

HB 1153

2013

1 A bill to be entitled
2 An act relating to health care coverage; amending ss.
3 627.6471 and 627.6472, F.S.; providing reimbursement
4 rates applicable to payments by insurers for covered
5 health care services provided in a hospital by
6 physicians who are not members of a preferred provider
7 network or exclusive provider network; providing
8 requirements and limitations with respect to the
9 collection of fees or payments for such services;
10 defining the term "hospital-based physician" or
11 "physician"; requiring an insurer to report certain
12 violations to the Department of Health; amending s.
13 641.31, F.S.; providing applicability; amending s.
14 641.513, F.S.; providing reimbursement rates
15 applicable to payments by health maintenance
16 organizations for covered health care services
17 provided in a hospital setting by physicians who do
18 not have a contract with the health maintenance
19 organization; providing requirements and limitations
20 with respect to the collection of fees or payments for
21 such services; defining the term "hospital-based
22 physician" or "physician"; requiring a health
23 maintenance organization to report certain violations
24 to the Department of Health; providing an effective
25 date.

26
27 Be It Enacted by the Legislature of the State of Florida:
28

29 Section 1. Subsection (7) is added to section 627.6471,
 30 Florida Statutes, to read:

31 627.6471 Contracts for reduced rates of payment;
 32 limitations; coinsurance and deductibles.—

33 (7) When a hospital is a member of an insurer's preferred
 34 provider network, and the hospital-based physicians that provide
 35 covered services at that hospital are not members of the
 36 insurer's preferred provider network, the following apply:

37 (a) Reimbursement by the insurer for covered services
 38 rendered to covered persons by the physician shall be the same
 39 as the percentage rate that is paid to preferred providers, and
 40 that reimbursement rate must be applied to the lesser of the
 41 following amounts:

42 1. The physician's charges;

43 2. The usual and customary amount accepted by physicians
 44 for similar services in the community where the services were
 45 provided; or

46 3. The amount mutually agreed to by the physician and the
 47 insurer.

48 (b) If the insurer is liable for services rendered by the
 49 hospital-based physician, the insurer is liable for payment of
 50 the fees to the physician, and the covered persons are not
 51 liable for payment of fees to the physician, except for co-
 52 insurance or other cost sharing applicable pursuant to the
 53 covered persons insurance contract. A physician or any
 54 representative of the physician may not collect or attempt to
 55 collect money from, maintain any action at law against, or
 56 report to a credit agency a covered person for payment of

57 services for which the insurer is liable, if the physician in
 58 good faith knows or should know that the insurer is liable. This
 59 prohibition applies during the pendency of any claim for payment
 60 made by the physician to the insurer for payment of the services
 61 and any legal proceedings or dispute resolution process to
 62 determine whether the insurer is liable for the services if the
 63 physician is informed that such proceedings are taking place. It
 64 is presumed that a physician does not know and should not know
 65 that the insurer is liable unless:

66 1. The physician is informed by the insurer that it
 67 accepts liability;

68 2. A court of competent jurisdiction determines that the
 69 insurer is liable; or

70 3. The office makes a final determination that the insurer
 71 is required to pay for such services.

72 (c) For purposes of this subsection, the term "hospital-
 73 based physician" or "physician" means any physician, including,
 74 but not limited to, radiologists, anesthesiologists,
 75 pathologists, emergency room physicians, or group of physicians,
 76 that have entered into a contract with a hospital that:

77 1. Allows a physician to provide medical services for
 78 inpatient and outpatient treatment through the hospital without
 79 being specifically chosen by the patient;

80 2. Precludes similar-specialty physicians from providing
 81 medical treatment for inpatient and outpatient treatment through
 82 the hospital; or

83 3. Fosters the opportunity for a physician to provide
 84 medical services for inpatient and outpatient treatment through

85 | the hospital.

86 | (d) The insurer shall report any suspected violation of
 87 | this subsection to the Department of Health, which shall take
 88 | appropriate action as authorized by law.

89 | Section 2. Subsection (19) is added to section 627.6472,
 90 | Florida Statutes, to read:

91 | 627.6472 Exclusive provider organizations.—

92 | (19) When a hospital is a member of an insurer's exclusive
 93 | provider network, and the hospital-based physicians that provide
 94 | covered services at that hospital are not members of the
 95 | insurer's exclusive provider network, the following apply:

96 | (a) Reimbursement by the insurer for covered services
 97 | rendered to covered persons by the physician shall be the same
 98 | as the percentage rate that is paid to exclusive providers, and
 99 | that reimbursement rate must be applied to the lesser of the
 100 | following amounts:

101 | 1. The physician's charges;

102 | 2. The usual and customary amount accepted by physicians
 103 | for similar services in the community where the services were
 104 | provided; or

105 | 3. The amount mutually agreed to by the physician and the
 106 | insurer.

107 | (b) If the insurer is liable for services rendered by the
 108 | hospital-based physician, the insurer is liable for payment of
 109 | the fees to the physician, and the covered persons are not
 110 | liable for payment of fees to the physician, except for co-
 111 | insurance or other cost sharing applicable pursuant to the
 112 | covered persons insurance contract. A physician or any

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113 representative of the physician may not collect or attempt to
114 collect money from, maintain any action at law against, or
115 report to a credit agency a covered person for payment of
116 services for which the insurer is liable, if the physician in
117 good faith knows or should know that the insurer is liable. This
118 prohibition applies during the pendency of any claim for payment
119 made by the physician to the insurer for payment of the services
120 and any legal proceedings or dispute resolution process to
121 determine whether the insurer is liable for the services if the
122 physician is informed that such proceedings are taking place. It
123 is presumed that a physician does not know and should not know
124 that the insurer is liable unless:

125 1. The physician is informed by the insurer that it
126 accepts liability;

127 2. A court of competent jurisdiction determines that the
128 insurer is liable; or

129 3. The office makes a final determination that the insurer
130 is required to pay for such services.

