

By the Committee on Health Policy; and Senators Grall and Gaetz

588-02227-26

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A bill to be entitled

An act relating to the statewide provider and health plan claim dispute resolution program; amending s. 408.7057, F.S.; specifying additional circumstances under which a disputed claim is not subject to review under the statewide provider and health plan claim dispute resolution program; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (b) of subsection (2) of section 408.7057, Florida Statutes, is amended to read:

408.7057 Statewide provider and health plan claim dispute resolution program.—

(2)

(b) The resolution organization shall review claim disputes filed by contracted and noncontracted providers and health plans unless the disputed claim:

1. Is related to interest payment;

2. Does not meet the jurisdictional amounts or the methods of aggregation established by agency rule, as provided in paragraph (a);

3. Is part of an internal grievance in a Medicare managed care organization or a reconsideration appeal through the Medicare appeals process;

4. Is related to a health plan that is not regulated by the state;

5. Is part of a Medicaid fair hearing pursued under 42

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30 C.F.R. ss. 431.220 et seq.;

31 6. Is the basis for an action pending in state or federal
32 court; ~~or~~

33 7. Is subject to a binding claim-dispute-resolution process
34 provided by contract entered into prior to October 1, 2000,
35 between the provider and the managed care organization;

36 8. Is related to services initiated pursuant to s. 395.1041
37 or 42 U.S.C. s. 1395dd and has been submitted and meets the
38 criteria for resolution through the federal independent dispute
39 resolution process; or

40 9. Is related to services rendered by out-of-network
41 providers and has been submitted and meets the criteria for
42 resolution through the federal independent dispute resolution
43 process.

44 Section 2. This act shall take effect July 1, 2026.