A bill to be entitled

An act relating to health maintenance organizations; amending s. 641.234, F.S.; deleting a definition; expanding the requirement that a health maintenance organization remains responsible for violations of certain statutory requirements if the organization transfers to any entity the obligations to pay any provider for claims arising from services to subscribers of the organization; amending s. 641.316, F.S.; redefining the term "fiscal intermediary services organization"; amending s. 626.88, F.S., to conform; providing an effective date.

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

Section 1. Subsection (4) of section 641.234, Florida Statutes, is amended to read:

641.234 Administrative, provider, and management contracts.--

(4)(a) If a health maintenance organization, through a health care risk contract, transfers to any entity the obligations to pay any provider for any claims arising from services provided to or for the benefit of any subscriber of the organization, the health maintenance organization shall remain responsible for any violations of ss. 641.3155, 641.3156, and 641.51(4). The provisions of ss. 624.418-624.4211 and 641.52 shall apply to any such violations.

(b) As used in this subsection, ÷

1. The term "health care risk contract" means a contract

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under which an entity receives compensation in exchange for providing to the health maintenance organization a provider network or other services, which may include administrative services.

- 2. the term "entity" means a person licensed as an administrator under s. 626.88 and does not include any provider or group practice, as defined in s. 456.053, providing services under the scope of the license of the provider or the members of the group practice. The term does not include a hospital providing billing, claims, and collection services solely on its own and its physicians' behalf and providing services under the scope of its license.
- Section 2. Paragraph (b) of subsection (2) of section 641.316, Florida Statutes, is amended to read:
 - 641.316 Fiscal intermediary services.--

44 (2)

(b) The term "fiscal intermediary services organization" means a person or entity that which performs fiduciary or fiscal intermediary services to health care professionals who contract with health maintenance organizations other than a fiscal intermediary services organization owned, operated, or controlled by a hospital licensed under chapter 395, an insurer licensed under chapter 624, a third-party administrator licensed under chapter 626, a prepaid limited health service organization licensed under chapter 636, a health maintenance organization licensed under this chapter, or physician group practices as defined in s. 456.053(3)(h) and providing services under the scope of licenses of the members of the group practice.

Section 3. Subsection (1) of section 626.88, Florida Statutes, is amended to read:

- 626.88 Definitions of "administrator" and "insurer".--
- (1) For the purposes of this part, an "administrator" is any person who directly or indirectly solicits or effects coverage of, collects charges or premiums from, or adjusts or settles claims on residents of this state in connection with authorized commercial self-insurance funds or with insured or self-insured programs which provide life or health insurance coverage or coverage of any other expenses described in s. 624.33(1) or any person who, through a health care risk contract as defined in s. 641.234 with an insurer or health maintenance organization, provides billing and collection services to health insurers and health maintenance organizations on behalf of health care providers, other than any of the following persons:
- (a) An employer on behalf of such employer's employees or the employees of one or more subsidiary or affiliated corporations of such employer.
 - (b) A union on behalf of its members.
- (c) An insurance company which is either authorized to transact insurance in this state or is acting as an insurer with respect to a policy lawfully issued and delivered by such company in and pursuant to the laws of a state in which the insurer was authorized to transact an insurance business.
- (d) A health care services plan, health maintenance organization, professional service plan corporation, or person in the business of providing continuing care, possessing a valid certificate of authority issued by the office, and the sales

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representatives thereof, if the activities of such entity are limited to the activities permitted under the certificate of authority.

- (e) An insurance agent licensed in this state whose activities are limited exclusively to the sale of insurance.
- (f) An adjuster licensed in this state whose activities are limited to the adjustment of claims.
- (g) A creditor on behalf of such creditor's debtors with respect to insurance covering a debt between the creditor and its debtors.
- (h) A trust and its trustees, agents, and employees acting pursuant to such trust established in conformity with 29 U.S.C. s. 186.
- (i) A trust exempt from taxation under s. 501(a) of the Internal Revenue Code, a trust satisfying the requirements of ss. 624.438 and 624.439, or any governmental trust as defined in s. 624.33(3), and the trustees and employees acting pursuant to such trust, or a custodian and its agents and employees, including individuals representing the trustees in overseeing the activities of a service company or administrator, acting pursuant to a custodial account which meets the requirements of s. 401(f) of the Internal Revenue Code.
- (j) A financial institution which is subject to supervision or examination by federal or state authorities or a mortgage lender licensed under chapter 494 who collects and remits premiums to licensed insurance agents or authorized insurers concurrently or in connection with mortgage loan payments.

(k) A credit card issuing company which advances for and collects premiums or charges from its credit card holders who have authorized such collection if such company does not adjust or settle claims.

- (1) A person who adjusts or settles claims in the normal course of such person's practice or employment as an attorney at law and who does not collect charges or premiums in connection with life or health insurance coverage.
- (m) A person approved by the department who administers only self-insured workers' compensation plans.
- (n) A service company or service agent and its employees, authorized in accordance with ss. 626.895-626.899, serving only a single employer plan, multiple-employer welfare arrangements, or a combination thereof.
- (o) Any provider or group practice, as defined in s. 456.053, providing services under the scope of the license of the provider or the member of the group practice.
- (p) Any hospital providing billing, claims, and collection services solely on its own and its physicians' behalf and providing services under the scope of its license.

A person who provides billing and collection services to health insurers and health maintenance organizations on behalf of health care providers shall comply with the provisions of ss. 627.6131, 641.3155, and 641.51(4).

Section 4. This act shall take effect October 1, 2005.