

Notice of Proposed Rule

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-5.032 Transparency and Patient Billing

PURPOSE AND EFFECT: The Agency proposes to open a new section of rule as directed by the recent statutory changes.

SUMMARY: The Agency will clarify requirements of price transparency and patient billing as outlined in s. 395.301, Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 395.301, FS.

LAW IMPLEMENTED: 395.301, FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: April 18, 2017, 3:00 p.m. – 4:30 p.m.

PLACE: Agency for Health Care Administration, Conference Room D, 2727 Mahan Drive, Building #3, Tallahassee, FL 32308. Interested parties that would like to join the workshop by phone can do so by using a call-in number and passcode: Call-in Number: 1(888)670-3525, Participant Passcode: 8032219783#

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Jessica Munn, Hospital & Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4359. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jessica Munn, Hospital & Outpatient Services Unit, Bureau of Health Facility Regulation, (850)412-4359, email: Jessica.Munn@ahca.myflorida.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-5.032 Transparency and Patient Billing.

(1) Each center shall make available to patients and prospective patients cost transparency information on its website. The cost transparency information shall include billing policies and procedures and a mechanism to obtain estimated costs for services. Data affecting billing policies and procedures or estimated costs for services shall be reviewed and updated at least every 90 days. For the purpose of this section, service bundles means the reasonably expected center services and care provided to a patient for a specific treatment, procedure, or diagnosis, and as posted on the Agency's website. The center's website must include:

(a) Searchable information on payments received from all payor sources except Medicare and Medicaid for service bundles, including an estimated payment range for such bundles;

(b) A statement informing patients and prospective patients that the information on average payments and payment ranges may be used as an estimate of costs for services and that actual costs will be based on service provided;

(c) A statement informing patients and prospective patients of their right to request a personalized estimate, including the process for requesting the personalized estimate;

(d) A link to the website developed by the Agency for health information transparency, in accordance with s. 408.05(3)(c), Florida Statutes, once available;

(e) A list of health insurers and health maintenance organizations (HMO) contracted with the center and including links to their websites, if available;

(f) A list of names and contact information of health care providers and practitioners contracted to provide services within the center, grouped by specialty or service;

(g) A statement informing patients that health care providers and practitioners contracted to provide services within the center may not participate with the same health insurers or health maintenance organizations as the center;

(h) The center's billing, collections, and financial assistance policies, including details of how to request financial assistance offered by the center; and

(i) The center's contact information for handling estimates, billing questions, and disputes.

(2) Each center shall provide timely and accurate responses to the patient, prospective patient, or responsible party regarding requests for estimates and itemized bills or statements.

(a) An estimate or an update to a previous estimate shall be provided within 7 days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate shall be based upon the average payment received for the service bundle. Every estimate shall include:

1. A statement informing the requestor to contact their health insurer or HMO for anticipated cost sharing responsibilities;

2. A statement advising the requestor that the actual cost may exceed the estimate;

3. Information on accessing the center's posted billing, collections, and financial assistance policies;

4. A description and purpose of any facility fees, if applicable;

5. A statement that services may be provided by other health care providers who may bill separately;

6. Specific services and health care practitioner names, group or organization and corresponding contact information who are expected to bill separately; and

7. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

(b) If the center provides a non-personalized estimate, the estimate shall include a statement that a personalized estimate is available upon request and that the estimate is based on average payments made to the center.

(c) A personalized estimate must include the charges specific to the patient's anticipated services.

(d) The center shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include:

1. A description of the individual charges from each department or service area by date, identifying in language comprehensible to the ordinary layperson each test, procedure, service, brand or generic medication name, therapy, equipment, and supplies billed;

2. A description and purpose of any additional fee(s), if applicable;

3. Specific services and health care practitioner names with corresponding contact information who are expected to bill separately; and

4. The center's contact information for billing questions and disputes.

(e) Any subsequent statement or bill must clearly delineate revisions to the initial statement or bill.

(f) The statement or bill must not include any generalized category of expenses such as "other" or "miscellaneous".

(3) The center shall develop and implement a policy for educating the public regarding transparency and patient billing, which shall identify tools, resources and methods used to educate the public.

(4) Centers operating exclusively as state facilities are exempt from these requirements.

Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History–New

NAME OF PERSON ORIGINATING PROPOSED RULE: Jessica Munn

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Justin M. Senior

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 22, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: September 28, 2016

Notice of Change/Withdrawal

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-5.032 Transparency and Patient Billing

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 58, March 24, 2017 issue of the Florida Administrative Register.

The following sections of the proposed rule will be changed to read:

59A-5.032 Price Transparency and Patient Billing.

(1) Website. Each center shall make available to patients and prospective patients price transparency and patient billing information on its website to include estimates of costs that may be incurred by the patient, financial assistance, and billing practices. The content on the website shall be reviewed at least every 90 days and updated as needed to maintain timely and accurate information. For the purpose of this rule, service bundles means the reasonably expected center services and care provided to a patient for a specific treatment, procedure, or diagnosis as posted on the Agency's website. In accordance with s. 395.301, F.S., the center's website must include:

(a) A hyperlink to the Agency's pricing website upon implementation of the same that provides information on payments made to the facilities for defined bundles of services and procedures. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov>;

(b) through (c) No change.

