HB 221

1	A bill to be entitled
2	An act relating to health insurance coverage for
3	emergency services; creating s. 627.64194, F.S.;
4	defining terms; prohibiting coverage for emergency
5	services from requiring a prior authorization
6	determination; requiring such coverage to be provided
7	regardless of whether the service is furnished by a
8	participating or nonparticipating provider; specifying
9	coinsurance, copayment, limitation of benefits, and
10	reimbursement requirements for nonparticipating
11	providers; prohibiting a nonparticipating provider
12	from collecting or attempting to collect an amount in
13	excess of specified amounts; amending s. 641.513,
14	F.S.; revising the methodology for determining health
15	maintenance organization reimbursement amounts for
16	emergency services and care provided by certain
17	providers; providing an effective date.
18	
19	Be It Enacted by the Legislature of the State of Florida:
20	
21	Section 1. Section 627.64194, Florida Statutes, is created
22	to read:
23	627.64194 Coverage for emergency services
24	(1) As used in this section, the term:
25	(a) "Coverage for emergency services" means the coverage
26	provided by a health insurance policy for "emergency services
ļ	Page 1 of 3

Page 1 of 3

CODING: Words stricken are deletions; words underlined are additions.

2016

HB 221

27	and care" as defined in s. 641.47.
28	(b) "Participating provider" means a "preferred provider"
29	as defined in s. 627.6471 and an "exclusive provider" as defined
30	<u>in s. 627.6472.</u>
31	(2) Coverage for emergency services:
32	(a) May not require a prior authorization determination.
33	(b) Must be provided regardless of whether the service is
34	furnished by a participating or nonparticipating provider.
35	(c) May impose a coinsurance amount, copayment, or
36	limitation of benefits requirement for a nonparticipating
37	provider only if the same requirement applies to a participating
38	provider.
39	(d) Must reimburse a nonparticipating provider the greater
40	of the following:
41	1. The amount negotiated with a provider who does not have
42	a contract with the insurer for the service, reduced only by any
43	coinsurance amount or copayment that applies to the provider;
44	2. The usual and customary reimbursement received by a
45	provider for the same service in the community where the service
46	was provided, reduced only by any coinsurance amount or
47	copayment that applies to the provider; or
48	3. The amount that would be paid under Medicare for the
49	service, reduced only by any coinsurance amount or copayment
50	that applies to the provider.
51	(3) A nonparticipating provider may not be reimbursed an
52	amount greater than that provided under paragraph (2)(d) and may

Page 2 of 3

CODING: Words stricken are deletions; words underlined are additions.

2016

HB 221

2016

53	not collect or attempt to collect, directly or indirectly, any
54	excess amount.
55	Section 2. Subsection (5) of section 641.513, Florida
56	Statutes, is amended to read:
57	641.513 Requirements for providing emergency services and
58	care
59	(5) Reimbursement for services pursuant to this section by
60	a provider who does not have a contract with the health
61	maintenance organization shall be the <u>greater</u> lesser of:
62	(a) The <u>Medicare allowable rate</u> provider's charges;
63	(b) The usual and customary <u>reimbursement received by a</u>
64	provider charges for <u>the same service</u> similar services in the
65	community where the <u>service was</u> services were provided; or
66	(c) The amount negotiated with a provider who does not
67	have a contract with the health maintenance organization for the
68	service charge mutually agreed to by the health maintenance
69	organization and the provider within 60 days of the submittal of
70	the claim.
71	
72	Such reimbursement shall be net of any applicable copayment
73	authorized pursuant to subsection (4).
74	Section 3. This act shall take effect October 1, 2016.

Page 3 of 3

CODING: Words stricken are deletions; words underlined are additions.