



321438

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/19/2017	.	
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The Committee on Rules (Steube) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (11) of section 627.6131, Florida  
Statutes, is amended to read:

627.6131 Payment of claims.—

(11) A health insurer may not retroactively deny a claim  
because of insured ineligibility:

(a) At any time, if the health insurer verified the  
eligibility of an insured at the time of treatment and provided



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12 an authorization number. This paragraph applies to policies  
13 entered into or renewed on or after January 1, 2018.

14 (b) More than 1 year after the date of payment of the  
15 claim.

16 Section 2. Subsection (10) of section 641.3155, Florida  
17 Statutes, is amended to read:

18 641.3155 Prompt payment of claims.—

19 (10) A health maintenance organization may not  
20 retroactively deny a claim because of subscriber ineligibility:

21 (a) At any time, if the health maintenance organization  
22 verified the eligibility of a subscriber at the time of  
23 treatment and provided an authorization number. This paragraph  
24 applies to contracts entered into or renewed on or after January  
25 1, 2018. This paragraph does not apply to Medicaid managed care  
26 plans pursuant to part IV of chapter 409.

27 (b) More than 1 year after the date of payment of the  
28 claim.

29 Section 3. This act shall take effect July 1, 2017.

31 ===== T I T L E A M E N D M E N T =====

32 And the title is amended as follows:

33 Delete everything before the enacting clause  
34 and insert:

35 A bill to be entitled  
36 An act relating to the payment of health care claims;  
37 amending s. 627.6131, F.S.; prohibiting a health  
38 insurer from retroactively denying a claim under  
39 specified circumstances; providing applicability;  
40 amending s. 641.3155, F.S.; prohibiting a health



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41 maintenance organization from retroactively denying a  
42 claim under specified circumstances; providing  
43 applicability; exempting certain Medicaid managed care  
44 plans; providing an effective date.