

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>      </u>	

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1 Committee/Subcommittee hearing bill: Health Innovation  
2 Subcommittee

3 Representative Hager offered the following:

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**Amendment**

Remove 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) For services rendered during the relevant grace period described in s. 627.608, provided that the health insurer verified the eligibility of an insured at the time of treatment and provided an authorization number. This paragraph applies to policies entered into or renewed on or after January 1, 2019.

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17        (b) More than 1 year after the date of payment of the  
18 claim.

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

21        641.3155 Prompt payment of claims.—

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

24        (a) For services rendered during the grace period described  
25 in s. 641.31(15)(a), provided that the health maintenance  
26 organization verified the eligibility of a subscriber at the  
27 time of treatment and provided an authorization number. This  
28 paragraph applies to policies entered into or renewed on or  
29 after January 1, 2019. This paragraph does not apply to Medicaid  
30 managed care plans pursuant to part IV of chapter 409.

31        (b) More than 1 year after the date of payment of the  
32 claim.

33        Section 3. This act shall take effect July 1, 2018.