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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/16/2016	.	
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The Committee on Banking and Insurance (Negron) recommended the following:

1   **Senate Amendment to Amendment (418472) (with title**
2 **amendment)**
3
4   Between lines 104 and 105
5 insert:
6   Section 8. Subsection (11) of section 627.6131, Florida
7 Statutes, is amended to read:
8   627.6131 Payment of claims.—
9   (11) A health insurer may not retroactively deny a claim
10 because of insured ineligibility:

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11   (a) At any time, if the health insurer verified the
12 eligibility of an insured at the time of treatment and provided
13 an authorization number.
14   (b) More than 1 year after the date of payment of the
15 claim.
16
17   Between lines 235 and 236
18 insert:
19   Section 12. Subsection (10) of section 641.3155, Florida
20 Statutes, is amended to read:
21   641.3155 Prompt payment of claims.—
22   (10) A health maintenance organization may not
23 retroactively deny a claim because of subscriber ineligibility:
24   (a) At any time, if the health maintenance organization
25 verified the eligibility of a subscriber at the time of
26 treatment and provided an authorization number.
27   (b) More than 1 year after the date of payment of the
28 claim.
29
30 ================ T I T L E   A M E N D M E N T ================
31 And the title is amended as follows:
32   Delete lines 246 - 286
33 and insert:
34   An act relating to health care services; amending s.
35   395.003, F.S.; requiring hospitals, ambulatory
36   surgical centers, specialty hospitals, and urgent care
37   centers to comply with certain provisions as a
38   condition of licensure; amending s. 395.301, F.S.;
39   requiring a hospital to post on its website certain

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

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