(d) A statement informing patients of the center's financial assistance policy, charity care policy, and collection procedure;:

(e) A list of names and contact information of health care practitioners and medical practice groups contracted to provide services within the center, grouped by specialty or service; and

(f) No change.

(2) Estimate. ~~The Each~~ center shall provide an estimate upon request of the timely and accurate responses to the patient, prospective patient, or legal guardian for nonemergency medical services regarding requests for estimates.

(a) An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate ~~may shall~~ be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

1. through 4. No change.

5. A statement that services may be provided by other health care providers who may bill separately; ~~and~~

6. A statement, including a web address if different from above, that contact information for health care practitioners and ~~practitioner names, medical practice groups, or organizations~~ that are expected to bill separately ~~based on anticipated services to be provided,~~ is available on the center's website; and

7. No change.

(b) If the center provides a non-personalized estimate, the estimate shall include a statement that ~~the estimate is based on average payments made to the center and~~ a personalized estimate is available upon request.

(c) No change.

(3) Itemized statement or bill. The center shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or ~~7 days~~ business days after the request, whichever is later. The itemized statement or bill must include:

(a) A description of the individual charges from each department or service area by date, as prescribed in subsection 395.301(1)(d);:

(b) Contact information for health care practitioners and medical practice groups ~~practitioner names, group or organization~~ that are expected to bill separately based on services provided; and

(c) No change.

Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History–New _____.

Notice of Change/Withdrawal

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-5.032 Transparency and Patient Billing

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 58, March 24, 2017 issue of the Florida Administrative Register.

59A-5.032 Price Transparency and Patient Billing.

(1) Website. Each center shall make available to patients and prospective patients price cost transparency and patient billing information on its website. ~~The cost transparency information shall to include estimates of costs that may be incurred by the patient, financial assistance, and billing practices, policies and procedures and a mechanism to obtain estimated costs for services. The content on the website Data affecting billing policies and procedures or estimated costs for services shall be reviewed and updated at least every 90 days and updated as needed to maintain timely and accurate information.~~ For the purpose of this rule section, service bundles means the reasonably expected center services and care provided to a patient for a specific treatment, procedure, or diagnosis, ~~and~~ as posted on the Agency's website. In accordance with s. 395.301, F.S., the ~~The~~ center's website must include:

(a) A hyperlink to the Agency's pricing website upon implementation of the same. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov> ~~Searchable information on payments received from all payor sources except Medicare and Medicaid for service bundles, including an estimated payment range for such bundles;~~

(b) A statement informing patients and prospective patients that the service bundle information is an average ~~payments and payment ranges may be used as an a non-personalized~~ estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services service actually provided to the patient;

(c) A statement informing patients and prospective patients of their right to request a personalized estimate from the center, ~~including the process for requesting the personalized estimate;~~

(d) A statement informing patients of the center's financial assistance policy, charity care policy, and collection procedure; link to the website developed by the Agency for health information transparency, in accordance with s. 408.05(3)(e), Florida Statutes, once available;

~~(e) A list of health insurers and health maintenance organizations (HMO) contracted with the center and including links to their websites, if available;~~

~~(e)(f)~~ A list of names and contact information of health care practitioners providers and medical practice groups ~~practitioners~~ contracted to provide services within the center, grouped by specialty or service;

~~(f)(g)~~ A statement informing patients to contact the health care practitioners anticipated to provide services to the patient while in the center regarding a personalized estimate, billing practices and participation with the patient's insurance provider or health maintenance organization (HMO) as the practitioners that health care providers and practitioners contracted to provide services within the center may not participate with the same health insurers or HMO as the center;

~~(h) The center's billing, collections, and financial assistance policies, including details of how to request financial assistance offered by the center; and~~

~~(i) The center's contact information for handling estimates, billing questions, and disputes.~~

(2) Estimate. Each center shall provide timely and accurate responses to the patient, prospective patient, or legal guardian responsible party regarding requests for estimates ~~and itemized bills or statements~~.

(a) An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate shall be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

1. through 2. No change.

~~3. The web address to Information on accessing the center's posted billing, collections, and financial assistance policies, charity care policy, and collection procedure;~~

4. No change.

5. A statement that services may be provided by other health care providers who may bill separately; and

~~6. Contact information for Specific services and health care practitioner names, groups, or organizations that and corresponding contact information who are expected to bill separately; and based on anticipated services to be provided.~~

7. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

(b) If the center provides a non-personalized estimate, the estimate shall include a statement that the estimate is based on average payments made to the center and a personalized estimate is available upon request. ~~and that the estimate is based on average payments made to the center.~~

(c) No change.

