

1                                   A bill to be entitled  
 2           An act relating to health insurance coverage for  
 3           emergency services; amending ss. 409.967 and 641.513,  
 4           F.S.; revising the methodology for determining health  
 5           maintenance organization reimbursement amounts for  
 6           emergency services and care provided by certain  
 7           Medicaid providers; creating s. 627.64194, F.S.;  
 8           defining terms; prohibiting coverage for emergency  
 9           services from requiring a prior authorization  
 10          determination; requiring such coverage to be provided  
 11          regardless of whether the service is furnished by a  
 12          participating or nonparticipating provider; specifying  
 13          coinsurance, copayment, limitation of benefits, and  
 14          reimbursement requirements for nonparticipating  
 15          providers; prohibiting a nonparticipating provider  
 16          from collecting or attempting to collect an amount in  
 17          excess of specified amounts; providing an effective  
 18          date.

19  
 20 Be It Enacted by the Legislature of the State of Florida:

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 22           Section 1. Paragraph (b) of subsection (2) of section  
 23           409.967, Florida Statutes, is amended to read:

24           409.967 Managed care plan accountability.—

25           (2) The agency shall establish such contract requirements  
 26           as are necessary for the operation of the statewide managed care

27 | program. In addition to any other provisions the agency may deem  
 28 | necessary, the contract must require:

29 | (b) Emergency services.—Managed care plans shall pay for  
 30 | services required by ss. 395.1041 and 401.45 and rendered by a  
 31 | noncontracted provider. The plans must comply with s. 641.3155.  
 32 | Reimbursement for services under this paragraph is the lesser  
 33 | of:

- 34 | ~~1. The provider's charges;~~
- 35 | ~~1.2.~~ The usual and customary reimbursement received by a  
 36 | provider ~~charges~~ for the same service ~~similar services~~ in the  
 37 | community where the service was ~~services were~~ provided;
- 38 | ~~2.3.~~ The amount negotiated with a provider who does not  
 39 | have a contract with the health maintenance organization for the  
 40 | service ~~charge mutually agreed to by the entity and the provider~~  
 41 | ~~within 60 days after submittal of the claim;~~ or
- 42 | ~~3.4.~~ The rate the agency would have paid on the most  
 43 | recent October 1st.

44 | Section 2. Section 627.64194, Florida Statutes, is created  
 45 | to read:

46 | 627.64194 Coverage for emergency services.—

47 | (1) As used in this section, the term:

48 | (a) "Coverage for emergency services" means the coverage  
 49 | provided by a health insurance policy for "emergency services  
 50 | and care" as defined in s. 641.47.

51 | (b) "Participating provider" means a "preferred provider"  
 52 | as defined in s. 627.6471 and an "exclusive provider" as defined

53 in s. 627.6472.

54 (2) Coverage for emergency services:

55 (a) May not require a prior authorization determination.

56 (b) Must be provided regardless of whether the service is  
57 furnished by a participating or nonparticipating provider.

58 (c) May impose a coinsurance amount, copayment, or  
59 limitation of benefits requirement for a nonparticipating  
60 provider only if the same requirement applies to a participating  
61 provider.

62 (d) Must reimburse a nonparticipating provider the greater  
63 of the following:

64 1. The amount negotiated with a provider who does not have  
65 a contract with the insurer for the service, reduced only by any  
66 coinsurance amount or copayment that applies to the provider;

67 2. The usual and customary reimbursement received by a  
68 provider for the same service in the community where the service  
69 was provided, reduced only by any coinsurance amount or  
70 copayment that applies to the provider; or

71 3. The amount that would be paid under Medicare for the  
72 service, reduced only by any coinsurance amount or copayment  
73 that applies to the provider.

74 (3) A nonparticipating provider may not be reimbursed an  
75 amount greater than that provided under paragraph (2) (d) and may  
76 not collect or attempt to collect, directly or indirectly, any  
77 excess amount.

78 Section 3. Subsections (5) and (6) of section 641.513,

79 Florida Statutes, are amended to read:

80 641.513 Requirements for providing emergency services and  
81 care.—

82 (5) Reimbursement for services pursuant to this section by  
83 a provider who does not have a contract with the health  
84 maintenance organization shall be the greater ~~lesser~~ of:

85 (a) The Medicare allowable rate ~~provider's charges~~;

86 (b) The usual and customary reimbursement received by a  
87 ~~provider charges~~ for the same service ~~similar services~~ in the  
88 community where the service was ~~services were~~ provided; or

89 (c) The amount negotiated with a provider who does not  
90 have a contract with the health maintenance organization for the  
91 service charge mutually agreed to by the health maintenance  
92 organization and the provider within 60 days of the submittal of  
93 the claim.

94  
95 Such reimbursement shall be net of any applicable copayment  
96 authorized pursuant to subsection (4).

97 (6) Reimbursement for services under this section provided  
98 to subscribers who are Medicaid recipients by a provider for  
99 whom no contract exists between the provider and the health  
100 maintenance organization shall be the greater ~~lesser~~ of:

101 ~~(a) The provider's charges;~~

102 (a) ~~(b)~~ The usual and customary reimbursement received by a  
103 ~~provider charges~~ for the same service ~~similar services~~ in the  
104 community where the service was ~~services were~~ provided;

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105        (b)~~(e)~~    The amount negotiated with a provider who does not  
106        have a contract with the health maintenance organization for the  
107        service charge mutually agreed to by the entity and the provider  
108        within 60 days after submittal of the claim; or

109        (c)~~(d)~~    The Medicaid rate.

110        Section 4. This act shall take effect October 1, 2015.