By Senator Fasano

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11-94-06
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1	A bill to be entitled
2	An act relating to health maintenance
3	organizations; amending s. 641.316, F.S.;
4	redefining the term "fiscal intermediary
5	services organization"; amending s. 641.234,
б	F.S.; expanding the requirement that a health
7	maintenance organization remains responsible
8	for violations of certain statutory
9	requirements if the organization transfers to
10	any entity the obligations to pay any provider
11	for claims arising from services to subscribers
12	of the organization; amending s. 626.88, F.S.,
13	relating to the regulation of insurance
14	administrators; conforming provisions to
15	changes made by the act; providing an effective
16	date.
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18	Be It Enacted by the Legislature of the State of Florida:
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20	Section 1. Paragraph (b) of subsection (2) of section
21	641.316, Florida Statutes, is amended to read:
22	641.316 Fiscal intermediary services
23	(2)
24	(b) The term "fiscal intermediary services
25	organization" means a person or entity <u>that</u> which performs
26	fiduciary or fiscal intermediary services to health care
27	professionals who contract with health maintenance
28	organizations other than a fiscal intermediary services
29	organization owned, operated, or controlled by a hospital
30	licensed under chapter 395, an insurer licensed under chapter
31	624, a third-party administrator licensed under chapter 626, a
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1 prepaid limited health service organization licensed under 2 chapter 636, a health maintenance organization licensed under this chapter, or physician group practices as defined in s. 3 456.053(3)(h) and providing services under the scope of 4 licenses of the members of the group practice. 5 б Section 2. Subsection (4) of section 641.234, Florida 7 Statutes, is amended to read: 8 641.234 Administrative, provider, and management 9 contracts.--10 (4)(a) If a health maintenance organization, through a health care risk contract, transfers to any entity the 11 12 obligations to pay any provider for any claims arising from 13 services provided to or for the benefit of any subscriber of the organization, the health maintenance organization remains 14 shall remain responsible for any violations of ss. 641.3155, 15 641.3156, and 641.51(4). The provisions of ss. 16 17 624.418-624.4211 and 641.52 shall apply to any such 18 violations. 19 (b) As used in this subsection, + 1. The term "health care risk contract" means a 20 21 contract under which an entity receives compensation in 22 exchange for providing to the health maintenance organization 23 a provider network or other services, which may include 2.4 administrative services. 2. the term "entity" means a person licensed as an 25 administrator under s. 626.88 and does not include any 26 27 provider or group practice, as defined in s. 456.053, 2.8 providing services under the scope of the license of the 29 provider or the members of the group practice. The term does 30 not include a hospital providing billing, claims, and 31

1 collection services solely on its own and its physicians' behalf and providing services under the scope of its license. 2 Section 3. Subsection (1) of section 626.88, Florida 3 Statutes, is amended to read: 4 626.88 Definitions.--For the purposes of this part, 5 б the term: 7 (1) "Administrator" is any person who directly or 8 indirectly solicits or effects coverage of, collects charges or premiums from, or adjusts or settles claims on residents of 9 10 this state in connection with authorized commercial self-insurance funds or with insured or self-insured programs 11 12 which provide life or health insurance coverage or coverage of 13 any other expenses described in s. 624.33(1) or any person who, through a health care risk contract as defined in s. 14 641.234 with an insurer or health maintenance organization, 15 provides billing and collection services to health insurers 16 17 and health maintenance organizations on behalf of health care 18 providers, other than any of the following persons: 19 (a) An employer or wholly owned direct or indirect subsidiary of an employer, on behalf of such employer's 20 21 employees or the employees of one or more subsidiary or 22 affiliated corporations of such employer. 23 (b) A union on behalf of its members. (c) An insurance company which is either authorized to 2.4 transact insurance in this state or is acting as an insurer 25 with respect to a policy lawfully issued and delivered by such 26 27 company in and pursuant to the laws of a state in which the 2.8 insurer was authorized to transact an insurance business. (d) A health care services plan, health maintenance 29 30 organization, professional service plan corporation, or person in the business of providing continuing care, possessing a 31

