

By Senator Harrell

31-00415A-24

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1                   A bill to be entitled  
2       An act relating to health care services; amending s.  
3       408.7057, F.S.; prohibiting a health plan from  
4       declining to participate in a certain process;  
5       requiring a health plan to pay a claimant the amount  
6       provided in the Agency for Health Care  
7       Administration's final order within a specified  
8       timeframe; providing a financial penalty for failure  
9       to comply; requiring the agency to notify the  
10      appropriate licensure or certification entity under  
11      certain circumstances; creating s. 627.4214, F.S.;  
12      authorizing the Financial Services Commission to adopt  
13      certain rules; amending ss. 627.4302 and 627.657,  
14      F.S.; requiring certain identification cards to  
15      include specified information; providing an effective  
16      date.

17  
18 Be It Enacted by the Legislature of the State of Florida:

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20       Section 1. Present subsections (5), (6), and (7) of section  
21      408.7057, Florida Statutes, are redesignated as subsections (6),  
22      (7), and (8), respectively, a new subsection (5) is added to  
23      that section, and paragraph (f) of subsection (2) and present  
24      subsection (5) of that section are amended, to read:

25       408.7057 Statewide provider and health plan claim dispute  
26      resolution program.—

27       (2)

28       (f) A health plan may not decline to participate in the  
29      claim-dispute-resolution process established under this

31-00415A-24

2024584\_\_

30 subsection. The resolution organization shall require the  
31 respondent in the claim dispute to submit all documentation in  
32 support of its position within 15 days after receiving a request  
33 from the resolution organization for supporting documentation.  
34 The resolution organization may extend the time if appropriate.  
35 Failure to submit the supporting documentation within such time  
36 period shall result in a default against the health plan or  
37 provider. In the event of such a default, the resolution  
38 organization shall issue its written recommendation to the  
39 agency that a default be entered against the defaulting entity.  
40 The written recommendation shall include a recommendation to the  
41 agency that the defaulting entity shall pay the entity  
42 submitting the claim dispute the full amount of the claim  
43 dispute, plus all accrued interest, and shall be considered a  
44 nonprevailing party for the purposes of this section.

45 (5) If the agency's final order is entered against a health  
46 plan, the health plan must pay the claimant the amount provided  
47 in the order within 35 days after the order is entered. If the  
48 health plan fails to comply with the order, the agency may order  
49 the health plan to pay a penalty of not more than \$500 per day  
50 until the amount provided in the agency's final order is paid.

51 (6)-(5) The agency shall notify within 7 days the  
52 appropriate licensure or certification entity whenever there is  
53 a failure to pay as set forth in subsection (5) or a violation  
54 of a final order issued by the agency pursuant to this section.

55 Section 2. Section 627.4214, Florida Statutes, is created  
56 to read:

57 627.4214 Consumer complaints.—The Financial Services  
58 Commission may adopt rules to administer necessary changes to

31-00415A-24

2024584\_\_

59 the consumer complaint website and hotline of the Division of  
60 Consumer Services to best assist insureds or subscribers who are  
61 at an impasse with their insurer or health maintenance  
62 organization, as applicable.

63 Section 3. Subsection (2) of section 627.4302, Florida  
64 Statutes, is amended to read:

65 627.4302 Identification cards for processing prescription  
66 drug claims.—

67 (2) Any health insurer or health maintenance organization  
68 and all state and local government entities entering into an  
69 agreement to provide coverage for prescription drugs on an  
70 outpatient basis shall provide a benefits-identification card  
71 containing the following information:

72 (a) The name of the claim processor.

73 (b) The electronic-claims payor identification number or  
74 the issuer identification number, also referred to as the  
75 Banking Identification Number or "BIN," assigned by the American  
76 National Standards Institute.

77 (c) The insured's prescription group number.

78 (d) The insured's identification number.

79 (e) The insured's name.

80 (f) The claims submission name and address.

81 (g) The help desk telephone number.

82 (h) For benefits-identification cards issued or reissued on  
83 or after January 1, 2025, the type of plan, only if the plan is  
84 filed in this state; an indication as to whether the plan is  
85 self-funded; or the name of the network.

86 (i) For benefits-identification cards issued or reissued on  
87 or after January 1, 2025, if the plan is subject to regulation

31-00415A-24

2024584\_\_

88 under the laws of this state, the letters "FL" on the back left-  
89 hand corner of the card, under which a quick response (QR) code  
90 must be displayed directing the insured or the subscriber to the  
91 consumer complaint website of the Division of Consumer Services  
92 of the department.

93 (j) Any other information that the entity finds will assist  
94 in the processing of the claim.

95

96 The information required in paragraphs (a), (b), (g), and (j)  
97 ~~(h)~~ must be provided on the card, unless instruction is provided  
98 on the card for ready access to such information by electronic  
99 means.

100 Section 4. Paragraph (c) of subsection (2) of section  
101 627.657, Florida Statutes, is amended, and a new paragraph (h)  
102 is added to that subsection, to read:

103 627.657 Provisions of group health insurance policies.—

104 (2) The medical policy as specified in s. 627.6699(3)(k)  
105 must be accompanied by an identification card that contains, at  
106 a minimum:

107 (c) The type of plan, only if the plan is filed in this ~~the~~  
108 state; ~~an indication as to whether that~~ the plan is self-  
109 funded; ~~or the name of the network.~~

110 (h) For benefits-identification cards issued or reissued on  
111 or after January 1, 2025, if the plan is subject to regulation  
112 under the laws of this state, the letters "FL" on the back left-  
113 hand corner of the card, under which a quick response (QR) code  
114 must be displayed directing the insured to the consumer  
115 complaint website of the Division of Consumer Services of the  
116 department.

31-00415A-24

2024584\_\_

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118 The identification card must present the information in a  
119 readily identifiable manner or, alternatively, the information  
120 may be embedded on the card and available through magnetic  
121 stripe or smart card. The information may also be provided  
122 through other electronic technology.

123 Section 5. This act shall take effect January 1, 2025.