

1 A bill to be entitled
2 An act relating to provider contracts; amending
3 s. 626.883, F.S.; providing for a detailed
4 explanation of benefits to be included in all
5 payments to a health care provider by a fiscal
6 intermediary; amending s. 641.31, F.S.;
7 providing specifications under which health
8 maintenance organizations may modify existing
9 contract benefits; requiring certain health
10 maintenance contracts to cover persons licensed
11 to practice massage under certain
12 circumstances; amending s. 641.315, F.S.;
13 prohibiting certain provisions in contracts
14 between health care providers and health
15 maintenance organizations; amending s. 641.316,
16 F.S.; providing for a detailed explanation of
17 benefits to be included in all payments to a
18 health care provider by a fiscal intermediary;
19 providing an effective date.

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

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23 Section 1. Subsection (6) is added to section 626.883,
24 Florida Statutes, to read:

25 626.883 Administrator as intermediary; collections
26 held in fiduciary capacity; establishment of account;
27 disbursement; payments on behalf of insurer.--

28 (6) All payments to a health care provider by a fiscal
29 intermediary for noncapitated providers must include an
30 explanation of services being reimbursed which includes, at a
31 minimum, the patient's name, the date of service, the

1 procedure code, the amount of reimbursement, and the
2 identification of the plan on whose behalf the payment is
3 being made. For capitated providers, the statement of services
4 must include the number of patients covered by the contract,
5 the rate per patient, the total amount of the payment, and the
6 identification of the plan on whose behalf the payment is
7 being made.

8 Section 2. Subsections (36) and (37) of section
9 641.31, Florida Statutes, 1998 Supplement, are created to
10 read:

11 641.31 Health maintenance contracts.--

12 (36) A health maintenance organization may increase
13 the copayment for any benefit, or delete, amend, or limit any
14 of the benefits to which a subscriber is entitled under the
15 group contract, only upon written notice to the contract
16 holder at least 45 days in advance of the time of coverage
17 renewal. The health maintenance organization may amend the
18 contract with the contract holder with such amendment to be
19 effective immediately at the time of coverage renewal. The
20 written notice to the contract holder shall specifically
21 identify any deletions, amendments, or limitations to any of
22 the benefits provided in the group contract during the current
23 contract period that will be included in the group contract
24 upon renewal. The 45-day notice requirement shall not apply if
25 benefits are amended, deleted, or limited at the request of
26 the contract holder.

27 (37) All health maintenance contracts that provide
28 coverage for massage shall also cover the services of persons
29 licensed to practice massage pursuant to chapter 480 if the
30 massage is prescribed by a contracted physician licensed under
31 chapter 458, chapter 459, chapter 460, or chapter 461 as

1 medically necessary and the prescription specifies the number
2 of treatments. Such massage services shall be subject to the
3 same terms, conditions, and limitations as other covered
4 services.

5 Section 3. (1) Subsection (9) is added to section
6 641.315, Florida Statutes, to read:

7 641.315 Provider contracts.--

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

11 (a) The health care provider from entering into
12 contract with any other health maintenance organization to
13 provide services for the health maintenance organization's
14 commercial subscribers; or

15 (b) The health maintenance organization from entering
16 into contract with any other health care provider to provide
17 services for the health maintenance organization's commercial
18 subscribers.

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

22 Section 4. Paragraph (a) of subsection (2) of section
23 641.316, Florida Statutes, 1998 Supplement, is amended to
24 read:

25 641.316 Fiscal intermediary services.--

26 (2)(a) The term "fiduciary" or "fiscal intermediary
27 services" means reimbursements received or collected on behalf
28 of health care professionals for services rendered, patient
29 and provider accounting, financial reporting and auditing,
30 receipts and collections management, compensation and
31 reimbursement disbursement services, or other related

1 fiduciary services pursuant to health care professional
2 contracts with health maintenance organizations. All payments
3 to a health care provider by a fiscal intermediary for
4 noncapitated providers must include an explanation of services
5 being reimbursed which includes, at a minimum, the patient's
6 name, the date of service, the procedure code, the amount of
7 reimbursement, and the identification of the plan on whose
8 behalf the payment is being made. For capitated providers, the
9 statement of services must include the number of patients
10 covered by the contract, the rate per patient, the total
11 amount of the payment, and the identification of the plan on
12 whose behalf the payment is being made.

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