

Bill No. SB 1012



495222

CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: RS	.	
2/19/2008	.	
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1 The Committee on Banking and Insurance (Gaetz) recommended the
 2 following **amendment**:

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 4 **Senate Amendment (with directory and title amendments)**

5 Delete line(s) 29-80

6 and insert:

7
 8 Section 1. Section 627.638, Florida Statutes, is amended
 9 to read:

10 627.638 Direct payment for hospital, medical services.--

11 (1) A ~~Any~~ health insurance policy insuring against loss or
 12 expense due to hospital confinement or to medical and related
 13 services may provide for payment of benefits directly to any
 14 recognized hospital, licensed ambulance provider, physician
 15 ~~doctor~~, or other person who provided the services, in accordance

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16 with the provisions of the policy. To comply with this section,
17 the words "or to the hospital, licensed ambulance provider,
18 physician ~~doctor~~, or person rendering services covered by this
19 policy," or similar words appropriate to the terms of the
20 policy, must ~~shall~~ be added to applicable provisions of the
21 policy.

22 (2) ~~If whenever,~~ in any health insurance claim form, an
23 insured specifically authorizes payment of benefits directly to
24 any recognized hospital, licensed ambulance provider, physician,
25 or dentist, the insurer shall make such payment to the
26 designated provider of such services, ~~unless otherwise provided~~
27 ~~in the insurance contract.~~ The insurance contract may not
28 prohibit, and claims forms must provide an option for, the
29 payment of benefits directly to a licensed hospital, licensed
30 ambulance provider, physician, or dentist for care provided
31 ~~pursuant to s. 395.1041. The insurer may require written~~
32 ~~attestation of assignment of benefits. The attestation of~~
33 assignment of benefits must be in written or electronic form.
34 Payment to the provider from the insurer may not be more than
35 the amount that the insurer would otherwise have paid without
36 the assignment.

37 Section 2. Section 627.64731, Florida Statutes, is created
38 to read:

39 627.64731 Leasing, renting, or granting access to a
40 preferred provider or exclusive provider.--

41 (1) An insurer or administrator may not lease, rent, or
42 otherwise grant access to the health care services of a
43 preferred provider or an exclusive provider under a health care



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44 contract unless expressly authorized by the health care
45 contract. At the time a health care contract is entered into
46 with a preferred provider or exclusive provider, the insurer
47 shall, to the extent possible, identify in the contract any
48 third party to which the insurer or administrator that has
49 granted access to the health care services of the preferred
50 provider or exclusive provider. A third party that is granted
51 access must comply with all the applicable terms of the health
52 care contract.

53 (2) An insurer or administrator must notify a preferred
54 provider or exclusive provider, in writing, within 5 business
55 days of the identity of any third party that has been granted
56 access to the health care services of the provider by the
57 insurer or administrator.

58 (3) An insurer or administrator that leases, rents, or
59 otherwise grants access to the health care services of a
60 preferred provider or exclusive provider must maintain an
61 Internet website or a toll-free telephone number through which
62 the provider may obtain a listing, updated at least biannually,
63 of the third parties that have been granted access to the
64 provider's health care services.

65 (4) An insurer or administrator that leases, rents, or
66 otherwise grants access to a provider's health care services
67 must ensure that an explanation of benefits or remittance advice
68 furnished to the preferred provider or exclusive provider that
69 delivers health care services under the health care contract
70 identifies the contractual source of any applicable discount.

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71 (5) The right of a third party to excise the rights and
72 responsibilities of an insurer or administrator under a health
73 care contract terminates on the date that the preferred
74 provider's or exclusive provider's contract with the insurer or
75 administrator is terminated.

76 (6) The provisions of this section do not apply if the
77 third party that is granted access to a preferred provider's or
78 exclusive provider's health care services under a health care
79 contract is:

80 (a) An employer or other entity providing coverage for
81 health care services to the employer's employees or the entity's
82 members and the employer or entity has a contract with the
83 insurer or administrator or the insurer's or administrator's
84 affiliate for the administration or processing of claims for
85 payment or services provided under the health care contract;

86 (b) An affiliate or a subsidiary of the insurer or
87 administrator; or

88 (c) An entity providing administrative services to, or
89 receiving administrative services from, the insurer or
90 administrator or the insurer's or administrators' affiliate or
91 subsidiary.

92 (7) A health care contract may provide for arbitration of
93 disputes arising under this section.

94 Section 3. Present subsections (11), (12), and (13) of
95 section 627.662, Florida Statutes, are renumbered as subsections
96 (12), (13), and (14), respectively, and new subsection (11) is
97 added to that section, to read:

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98 627.662 Other provisions applicable.--The following
99 provisions apply to group health insurance, blanket health
100 insurance, and franchise health insurance:

101 (11) Section 627.64731, relating to leasing, renting, or
102 granting access to a preferred provider or exclusive provider.

103 Section 4. Subsection (41) is added to section 641.31,
104 Florida Statutes, to read:

105 641.31 Health maintenance contracts.--

106 (41) If, in a health maintenance organization claim form,
107 a subscriber specifically authorizes the payment of benefits
108 directly to a hospital, ambulance provider, physician, or
109 dentist, the health maintenance organization must make payment
110 to the designated provider of the services if the benefits are
111 due to the subscriber under the terms of the agreement between
112 the subscriber and the health maintenance organization. The
113 health maintenance organization contract may not prohibit, and
114 claims forms must provide an option for, the payment of benefits
115 directly to a licensed hospital, ambulance provider, physician,
116 or dentist for covered services provided, for services provided
117 pursuant to s. 395.1041, and for ambulance transport and
118 treatment provided pursuant to part III of chapter 401. The
119 attestation of assignment of benefits must be in written or
120 electronic form. Payment to the provider may not be more than
121 the amount the health maintenance organization would have paid
122 without the assignment. This subsection does not affect the
123 requirements of ss. 641.513 and 641.3154 with respect to
124 services and payment for such services provided pursuant to this
125 subsection.



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

And the title is amended as follows:

 Delete line(s) 3-19

and insert:

amending s. 627.638, F.S.; authorizing the payment of health insurance policy benefits directly to a licensed ambulance provider; requiring health insurance contracts to allow insureds to assign plan benefits to specified medical providers; requiring the attestation of an assignment of benefits to be in written or electronic form; creating s. 627.64731, F.S.; providing requirements for the rent, lease, or granting of access to the health care services of a preferred provider or exclusive provider under a health care contract; amending s. 627.662, F.S.; applying the requirements of s. 627.64731, relating to the rent, lease, or granting or access to the health care services of a preferred provider or exclusive provider, to group health insurance, blanket health insurance, and franchise health insurance policies; amending s. 641.31; requiring a health maintenance organization to make direct payment to specified providers if a subscriber specifically authorizes direct payment of benefits to the provider; requiring the attestation of assignment of benefits to be in either written or electronic form; providing that payment to a provider may not exceed the amount a health maintenance organization

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153 | would have paid without the assignment; amending s.
154 | 641.315, F.S.;