/Standard Only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.19(12)(d) and 690-191.033(1)(i)	Required Providers: Physicians licensed under Chapters 458, 459, 460 and 461.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.19(12)(e)	MD/Osteopath/OB-GYN as primary care physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.19(6)	Definitions: Emergency Medical Condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.19(7)	Definitions: Emergency Services and Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.3007(5)(b)	Human Immunodeficiency Virus infection: Contract shall not exclude or limit coverage for HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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641.31(3)(b)	Change in Rates: A change in rate requires at least 30-days advance written notice to the subscriber. If group membership, the HMO may contract with the employer to provide such notice to the members of the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(6)	Rate of Payment: The rate of payment (i.e., subscription fee) shall be stated in a group/individual contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(7) and 690-191.039(10) & 690-191.033(1)(q)	Coordination of Benefits: HMO contract, certificate, member handbook may contain a COB provision pursuant to 627.4235.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(9)	Newborn Children: Coverage from the moment of birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(15) and 690-191.039(7) & 690-191.033(1)(f)	Grace Period: Contracts, certificates, member handbooks shall contain a minimum grace period of 10 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(16)	Pre-existing Conditions: Contract must state if pre-existing conditions are or are not covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(17) and 690-191.039(6)	Adopted Child or Adopted New Born: Coverage from the moment of placement or the moment of birth of newborn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(18)	Maternity Care: Contracts that cover normal maternity care shall provide the option to cover services of nurse-midwives, midwives licensed per Chapter 467 and birth centers. Can't limit coverage for length of a maternity/newborn stay in a hospital or for out-of-hospital follow-up care to any time period less than medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(19)	Required Providers: Optometrist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(20)	Required Providers: Ophthalmologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(21)	Required Providers: Registered Nurse Anesthetist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(23)	Time Limit on Certain Defenses: Contract must contain a "Time Limit on Certain Defenses" provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(26)	Diabetes: Shall cover equipment, supplies and outpatient self-management training and education to treat diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(27)	Osteoporosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(29)(a) and 641.31(29)(b)	Attainment of Limiting Age: Coverage does not terminate if the child continues to be: Incapable or self-sustaining employment be reason of mental retardation of physical handicap and Chiefly dependent on the employee or member for support or maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(30)	Child Health Supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(31)(a)	Treatment of Breast Cancer: May not limit inpatient hospital coverage for mastectomies to any period that is less than is determined by the treating physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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641.31(32)	A policy that provides coverage for mastectomies must also provide coverage for prosthetic devices and breast reconstructive surgery incident to the mastectomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(33)	Provide direct access to dermatologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(34)	Anesthesia and hospitalization for dental care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31(35)	Cleft lip and cleft palate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31071	Large Group: Pre-Existing Condition: A physical or mental condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 month period ending on the enrollment date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31071(5)(a)	Large & Small Group: Credible Coverage: Group or Individual coverage as outlined; must be applied to reducing any pre-existing condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31072	Large & Small Group: Special Enrollment Period: A contract shall permit an employee who is eligible, but not enrolled, for coverage or a dependent of such and employee if the dependent is eligible but not enrolled, to enroll for coverage if certain conditions are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31073	Discrimination based on health status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31074 Group Only	Renewability: Coverage must be renewed except for reasons outlined in these sections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.3108 and 69O-191.039(4)	Notice of cancellation of contract: 45 days advance written notice to subscriber of cancellation, termination or non-renewal, except for non-payment of premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31094	Nondiscrimination of coverage for surgical procedures Involving Bones and Joints of the jaw and facial region.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31095	Coverage for Mammograms: Requires contract to provide coverage at specified intervals. Requires application to present option to purchase coverage without underwriting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.3111 and 69O-191.039(14)	Extension of benefits: Termination of the contract by HMO is without prejudice to any continuous loss commencing while coverage was in force. Extension of benefits upon contract termination for totally disabled subscribers. Extended benefits limited to accident/illness causing total disability and to pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.3921 641.3922 and 69O-191.033(1)(u)	Conversion on termination of eligibility: Group HMO contract, certificates and member handbooks shall provide that a subscriber or dependent of a subscriber may be issued a "converted contract" upon termination of group HMO coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.51(5)	Subscriber has a right to a 2 nd medical opinion from participating / non-participating physicians and a co-pay of 40% for non-participating physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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641.51(11)	Direct access to OB/GYN – one visit per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.511(5),(6) and 690-191.039(15) & 690-191.033(1)(o)	Grievance: Every contract must contain an informal and formal grievance procedure, and urgent grievance procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.513	Emergency Services: Contract, certificate and member handbook shall cover out of network emergency services without prior notification to HMO. Documents above shall contain a definition of emergency services per 690-191.024(6). Also 690-191.024(13),(15)(a) 690-191.033(1)m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	