

Amendment No. 1 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

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The Committee on Insurance offered the following:

Amendment (with title amendment)

On page 13, between lines 3 & 4 of the bill

insert:

Section 2. Subsection (6) is added to section 626.883, Florida Statutes, to read:

626.883 Administrator as intermediary; collections held in fiduciary capacity; establishment of account; disbursement; payments on behalf of insurer.--

(6) All payments to a health care provider by a fiscal intermediary for noncapitated providers must include an explanation of services being reimbursed which includes, at a minimum, the patient's name, the date of service, the procedure code, the amount of reimbursement, and the identification of the plan on whose behalf the payment is being made. For capitated providers, the statement of services must include the number of patients covered by the contract, the rate per patient, the total amount of the payment, and the identification of the plan on whose behalf

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1 the payment is being made.

2 Section 3. Paragraph (a) of subsection (2) of section
3 641.316, Florida Statutes, 1998 Supplement, is amended to
4 read:

5 641.316 Fiscal intermediary services.--

6 (2)(a) The term "fiduciary" or "fiscal intermediary
7 services" means reimbursements received or collected on behalf
8 of health care professionals for services rendered, patient
9 and provider accounting, financial reporting and auditing,
10 receipts and collections management, compensation and
11 reimbursement disbursement services, or other related
12 fiduciary services pursuant to health care professional
13 contracts with health maintenance organizations. All payments
14 to a health care provider by a fiscal intermediary for
15 noncapitated providers must include an explanation of services
16 being reimbursed which includes, at a minimum, the patient's
17 name, the date of service, the procedure code, the amount of
18 reimbursement, and the identification of the plan on whose
19 behalf the payment is being made. For capitated providers,
20 the statement of services must include the number of patients
21 covered by the contract, the rate per patient, the total
22 amount of the payment, and the identification of the plan on
23 whose behalf the payment is being made.

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26 ===== T I T L E A M E N D M E N T =====

27 And the title is amended as follows:

28 On page 1, line 10

29

30 after the semicolon insert:

31 amending s. 626.883, F.S.; relating to payments

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on behalf of insurer; amending s. 641.316,
F.S.; relating to payments to a health care
provider;