1	A bill to be entitled
2	An act relating to health insurance coverage for
3	emergency services; creating s. 627.64194, F.S.;
4	defining terms; prohibiting coverage for emergency
5	services from requiring a prior authorization
6	determination; requiring such coverage to be provided
7	regardless of whether the service is furnished by a
8	participating or nonparticipating provider; specifying
9	coinsurance, copayment, limitation of benefits, and
10	reimbursement requirements for nonparticipating
11	providers; prohibiting a nonparticipating provider
12	from collecting or attempting to collect an amount in
13	excess of specified amounts; amending s. 641.513,
14	F.S.; revising the methodology for determining health
15	maintenance organization reimbursement amounts for
16	emergency services and care provided by certain
17	providers; providing an effective date.
18	
19	Be It Enacted by the Legislature of the State of Florida:
20	
21	Section 1. Section 627.64194, Florida Statutes, is created
22	to read:
23	627.64194 Coverage for emergency services
24	(1) As used in this section, the term:
25	(a) "Coverage for emergency services" means the coverage
26	provided by a health insurance policy for "emergency services
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27	and care" as that term is defined in s. 641.47 or emergency
28	medical transportation services, which include transport by an
29	ambulance, emergency medical services vehicle, or air ambulance,
30	as those terms are defined in s. 401.23.
31	(b) "Participating provider" means a "preferred provider"
32	as defined in s. 627.6471 and an "exclusive provider" as defined
33	<u>in s. 627.6472.</u>
34	(2) Coverage for emergency services:
35	(a) May not require a prior authorization determination.
36	(b) Must be provided regardless of whether the service is
37	furnished by a participating or nonparticipating provider.
38	(c) May impose a coinsurance amount, copayment, or
39	limitation of benefits requirement for a nonparticipating
40	provider only if the same requirement applies to a participating
41	provider.
42	(d) Must reimburse a nonparticipating provider the greater
43	of the following:
44	1. The amount negotiated with a participating provider or
45	a nonparticipating provider for the service, excluding any
46	coinsurance amount or copayment imposed by a participating
47	provider on the participant, beneficiary, or enrollee.
48	2. The amount calculated under the methodology generally
49	used by the insurer to determine the reimbursement amount to a
50	nonparticipating provider for the service, such as the usual,
51	customary, and reasonable amount, reduced only by a coinsurance
52	amount or copayment that applies to a participating provider.
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53	3. The amount that would be paid under Medicare for the
54	service, reduced only by a coinsurance amount or copayment that
55	applies to a participating provider.
56	(3) A nonparticipating provider may not be reimbursed an
57	amount greater than that provided under paragraph (2)(d) and may
58	not collect or attempt to collect, directly or indirectly, any
59	excess amount.
60	Section 2. Subsections (5) and (6) of section 641.513,
61	Florida Statutes, are amended to read:
62	641.513 Requirements for providing emergency services and
63	care
64	(5) Reimbursement for services pursuant to this section by
65	a provider who does not have a contract with the health
66	maintenance organization shall be the <u>greater</u> lesser of:
67	(a) The <u>Medicare allowable rate</u> provider's charges;
68	(b) The amount calculated under the methodology generally
69	used by the health maintenance organization to determine the
70	reimbursement amount to a provider who does not have a contract
71	with the health maintenance organization for the service usual
72	and customary provider charges for similar services in the
73	community where the services were provided; or
74	(c) The amount negotiated with a provider who does not
75	have a contract with the health maintenance organization for the
76	service charge mutually agreed to by the health maintenance
77	organization and the provider within 60 days of the submittal of
78	the claim.
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79 Such reimbursement shall be net of any applicable copayment 80 81 authorized pursuant to subsection (4). Reimbursement for services under this section provided 82 (6) 83 to subscribers who are Medicaid recipients by a provider for 84 whom no contract exists between the provider and the health 85 maintenance organization shall be the greater lesser of: 86 (a) The provider's charges; 87 (a) (b) The amount calculated under the methodology 88 generally used by the health maintenance organization to 89 determine the reimbursement amount to a provider who does not 90 have a contract with the health maintenance organization for the service usual and customary provider charges for similar 91 92 services in the community where the services were provided; 93 (b) (c) The amount negotiated with a provider who does not 94 have a contract with the health maintenance organization for the 95 service charge mutually agreed to by the entity and the provider within 60 days after submittal of the claim; or 96 97 (c) (d) The Medicaid rate. Section 3. This act shall take effect October 1, 2015. 98 Page 4 of 4

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