Florida Senate - 2005(PROPOSED COMMITTEE BILL)SPB 7060FOR CONSIDERATION By the Committee on Banking and Insurance

597-1612-05

1	A bill to be entitled
2	An act relating to health maintenance
3	organizations; amending s. 641.316, F.S.;
4	redefining the term "fiscal intermediary
5	services organization"; amending s. 641.234,
б	F.S.; expanding the requirement that a health
7	maintenance organization remains responsible
8	for violations of certain statutory
9	requirements if the organization transfers to
10	any entity the obligations to pay any provider
11	for claims arising from services to subscribers
12	of the organization; providing an effective
13	date.
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15	Be It Enacted by the Legislature of the State of Florida:
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17	Section 1. Paragraph (b) of subsection (2) of section
18	641.316, Florida Statutes, is amended to read:
19	641.316 Fiscal intermediary services
20	(2)
21	(b) The term "fiscal intermediary services
22	organization" means a person or entity <u>that</u> which performs
23	fiduciary or fiscal intermediary services to health care
24	professionals who contract with health maintenance
25	organizations other than a fiscal intermediary services
26	organization owned, operated, or controlled by a hospital
27	licensed under chapter 395, an insurer licensed under chapter
28	624, a third-party administrator licensed under chapter 626, a
29	prepaid limited health service organization licensed under
30	chapter 636, a health maintenance organization licensed under
31	this chapter, or physician group practices as defined in s.
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CODING: Words stricken are deletions; words <u>underlined</u> are additions.

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1 456.053(3)(h) and providing services under the scope of 2 licenses of the members of the group practice. Section 2. Subsection (4) of section 641.234, Florida 3 Statutes, is amended to read: 4 5 641.234 Administrative, provider, and management б contracts.--7 (4)(a) If a health maintenance organization, through a 8 health care risk contract, transfers to any entity the 9 obligations to pay any provider for any claims arising from services provided to or for the benefit of any subscriber of 10 the organization, the health maintenance organization shall 11 12 remain responsible for any violations of ss. 641.3155, 13 641.3156, and 641.51(4). The provisions of ss. 624.418-624.4211 and 641.52 shall apply to any such 14 violations. 15 (b) As used in this subsection, + 16 17 1. The term "health care risk contract" means a 18 contract under which an entity receives compensation in exchange for providing to the health maintenance organization 19 a provider network or other services, which may include 20 21 administrative services. 22 2. the term "entity" means a person licensed as an 23 administrator under s. 626.88 and does not include any provider or group practice, as defined in s. 456.053, 2.4 providing services under the scope of the license of the 25 26 provider or the members of the group practice. The term does 27 not include a hospital providing billing, claims, and 2.8 collection services solely on its own and its physicians' 29 behalf and providing services under the scope of its license. 30 Section 3. This act shall take effect October 1, 2005. 31

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2	SENATE SUMMARY
3	Redefines the term "fiscal intermediary services organization" to remove an exclusion provided for certain
4	organizations owned, operated, or controlled by a hospital and to clarify that the term includes certain
5	group practices. Provides that a health maintenance organization remains responsible for certain violations
б	regardless of the form of certain transfers of the obligation to pay claims.
7	obligation to pay claims.
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