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LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
02/26/2016	.	
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The Committee on Appropriations (Negron, Grimsley, Gaetz, and Flores) recommended the following:

Senate Amendment (with title amendment)

Between lines 146 and 147

insert:

Section 8. Subsection (11) of section 627.6131, Florida Statutes, is amended to read:

627.6131 Payment of claims.—

(11) A health insurer may not retroactively deny a claim because of insured ineligibility:

(a) At any time, if the health insurer verified the



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11 eligibility of an insured at the time of treatment and provided
12 an authorization number.

13 (b) More than 1 year after the date of payment of the
14 claim.

15 Between lines 277 and 278
16 insert:

17 Section 13. Subsection (10) of section 641.3155, Florida
18 Statutes, is amended to read:

19 641.3155 Prompt payment of claims.—

20 (10) A health maintenance organization may not
21 retroactively deny a claim because of subscriber ineligibility:

22 (a) At any time, if the health maintenance organization
23 verified the eligibility of a subscriber at the time of
24 treatment and provided an authorization number.

25 (b) More than 1 year after the date of payment of the
26 claim.

27

28 ===== T I T L E A M E N D M E N T =====

29 And the title is amended as follows:

30 Delete lines 2 - 42

31 and insert:

32 An act relating to health care services; amending s.
33 395.003, F.S.; requiring hospitals, ambulatory
34 surgical centers, specialty hospitals, and urgent care
35 centers to comply with certain provisions as a
36 condition of licensure; amending s. 395.301, F.S.;
37 requiring a hospital to post on its website certain
38 information regarding its contracts with health
39 insurers, health maintenance organizations, and health



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40 care practitioners and practice groups and specified
41 notice to patients and prospective patients; amending
42 s. 408.7057, F.S.; providing requirements for
43 settlement offers between certain providers and health
44 plans in a specified dispute resolution program;
45 requiring a final order to be subject to judicial
46 review; amending ss. 456.072, 458.331, and 459.015,
47 F.S.; providing additional acts that constitute
48 grounds for denial of a license or disciplinary
49 action, to which penalties apply; amending s.
50 626.9541, F.S.; specifying an additional unfair method
51 of competition and unfair or deceptive act or
52 practice; amending s. 627.6131, F.S.; prohibiting a
53 health insurer from retroactively denying a claim
54 under specified circumstances; creating s. 627.64194,
55 F.S.; defining terms; providing that an insurer is
56 solely liable for payment of certain fees to a
57 nonparticipating provider; providing limitations and
58 requirements for reimbursements by an insurer to a
59 nonparticipating provider; providing that certain
60 disputes relating to reimbursement of a
61 nonparticipating provider shall be resolved in a court
62 of competent jurisdiction or through a specified
63 voluntary dispute resolution process; amending s.
64 627.6471, F.S.; requiring an insurer that issues a
65 policy including coverage for the services of a
66 preferred provider to post on its website certain
67 information about participating providers and
68 physicians; requiring that specified notice be



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69 included in policies issued after a specified date
70 which provide coverage for the services of a preferred
71 provider; amending s. 627.662, F.S.; providing
72 applicability of provisions relating to coverage for
73 services and payment collection limitations to group
74 health insurance, blanket health insurance, and
75 franchise health insurance; amending s. 641.3155,
76 F.S.; prohibiting a health maintenance organization
77 from retroactively denying a claim under specified
78 circumstances; providing