

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1335 (2023)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

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1 Committee/Subcommittee hearing bill: Health & Human Services  
2 Committee

3 Representative Rudman offered the following:

4  
5 **Amendment (with title amendment)**

6 Remove lines 23-35 and insert:

7 provider was convicted of fraud pursuant to s. 817.234. A health  
8 insurer may not retroactively deny a claim because of insured  
9 ineligibility for services rendered during an applicable grace  
10 period if the health insurer verified an insured's eligibility  
11 prior to or at the time of treatment and provided an  
12 authorization number. Information regarding whether the insured  
13 is in a grace period shall be readily available at the time the  
14 health insurer provides authorization. A health insurer may  
15 recoup payment for an improperly adjudicated claim arising from  
16 premium nonpayment if the provider was given accurate

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17 information regarding the insured's grace period status and the  
18 recoupment request is made within 30 days of the end of the  
19 grace period. This subsection applies to policies entered into  
20 or renewed on or after January 1, 2024 ~~more than 1 year after~~  
21 ~~the date of payment of the claim.~~

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

24 641.3155 Prompt payment of claims.—

25 (10) A health maintenance organization may not  
26 retroactively deny a claim because of subscriber ineligibility  
27 at any time, except a health maintenance organization may  
28 retroactively deny a claim for subscriber ineligibility within 1  
29 year after the date of payment of the claim if the provider was  
30 convicted of fraud pursuant to s. 817.234. A health maintenance  
31 organization may not retroactively deny a claim because of  
32 subscriber ineligibility for services rendered during an  
33 applicable grace period if the health maintenance organization  
34 verified a subscriber's eligibility prior to or at the time of  
35 treatment and provided an authorization number. Information  
36 regarding whether the subscriber is in a grace period shall be  
37 readily available at the time the health maintenance  
38 organization provides authorization. A health maintenance  
39 organization may recoup payment for an improperly adjudicated  
40 claim arising from premium nonpayment if the provider was given  
41 accurate information regarding the subscriber's grace period

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42 status and the recoupment request is made within 30 days of the  
43 end of the grace period. This subsection

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**T I T L E   A M E N D M E N T**

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Between lines 7 and 8, insert:

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requiring a health insurer or health maintenance organization to

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provide accurate information to a provider about an insurer's or

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subscriber's coverage eligibility; prohibiting a provider from

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retroactively denying a claim when a health insurer or health

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maintenance organization provides such accurate information;