131 (c) For purposes of this subsection, the term "hospital-
132 based physician" or "physician" means any physician, including,
133 but not limited to, radiologists, anesthesiologists,
134 pathologists, emergency room physicians, or group of physicians,
135 that have entered into a contract with a hospital that:

136 1. Allows a physician to provide medical services for
137 inpatient and outpatient treatment through the hospital without
138 being specifically chosen by the patient;

139 2. Precludes similar-specialty physicians from providing
140 medical treatment for inpatient and outpatient treatment through

141 the hospital; or

142 3. Fosters the opportunity for a physician to provide
 143 medical services for inpatient and outpatient treatment through
 144 the hospital.

145 (d) The insurer shall report any suspected violation of
 146 this subsection to the Department of Health, which shall take
 147 appropriate action as authorized by law.

148 Section 3. Paragraph (d) of subsection (38) of section
 149 641.31, Florida Statutes, is amended to read:

150 641.31 Health maintenance contracts.—

151 (38)

152 (d) Notwithstanding the limitations of deductibles and
 153 copayment provisions in this part, a point-of-service rider may
 154 require the subscriber to pay a reasonable copayment for each
 155 visit for services provided by a noncontracted provider chosen
 156 at the time of the service. The copayment by the subscriber may
 157 either be a specific dollar amount or a percentage of the
 158 reimbursable provider charges covered by the contract and must
 159 be paid by the subscriber to the noncontracted provider upon
 160 receipt of covered services. The point-of-service rider may
 161 require that a reasonable annual deductible for the expenses
 162 associated with the point-of-service rider be met and may
 163 include a lifetime maximum benefit amount. The rider must
 164 include the language required by s. 627.6044 and must comply
 165 with copayment limits described in s. 627.6471. Section 641.3154
 166 does not apply to a point-of-service rider authorized under this
 167 subsection, unless the health care services are rendered in an
 168 emergency setting or in a hospital or by hospital-based

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169 physicians as described in s. 641.513.

170 Section 4. Subsection (5) of section 641.513, Florida
171 Statutes, is amended to read:

172 641.513 Requirements for providing emergency services and
173 care.—

174 (5) (a) Reimbursement for services pursuant to this section
175 by a provider, including those services rendered in an emergency
176 setting in a hospital or by a hospital-based physician, who does
177 not have a contract with the health maintenance organization
178 shall be the lesser of:

179 1.(a) The provider's charges;

180 2.(b) The usual and customary provider charges for similar
181 services in the community where the services were provided; or

182 3.(c) The charge mutually agreed to by the health
183 maintenance organization and the provider within 60 days of the
184 submittal of the claim.

185 (b) If the health maintenance organization is liable for
186 services rendered by the hospital-based physician, the health
187 maintenance organization is liable for payment of the fees to
188 the physician, and the subscriber is not liable for payment of
189 fees to the physician, except for copayment or other cost
190 sharing applicable pursuant to the subscriber's health
191 maintenance organization contract. A physician or any
192 representative of the physician may not collect or attempt to
193 collect money from, maintain any action at law against, or
194 report to a credit agency a subscriber for payment of services
195 for which the health maintenance organization is liable, if the
196 physician in good faith knows or should know that the health

197 maintenance organization is liable. This prohibition applies
 198 during the pendency of any claim for payment made by the
 199 physician to the health maintenance organization for payment of
 200 the services and any legal proceedings or dispute resolution
 201 process to determine whether the health maintenance organization
 202 is liable for the services if the physician is informed that
 203 such proceedings are taking place. It is presumed that a
 204 physician does not know and should not know that the health
 205 maintenance organization is liable unless:

206 1. The physician is informed by the health maintenance
 207 organization that it accepts liability;

208 2. A court of competent jurisdiction determines that the
 209 health maintenance organization is liable; or

210 3. The office makes a final determination that the health
 211 maintenance organization is required to pay for such services.

212 (c) For purposes of this subsection, the term "hospital-
 213 based physician" or "physician" means any physician, including,
 214 but not limited to, radiologists, anesthesiologists,
 215 pathologists, emergency room physicians, or group of physicians,
 216 that have entered into a contract with a hospital that:

217 1. Allows a physician to provide medical services for
 218 inpatient and outpatient treatment through the hospital without
 219 being specifically chosen by the patient;

220 2. Precludes similar-specialty physicians from providing
 221 medical treatment for inpatient and outpatient treatment through
 222 the hospital; or

223 3. Fosters the opportunity for a physician to provide
 224 medical services for inpatient and outpatient treatment through

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225 | the hospital.

226 | (d) The health maintenance organization shall report any
227 | suspected violation of this subsection to the Department of
228 | Health, which shall take appropriate action as authorized by
229 | law.

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231 | Such reimbursement shall be net of any applicable copayment
232 | authorized pursuant to subsection (4).

233 | Section 5. This act shall take effect July 1, 2013.