By the Committee on Health Care Services and Representative Byrd

A bill to be entitled

An act relating to health insurance; amending s. 636.016, F.S.; requiring prepaid limited health service contracts to provide certain information; requiring prepaid limited health service organizations to provide certain information; amending s. 636.038, F.S.; requiring prepaid limited health service organizations to report certain information annually; providing an effective date.

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

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

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

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

(13) Each prepaid limited health service organization shall make available to all subscribers, upon request, a description of the authorization and referral process for services or a description of the process used to analyze the

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 initiated by enrollees and providers. This section does not 9 preclude an enrollee or a provider from filing a complaint 10 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. Section 3. This act shall take effect October 1 of the 17 year in which enacted. 18 19 20 21 22 23 24 25

262728293031