

By the Committee on Banking and Insurance and Senators Cowin and Williams

311-2102-98

1 A bill to be entitled
2 An act relating to health insurance; amending
3 s. 636.016, F.S.; requiring prepaid limited
4 health service contracts to provide certain
5 information; requiring prepaid limited health
6 service organizations to provide certain
7 information; amending s. 636.038, F.S.;
8 requiring prepaid limited health service
9 organizations to report certain information
10 annually; providing an effective date.

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12 Be It Enacted by the Legislature of the State of Florida:

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14 Section 1. Subsection (3) of section 636.016, Florida
15 Statutes, is amended, and subsection (13) is added to said
16 section, to read:

17 636.016 Prepaid limited health service contracts.--For
18 any entity licensed prior to October 1, 1993, all subscriber
19 contracts in force at such time shall be in compliance with
20 this section upon renewal of such contract.

21 (3) The documents provided pursuant to subsection (2)
22 must have a clear and understandable description of the method
23 used by the prepaid limited health service organization for
24 resolving subscriber grievances and, for such documents
25 printed after October 1, 1998, must contain the address of the
26 department and the department's toll-free consumer hotline.

27 (13) Each prepaid limited health service organization
28 shall make available to all subscribers, upon request, a
29 description of the authorization and referral process for
30 services or a description of the process used to analyze the
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1 qualifications and credentials of providers under contract
2 with the organization.

3 Section 2. Section 636.038, Florida Statutes, is
4 amended to read:

5 636.038 Complaint system.--

6 (1) Every prepaid limited health service organization
7 must establish and maintain a complaint system providing
8 reasonable procedures for resolving written complaints
9 initiated by enrollees and providers. This section does not
10 preclude an enrollee or a provider from filing a complaint
11 with the department or limit the department's ability to
12 investigate such complaints.

13 (2) Every prepaid limited health service organization
14 shall report annually to the department the total number of
15 grievances handled, a categorization of the cases underlying
16 the grievances, and the final disposition of the grievances.

17 Section 3. This act shall take effect October 1, 1998.

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19 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
20 COMMITTEE SUBSTITUTE FOR
21 Senate Bill 1752

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22 Removes the requirement that a prepaid limited health service
23 organization (PLHSO) which offers dental services have a
24 Florida licensed dentist as the dental director. Deletes the
25 requirement for PLHSOs to establish a subscriber grievance
26 process and removes the provision allowing a provider, under
27 contract with a PLHSO, to collect money from a subscriber for
28 services covered by a PLHSO.

26 Requires each prepaid limited health service organization
27 (PLHSO) to make available to subscribers a description of the
28 process used to authorize and cover services, or examine
29 qualifications and credentials of providers. Each PLHSO must
30 include in its member handbook, the number of the consumer
31 toll-free hotline for the Department of Insurance.

30 Requires each PLHSO to report annually to the Department of
31 Insurance the total number of grievances handled, a
32 categorization of the cases underlying the grievances, and the
33 final disposition of the grievances.