

26 (11) A health insurer may not retroactively deny a claim
 27 because of insured ineligibility at any time, except that a
 28 health insurer may retroactively deny a claim for insured
 29 ineligibility within 1 year after the date of payment of the
 30 claim if the provider was convicted of fraud under s. 817.234. A
 31 health insurer may not retroactively deny a claim because of
 32 insured ineligibility for services rendered during an applicable
 33 grace period if the health insurer verified the insured's
 34 eligibility before or at the time of treatment and provided an
 35 authorization number. Information regarding whether the insured
 36 is in a grace period must be readily available at the time the
 37 health insurer provides authorization. A health insurer may
 38 recoup payment for an improperly adjudicated claim arising from
 39 premium nonpayment if the provider was given accurate
 40 information regarding the insured's grace period status and the
 41 recoupment request is made within 30 days after the end of the
 42 grace period. This subsection applies to policies entered into
 43 or renewed on or after January 1, 2024 ~~more than 1 year after~~
 44 ~~the date of payment of the claim.~~

45 Section 2. Subsection (10) of section 641.3155, Florida
 46 Statutes, is amended to read:

47 641.3155 Prompt payment of claims.—

48 (10) A health maintenance organization may not
 49 retroactively deny a claim because of subscriber ineligibility
 50 at any time, except that a health maintenance organization may

51 retroactively deny a claim for subscriber ineligibility within 1
52 year after the date of payment of the claim if the provider was
53 convicted of fraud under s. 817.234. A health maintenance
54 organization may not retroactively deny a claim because of
55 subscriber ineligibility for services rendered during an
56 applicable grace period if the health maintenance organization
57 verified the subscriber's eligibility before or at the time of
58 treatment and provided an authorization number. Information
59 regarding whether the subscriber is in a grace period must be
60 readily available at the time the health maintenance
61 organization provides authorization. A health maintenance
62 organization may recoup payment for an improperly adjudicated
63 claim arising from premium nonpayment if the provider was given
64 accurate information regarding the subscriber's grace period
65 status and the recoupment request is made within 30 days after
66 the end of the grace period. This subsection applies to
67 contracts entered into or renewed on or after January 1, 2024.
68 This subsection does not apply to Medicaid managed care plans
69 under part IV of chapter 409 ~~more than 1 year after the date of~~
70 ~~payment of the claim.~~

71 Section 3. This act shall take effect July 1, 2023.