

HB 1155

2012

1                   A bill to be entitled  
2       An act relating to health insurance; amending ss.  
3       627.6471 and 641.31, F.S.; requiring health insurers  
4       and health maintenance organizations to allow insureds  
5       to continue to use the services of preferred providers  
6       or network providers listed on a provider or network  
7       panel at the time of an insured's enrollment for a  
8       minimum period of time; requiring health maintenance  
9       organizations to provide subscribers with a current  
10      list of network providers and make the list available  
11      for public inspection at certain times and places;  
12      requiring health insurers and health maintenance  
13      organizations to pay certain providers who have been  
14      terminated from a panel for health services provided  
15      to insureds under certain circumstances; providing an  
16      effective date.

17  
18   Be It Enacted by the Legislature of the State of Florida:

19  
20       Section 1. Subsection (2) of section 627.6471, Florida  
21      Statutes, is amended to read:

22       627.6471 Contracts for reduced rates of payment;  
23      limitations; coinsurance and deductibles.—

24       (2) Any insurer issuing a policy of health insurance in  
25      this state, which insurance includes coverage for the services  
26      of a preferred provider, must provide each policyholder and  
27      certificateholder with a current list of preferred providers and  
28      must make the list available for public inspection during

29 regular business hours at the principal office of the insurer  
 30 within the state. An insurer must:

31 (a) Allow any policyholder or certificateholder to  
 32 continue to use the services of any provider on the preferred  
 33 provider list on the date of the policyholder's or  
 34 certificateholder's enrollment for at least 1 year after the  
 35 date of enrollment.

36 (b) Pay any provider who has been terminated from the  
 37 panel without cause for covered services rendered by the  
 38 provider to a policyholder or certificateholder who continues to  
 39 use the services of the provider during the minimum period  
 40 authorized under paragraph (a). Payment to a terminated provider  
 41 under this paragraph must be made by an insurer in accordance  
 42 with the terms of the provider contract in effect on the date of  
 43 the provider's termination.

44 Section 2. Subsection (44) is added to section 641.31,  
 45 Florida Statutes, to read:

46 641.31 Health maintenance contracts.—

47 (44) A health maintenance organization must provide each  
 48 subscriber with a current list of network providers and must  
 49 make the list available for public inspection during regular  
 50 business hours at the principal office of the health maintenance  
 51 organization within the state. A health maintenance organization  
 52 must:

53 (a) Allow any subscriber to continue to use the services  
 54 of any provider on the network provider list on the date of the  
 55 subscriber's enrollment for at least 1 year after the date of  
 56 enrollment.

HB 1155

2012

57        (b) Pay any provider who has been terminated from the  
58 panel without cause for covered services rendered by the  
59 provider to a subscriber who continues to use the services of  
60 the provider during the minimum period authorized under  
61 paragraph (a). Payment to a terminated provider under this  
62 paragraph must be made by an insurer in accordance with the  
63 terms of the provider contract in effect on the date of the  
64 provider's termination.

65            Section 3. This act shall take effect October 1, 2012.