

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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Representative Farkas offered the following:

Amendment (with title amendment)

Remove lines 66-87, and insert:

Section 1. Subsection (7) is added to section 395.301, Florida Statutes, to read:

395.301 Itemized patient bill; form and content prescribed by the agency.--

(7)(a) Each licensed facility not operated by the state shall make available to the public on its Internet website or by other electronic means a list of charges and codes and a description of services of the top 100 diagnosis-related groups discharged from the hospital for that year using the CMS grouper applicable to that year and the top 100 outpatient occasions of diagnostic and therapeutic procedures performed using the Healthcare Common Procedure Coding System. For purposes of this

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28 paragraph, the term "CMS grouper" means a system of
29 classification used by the Centers for Medicare and Medicaid
30 Services to assign an inpatient discharge into a diagnosis-
31 related group based on diagnosis codes, procedure codes, and
32 demographic information. The facility shall place a notice in
33 the reception areas that such information is available
34 electronically. The facility's list of charges and codes and the
35 description of services shall be consistent with federal
36 electronic transmission uniform standards under the Health
37 Insurance Portability and Accountability Act (HIPAA). Changes to
38 the data shall be posted and updated electronically at least 30
39 days prior to implementation.

40 (b) A health care facility shall, upon request, furnish a
41 patient, prior to provision of medical services, a reasonable
42 estimate of charges for such services. Such estimate shall not
43 preclude the health care provider or health care facility from
44 exceeding the estimate or making additional charges based on
45 changes in the patient's condition or treatment needs.

46 (c) A licensed facility not operated by the state shall
47 make available to a patient, or a payor acting on behalf of the
48 patient, the records that are necessary to verify the accuracy
49 of the patient's bill or payor's claim related to such patient's
50 bill within a reasonable time after a request. The verification
51 information must be made available in the facility's offices.
52 Such records shall be available to the patient or payor prior to
53 and after payment of the bill or claim. The facility may not
54 charge the patient or payor for making such verification records
55 available, except the facility may charge its usual charge for
56 providing copies of records as specified in s. 395.3025.

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

Remove lines 5-7, and insert:
providing requirements; requiring health care providers and
facilities to provide prospective patients with reasonable
estimates of prospective charges; requiring certain
licensed facilities to make available to payors certain
records; providing that the facility may not charge for
making records available but may charge a specified amount
for providing copies;