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A bill to be entitled An act relating to the payment of health insurance claims; amending ss. 627.6131 and 641.3155, F.S.; prohibiting a health insurer or health maintenance organization from retroactively denying a claim at any time because of ineligibility of the insured or subscriber, respectively; specifying an exception; requiring a health insurer or health maintenance organization to provide accurate information to a provider about an insurer's or a subscriber's grace period status; authorizing a health insurer or health maintenance organization to recoup payment retroactively within a specified timeframe if such accurate information is given to the provider; providing applicability of the prohibition to policies or contracts entered into or renewed on or after a specified date; providing nonapplicability of the prohibition to Medicaid managed care plans; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Subsection (11) of section 627.6131, Florida Statutes, is amended to read: 627.6131 Payment of claims.

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(11) A health insurer may not retroactively deny a claim
because of insured ineligibility at any time, except that a
health insurer may retroactively deny a claim for insured
ineligibility within 1 year after the date of payment of the
claim if the provider was convicted of fraud under s. 817.234. A
health insurer may not retroactively deny a claim because of
insured ineligibility for services rendered during an applicable
grace period if the health insurer verified the insured's
eligibility before or at the time of treatment and provided an
authorization number. Information regarding whether the insured
is in a grace period must be readily available at the time the
health insurer provides authorization. A health insurer may
recoup payment for an improperly adjudicated claim arising from
premium nonpayment if the provider was given accurate
information regarding the insured's grace period status and the
recoupment request is made within 30 days after the end of the
grace period. This subsection applies to policies entered into
or renewed on or after January 1, 2024 more than 1 year after
the date of payment of the claim.
Section 2. Subsection (10) of section 641.3155, Florida
Statutes, is amended to read:
641.3155 Prompt payment of claims.—
(10) A health maintenance organization may not
retroactively deny a claim because of subscriber ineligibility

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at any time, except that a health maintenance organization may

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retroactively deny a claim for subscriber ineligibility within 1 year after the date of payment of the claim if the provider was convicted of fraud under s. 817.234. A health maintenance organization may not retroactively deny a claim because of subscriber ineligibility for services rendered during an applicable grace period if the health maintenance organization verified the subscriber's eligibility before or at the time of treatment and provided an authorization number. Information regarding whether the subscriber is in a grace period must be readily available at the time the health maintenance organization provides authorization. A health maintenance organization may recoup payment for an improperly adjudicated claim arising from premium nonpayment if the provider was given accurate information regarding the subscriber's grace period status and the recoupment request is made within 30 days after the end of the grace period. This subsection applies to contracts entered into or renewed on or after January 1, 2024. This subsection does not apply to Medicaid managed care plans under part IV of chapter 409 more than payment of the claim.

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Section 3. This act shall take effect July 1, 2023.

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