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1 valid certificate of authority issued by the office, and the 2 sales representatives thereof, if the activities of such entity are limited to the activities permitted under the 3 certificate of authority. 4

(e) An entity that is affiliated with an insurer and 5 б that only performs the contractual duties, between the 7 administrator and the insurer, of an administrator for the direct and assumed insurance business of the affiliated 8 insurer. The insurer is responsible for the acts of the 9 10 administrator and is responsible for providing all of the administrator's books and records to the insurance 11 12 commissioner, upon a request from the insurance commissioner. 13 For purposes of this paragraph, the term "insurer" means a licensed insurance company, health maintenance organization, 14 prepaid limited health service organization, or prepaid health 15 16 clinic.

17 (f) A nonresident entity licensed in its state of domicile as an administrator if its duties in this state are 18 limited to the administration of a group policy or plan of 19 insurance and no more than a total of 100 lives for all plans 2.0 21 reside in this state.

22 (g) An insurance agent licensed in this state whose 23 activities are limited exclusively to the sale of insurance.

(h) A person licensed as a managing general agent in 2.4 this state, whose activities are limited exclusively to the 25 26 scope of activities conveyed under such license.

27 (i) An adjuster licensed in this state whose 2.8 activities are limited to the adjustment of claims.

(j) A creditor on behalf of such creditor's debtors 29 30 with respect to insurance covering a debt between the creditor and its debtors. 31

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1 (k) A trust and its trustees, agents, and employees 2 acting pursuant to such trust established in conformity with 29 U.S.C. s. 186. 3 (1) A trust exempt from taxation under s. 501(a) of 4 the Internal Revenue Code, a trust satisfying the requirements 5 6 of ss. 624.438 and 624.439, or any governmental trust as 7 defined in s. 624.33(3), and the trustees and employees acting 8 pursuant to such trust, or a custodian and its agents and 9 employees, including individuals representing the trustees in overseeing the activities of a service company or 10 administrator, acting pursuant to a custodial account which 11 12 meets the requirements of s. 401(f) of the Internal Revenue 13 Code. (m) A financial institution which is subject to 14 supervision or examination by federal or state authorities or 15 a mortgage lender licensed under chapter 494 who collects and 16 17 remits premiums to licensed insurance agents or authorized 18 insurers concurrently or in connection with mortgage loan payments. 19 (n) A credit card issuing company which advances for 20 21 and collects premiums or charges from its credit card holders 2.2 who have authorized such collection if such company does not 23 adjust or settle claims. (o) A person who adjusts or settles claims in the 2.4 normal course of such person's practice or employment as an 25 attorney at law and who does not collect charges or premiums 26 27 in connection with life or health insurance coverage. 2.8 (p) A person approved by the department who 29 administers only self-insured workers' compensation plans. 30 (q) A service company or service agent and its employees, authorized in accordance with ss. 626.895-626.899, 31 5

SB 94 Florida Senate - 2006 (Corrected Copy) 11-94-06 1 serving only a single employer plan, multiple-employer welfare 2 arrangements, or a combination thereof. 3 (r) Any provider or group practice, as defined in s. 4 456.053, providing services under the scope of the license of the provider or the member of the group practice. 5 б (s) Any hospital providing billing, claims, and 7 collection services solely on its own and its physicians' 8 behalf and providing services under the scope of its license. 9 10 A person who provides billing and collection services to health insurers and health maintenance organizations on behalf 11 12 of health care providers shall comply with the provisions of 13 ss. 627.6131, 641.3155, and 641.51(4). Section 4. This act shall take effect October 1, 2006. 14 15 16 17 SENATE SUMMARY 18 Redefines the term "fiscal intermediary services organization" to remove an exclusion provided for certain 19 organizations owned, operated, or controlled by a hospital and to clarify that the term includes certain 20 group practices. Provides that a health maintenance organization remains responsible for certain violations 21 regardless of the form of certain transfers of the obligation to pay claims. 22 23 2.4 25 26 27 28 29 30 31

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