



THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

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MEMORANDUM #23-16HR

TO: Agency Administrators

FROM: Carolyn Horwich, Esq., Director of Human Resources

THROUGH: Rip Colvin, Executive Director

SUBJECT: Balance Billing

DATE: June 29, 2016

Attached please a one page memorandum from the Department of Management Services, Division of State Group Insurance, regarding s. 627.64194, Florida Statutes.

The crux of the memorandum is to alert all employees that, effective July 1, 2016, non-network providers of health care services are prohibited from attempting to collect or collecting payment above what the health plan allows for covered services.

Thank you.

MANAGEMENT ADVISORY 16-008

DATE: June 29, 2016
TO: All Employees
FROM: Tami Fillyaw, Director
SUBJECT: New Law Prohibits Balance Billing Effective July 1, 2016

Balance billing occurs when a non-network healthcare provider directly bills you for the difference between what the provider charges and what the health plan allows for payment. Remember that licensed facilities in your health plan's network may utilize non-network providers to deliver services.

Effective July 1, 2016, new legislation¹ prohibits non-network providers from collecting or attempting to collect, directly or indirectly, any amount above what the health plan allows for covered services as follows:

- **Emergency services:** Health plans are responsible for payment of fees to a non-network provider of covered emergency services. A non-network provider may not bill you for any covered emergency service.
- **Non-emergency services:** Health plans are responsible for payment of fees to a non-network provider of covered non-emergency services, and a non-network provider may not bill you for any covered non-emergency service if both of the following criteria are met:
 - The licensed facility (hospital, ambulatory surgical center, mobile surgical facility or urgent care center) is in your health plan's network; and
 - You do not have the ability and opportunity to choose a network provider.

In either case, you will be responsible for any applicable copayments, coinsurance, deductibles and non-covered services.

If you *choose* to go to a non-network facility or see a non-network provider, then you will pay the full charge (HMO) or a higher deductible and coinsurance (PPO).

Remember that it's in your best financial interest to seek care from network providers. Before receiving services, be sure your provider participates in your health plan's network and accepts the State of Florida Employees' health plan.

If you have questions about this advisory, plan benefits or which providers are in your network, please call your [health plan](#).

¹ Section 12, Chapter [2016-222](#), creating section 627.64194, Florida Statutes.