

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

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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The Committee on Health Care Services offered the following:

Amendment (with title amendment)

Remove from the bill: Everything after the enacting clause
and insert in lieu thereof:

Section 1. 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 must include an explanation of services being reimbursed which includes, at a minimum, the patient's name, the date of service, the provider code, the amount of reimbursement for noncapitated providers, 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 the payment is

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

1 being made.

2 Section 2. Subsections (36) and (37) of section
3 641.31, Florida Statutes, 1998 Supplement, are created to
4 read:

5 641.31 Health maintenance contracts.--

6 (36) A health maintenance organization may increase
7 the copayment for any benefit, or delete, amend, or limit any
8 of the benefits to which a subscriber is entitled under the
9 group contract, only upon written notice to the contract
10 holder at least 45 days in advance of the time of coverage
11 renewal. The health maintenance organization may amend the
12 contract with the contract holder with such amendment to be
13 effective immediately at the time of coverage renewal. The
14 written notice to the contract holder shall specifically
15 identify any deletions, amendments, or limitations to any of
16 the benefits provided in the group contract during the current
17 contract period that will be included in the group contract
18 upon renewal.

19 (37) All health maintenance contracts that provide
20 coverage for massage shall also cover the services of persons
21 licensed to practice massage pursuant to chapter 480 if the
22 massage is prescribed by a physician licensed under chapter
23 458, chapter 459, chapter 460, or chapter 461 as medically
24 necessary and the prescription specifies the number of
25 treatments.

26 Section 3. (1) Subsection (9) is added to section
27 641.315, Florida Statutes, to read:

28 641.315 Provider contracts.--

29 (9) A contract between a health maintenance
30 organization and a provider of health care services shall not
31 contain any provision which prohibits or restricts:

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

1 (a) The health care provider from entering into
2 contract with any other health maintenance organization to
3 provide services for the health maintenance organization's
4 commercial subscribers; or

5 (b) The health maintenance organization from entering
6 into contract with any other health care provider to provide
7 services for the health maintenance organization's commercial
8 subscribers.

9 (2) The amendment to s. 641.315, Florida Statutes, by
10 this act shall apply to contracts renewed or entered into on
11 or after July 1, 1999.

12 Section 4. Paragraph (a) of subsection (2) of section
13 641.316, Florida Statutes, 1998 Supplement, is amended to
14 read:

15 641.316 Fiscal intermediary services.--

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

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

1 total amount of the payment, and the identification of the
2 plan on whose behalf the payment is being made.

3 Section 5. This act shall take effect July 1, 1999.

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

7 And the title is amended as follows:

8 On page 1, lines 2-26,
9 remove from the title of the bill: all of said lines
10
11 and insert in lieu thereof:

12 An act relating to provider contracts; amending
13 s. 626.883, F.S.; providing for a detailed
14 explanation of benefits to be included in all
15 payments to a health care provider by a fiscal
16 intermediary; amending s. 641.31, F.S.;
17 providing specifications under which health
18 maintenance organizations may modify existing
19 contract benefits; requiring certain health
20 maintenance contracts to cover persons licensed
21 to practice massage under certain
22 circumstances; amending s. 641.315, F.S.;
23 prohibiting certain provisions in contracts
24 between health care providers and health
25 maintenance organizations; amending s. 641.316,
26 F.S.; providing for a detailed explanation of
27 benefits to be included in all payments to a
28 health care provider by a fiscal intermediary;
29 providing an effective date.