

27 and care" as defined in s. 641.47.

28 (b) "Participating provider" means a "preferred provider"
29 as defined in s. 627.6471 and an "exclusive provider" as defined
30 in s. 627.6472.

31 (2) Coverage for emergency services:

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

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

35 (c) May impose a coinsurance amount, copayment, or
36 limitation of benefits requirement for a nonparticipating
37 provider only if the same requirement applies to a participating
38 provider.

39 (d) Must reimburse a nonparticipating provider the greater
40 of the following:

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

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

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

51 (3) A nonparticipating provider may not be reimbursed an
52 amount greater than that provided under paragraph (2) (d) and may

53 not collect or attempt to collect, directly or indirectly, any
54 excess amount.

55 Section 2. Subsection (5) of section 641.513, Florida
56 Statutes, is amended to read:

57 641.513 Requirements for providing emergency services and
58 care.—

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

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

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

66 (c) The amount negotiated with a provider who does not
67 have a contract with the health maintenance organization for the
68 service ~~charge mutually agreed to by the health maintenance~~
69 ~~organization and the provider within 60 days of the submittal of~~
70 ~~the claim.~~

71
72 Such reimbursement shall be net of any applicable copayment
73 authorized pursuant to subsection (4).

74 Section 3. This act shall take effect October 1, 2015.