715760

LEGISLATIVE ACTION

Senate . House

. . . . .

The Committee on Banking and Insurance (Grall) recommended the following:

**Senate Amendment (with directory and title amendments)**

Between lines 43 and 44
insert:

(d) Health plans subject to this section must include in their payment or remittance advice to a health care provider a statement that the health plan is a state-regulated plan under this section.

(g) ~~(f)~~ The resolution organization shall require the respondent in the claim dispute to submit all documentation in

715760

support of its position within 15 days after receiving a request from the resolution organization for supporting documentation. The resolution organization may extend the time if appropriate. Failure to submit the supporting documentation within such time period shall result in a default against the health plan or provider. Once a claim dispute has been submitted and determined to be eligible for review by the resolution organization, a respondent may not avoid a default by declining to participate in the process. In the event of such a default, the resolution organization shall issue its written recommendation to the agency that a default be entered against the defaulting entity. The written recommendation shall include a recommendation to the agency that the defaulting entity shall pay the entity submitting the claim dispute the full amount of the claim dispute, plus all accrued interest, and shall be considered a nonprevailing party for the purposes of this section.

====== D I R E C T O R Y C L A U S E A M E N D M E N T ======
And the directory clause is amended as follows:

Delete lines 12 - 13

and insert:

Section 1. Present paragraphs (d) through (h) of subsection (2) of section 408.7057, Florida Statutes, are redesignated as paragraphs (e) through (i), respectively, a new paragraph (d) is added to that subsection, and paragraph (b) and present paragraph (f) of that subsection are amended, to read:

================ T I T L E A M E N D M E N T ================
And the title is amended as follows:

715760

Delete line 7

and insert:

dispute resolution program; requiring that health plans subject to the program include a specified statement in payment and remittance advice to health care providers; providing that once a disputed claim has been submitted to the program and deemed eligible for review, a respondent may not avoid a default by declining to participate in the process; providing an effective