A bill to be entitled

An act relating to prepaid limited health

service organizations; amending ss. 636.003 and

636.016, F.S.; providing for services of

nonpanel providers; providing an effective

date.

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

Section 1. Subsection (9) of section 636.003, Florida Statutes, is amended to read:

636.003 Definitions.--As used in this act, the term:

- (9) "Prepaid limited health service organization" means any person, corporation, partnership, or any other entity which, in return for a prepayment, undertakes to provide or arrange for, or provide access to, the provision of a limited health service to enrollees through <u>a</u> an exclusive panel of providers. Prepaid limited health service organization does not include:
- (a) An entity otherwise authorized pursuant to the laws of this state to indemnify for any limited health service;
- (b) A provider or entity when providing limited health services pursuant to a contract with a prepaid limited health service organization, a health maintenance organization, a health insurer, or a self-insurance plan; or
- (c) Any person who, in exchange for fees, dues, charges or other consideration, provides access to a limited health service provider without assuming any responsibility for payment for the limited health service or any portion thereof.

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Section 2. Subsections (2) and (8) of section 636.016, Florida Statutes, are amended 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.

- (2) Every prepaid limited health service organization shall provide each subscriber a contract, a certificate, membership card, or member handbook which must clearly state all of the services to which a subscriber is entitled under the contract and must include a clear and understandable statement of any limitations on the services or kinds of services to be provided, including any copayment feature, limitations on services being received from a nonpanel provider, or schedule of benefits required by the contract or by any insurer or entity which is underwriting any of the services offered by the prepaid limited health service organization. The contract, certificate, provider listing, or member handbook must also state where and in what manner the health services may be obtained.
- (8) Each document provided pursuant to subsection (2) must state that emergency services, if any, will be provided to subscribers in emergency situations not permitting treatment through the prepaid limited health service organization providers, without prior notification to and approval of the organization. The prepaid limited health services document must contain a definition of emergency services, describe procedures for determination by the prepaid limited health service organization of whether the services qualify for reimbursement as emergency services, and contain 31 | specific examples of what does constitute an emergency.

Nothing in this subsection is intended to otherwise prohibit the prepaid limited health service organization from authorizing services from a nonpanel provider. Section 3. This act shall take effect October 1, 2000. HOUSE SUMMARY Provides for authorization by a prepaid limited health service organization of services provided by nonpanel providers.