

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
 ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
 ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
 FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
 WITHDRAWN \_\_\_\_\_ (Y/N)  
 OTHER

1 Committee/Subcommittee hearing bill: Insurance & Banking  
 2 Subcommittee  
 3 Representative Trujillo offered the following:

**Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (b) of subsection (2) of section  
 8 409.967, Florida Statutes, is amended to read:

9 409.967 Managed care plan accountability.—

10 (2) The agency shall establish such contract requirements  
 11 as are necessary for the operation of the statewide managed care  
 12 program. In addition to any other provisions the agency may deem  
 13 necessary, the contract must require:

14 (b) Emergency services.—Managed care plans shall pay for  
 15 services required by ss. 395.1041 and 401.45 and rendered by a  
 16 noncontracted provider. The plans must comply with s. 641.3155.

Amendment No. 1

17 Reimbursement for services under this paragraph is the lesser  
18 of:

19 ~~1. The provider's charges;~~

20 ~~1.2.~~ The usual and customary reimbursement received by a  
21 provider charges for the same service ~~similar services~~ in the  
22 community where the service was ~~services were~~ provided;

23 ~~2.3.~~ The amount negotiated with a provider who does not  
24 have a contract with the health maintenance organization for the  
25 service charge mutually agreed to by the entity and the provider  
26 within 60 days after submittal of the claim; or

27 ~~3.4.~~ The rate the agency would have paid on the most  
28 recent October 1st.

29 Section 2. Section 627.64194, Florida Statutes, is created  
30 to read:

31 627.64194 Coverage for emergency services.-

32 (1) As used in this section, the term:

33 (a) "Coverage for emergency services" means the coverage  
34 provided by a health insurance policy for "emergency services  
35 and care" as defined in s. 641.47.

36 (b) "Participating provider" means a "preferred provider"  
37 as defined in s. 627.6471 and an "exclusive provider" as defined  
38 in s. 627.6472.

39 (2) Coverage for emergency services:

40 (a) May not require a prior authorization determination.

41 (b) Must be provided regardless of whether the service is  
42 furnished by a participating or nonparticipating provider.

Amendment No. 1

43 (c) May impose a coinsurance amount, copayment, or  
44 limitation of benefits requirement for a nonparticipating  
45 provider only if the same requirement applies to a participating  
46 provider.

47 (d) Must reimburse a nonparticipating provider the greater  
48 of the following:

49 1. The amount negotiated with a provider who does not have  
50 a contract with the insurer for the service, reduced only by any  
51 coinsurance amount or copayment that applies to the provider;

52 2. The usual and customary reimbursement received by a  
53 provider for the same service in the community where the service  
54 was provided, reduced only by any coinsurance amount or  
55 copayment that applies to the provider; or

56 3. The amount that would be paid under Medicare for the  
57 service, reduced only by any coinsurance amount or copayment  
58 that applies to the provider.

59 (3) A nonparticipating provider may not be reimbursed an  
60 amount greater than that provided under paragraph (2) (d) and may  
61 not collect or attempt to collect, directly or indirectly, any  
62 excess amount.

63 Section 3. Subsections (5) and (6) of section 641.513,  
64 Florida Statutes, are amended to read:

65 641.513 Requirements for providing emergency services and  
66 care.—

## Amendment No. 1

67 (5) Reimbursement for services pursuant to this section by  
68 a provider who does not have a contract with the health  
69 maintenance organization shall be the greater ~~lesser~~ of:

70 (a) The Medicare allowable rate ~~provider's charges~~;

71 (b) The usual and customary reimbursement received by a  
72 provider ~~charges~~ for the same service ~~similar services~~ in the  
73 community where the service was ~~services were~~ provided; or

74 (c) The amount negotiated with a provider who does not  
75 have a contract with the health maintenance organization for the  
76 service charge mutually agreed to by the health maintenance  
77 organization and the provider within 60 days of the submittal of  
78 the claim.

79  
80 Such reimbursement shall be net of any applicable copayment  
81 authorized pursuant to subsection (4).

82 (6) Reimbursement for services under this section provided  
83 to subscribers who are Medicaid recipients by a provider for  
84 whom no contract exists between the provider and the health  
85 maintenance organization shall be the greater ~~lesser~~ of:

86 ~~(a) The provider's charges;~~

87 ~~(a)~~ (b) The usual and customary reimbursement received by a  
88 provider ~~charges~~ for the same service ~~similar services~~ in the  
89 community where the service was ~~services were~~ provided;

90 ~~(b)~~ (e) The amount negotiated with a provider who does not  
91 have a contract with the health maintenance organization for the

Amendment No. 1

92 ~~service charge mutually agreed to by the entity and the provider~~  
93 ~~within 60 days after submittal of the claim; or~~

94 ~~(c)-(d)~~ The Medicaid rate.

95 Section 4. This act shall take effect October 1, 2015.

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97  
98 **T I T L E A M E N D M E N T**

99 Remove everything before the enacting clause and insert:

100 A bill to be entitled

101 An act relating to health insurance coverage for  
102 emergency services; amending s.409.967, F.S.; revising  
103 the methodology for determining health maintenance  
104 organization reimbursement amounts for emergency  
105 services and care provided by certain Medicaid  
106 providers; creating s. 627.64194, F.S.; defining  
107 terms; prohibiting coverage for emergency services  
108 from requiring a prior authorization determination;  
109 requiring such coverage to be provided regardless of  
110 whether the service is furnished by a participating or  
111 nonparticipating provider; specifying coinsurance,  
112 copayment, limitation of benefits, and reimbursement  
113 requirements for nonparticipating providers;  
114 prohibiting a nonparticipating provider from  
115 collecting or attempting to collect an amount in  
116 excess of specified amounts; amending s. 641.513,  
117 F.S.; revising the methodology for determining health

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 681 (2015)

Amendment No. 1

118 maintenance organization reimbursement amounts for  
119 emergency services and care provided by certain  
120 providers; providing an effective date.