~~(3)(d)~~ Itemized statement or bill. The center shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include:

~~(a)1. A description of the individual charges from each department or service area by date, as prescribed in subsection 395.301(1)(d), identifying in language comprehensible to the ordinary layperson each test, procedure, service, brand or generic medication name, therapy, equipment, and supplies billed;~~

~~2. A description and purpose of any additional fee(s), if applicable;~~

~~(b)3. Contact information for Specific services and health care practitioner names, group or organization that and corresponding contact information who are expected to bill separately; and based on services provided; and~~

~~(c)4. The center's contact information for billing questions and disputes.~~

~~(e) Any subsequent statement or bill must clearly delineate revisions to the initial statement or bill.~~

~~(f) The statement or bill must not include any generalized category of expenses such as "other" or "miscellaneous".~~

~~(3) The center shall develop and implement a policy for educating the public regarding transparency and patient billing, which shall identify tools, resources and methods used to educate the public.~~

~~(4) Centers operating exclusively as state facilities are exempt from these requirements.~~

Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History--New _____.

Notice of Proposed Rule

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-3.256 Transparency and Patient Billing

PURPOSE AND EFFECT: The Agency proposes to open a new section of rule as directed by the recent statutory changes.

SUMMARY: The Agency will clarify requirements of price transparency and patient billing as outlined in s. 395.301, Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 395.301, F.S.

LAW IMPLEMENTED: 395.301, F.S.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: April 18, 2017, 1:00 p.m. – 2:30 p.m.

PLACE: Agency for Health Care Administration, Conference Room D, 2727 Mahan Drive, Building #3, Tallahassee, FL 32308. Interested parties that would like to join the hearing by phone can do so by using a call-in number and passcode: Call-in Number: 1(888)670-3525, Participant Passcode: 8032219783#

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Jessica Munn, Hospital & Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4359. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jessica Munn, Hospital & Outpatient Services Unit, Bureau of Health Facility Regulation, (850)412-4359, email: Jessica.Munn@ahca.myflorida.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-3.256 Transparency and Patient Billing.

(1) Each hospital shall make available to patients and prospective patients cost transparency information on its website. The cost transparency information shall include billing policies and procedures and a mechanism to obtain estimated costs for services. Data affecting billing policies and procedures or estimated costs for services shall be reviewed and updated at least every 90 days. For the purpose of this section, service bundles means the reasonably expected hospital services and care provided to a patient for a specific treatment, procedure, or diagnosis, and as posted on the Agency's website. The hospital's website must include:

(a) Searchable information on payments received from all payor sources except Medicare and Medicaid for service bundles, including an estimated payment range for such bundles;

(b) A statement informing patients and prospective patients that the information on average payments and payment ranges may be used as an estimate of costs for services and that actual costs will be based on service provided;

(c) A statement informing patients and prospective patients of their right to request a personalized estimate, including the process for requesting the personalized estimate;

(d) A link to the website developed by the Agency for health information transparency, in accordance with s. 408.05(3)(c), Florida Statutes, once available;

(e) A list of health insurers and health maintenance organizations (HMO) contracted with the hospital, including links to their websites, if available;

(f) A list of names and contact information of health care providers and practitioners contracted to provide services within the hospital, grouped by specialty or service;

(g) A statement informing patients that health care providers and practitioners contracted to provide services within the hospital may not participate with the same health insurers or health maintenance organizations as the hospital;

(h) The hospital's billing, collections, and financial assistance policies, including details of how to request financial assistance offered by the hospital; and

(i) The hospital's contact information for handling estimates, billing questions, and disputes.

(2) Each hospital shall provide timely and accurate responses to the patient, prospective patient, or responsible party regarding requests for estimates and itemized bills or statements.

(a) An estimate or an update to a previous estimate shall be provided within 7 days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate shall be based upon the average payment received for the service bundle. Every estimate shall include:

1. A statement informing the requestor to contact their health insurer or HMO for anticipated cost sharing responsibilities;

2. A statement advising the requestor that the actual cost may exceed the estimate;

3. Information on accessing the hospital's posted billing, collections, and financial assistance policies;

4. A description and purpose of any facility fees, if applicable;

5. A statement that services may be provided by other health care providers who may bill separately;

6. Specific services and health care practitioner names, group or organization and corresponding contact information who are expected to bill separately; and

7. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

(b) If the hospital provides a non-personalized estimate, the estimate shall include a statement that a personalized estimate is available upon request and that the estimate is based on average payments made to the hospital.

(c) A personalized estimate must include the charges specific to the patient's anticipated services.

(d) The hospital shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 days business after the request, whichever is later. The itemized statement or bill must include:

1. A description of the individual charges from each department or service area by date, identifying in language comprehensible to the ordinary layperson each test, procedure, service, brand or generic medication name, therapy, equipment, and supplies billed;

2. A description and purpose of any additional fee(s), if applicable;

3. Specific services and health care practitioner names with corresponding contact information who are expected to bill separately; and

4. The hospital's contact information for billing questions and disputes.

(e) Any subsequent statement or bill must clearly delineate revisions to the initial statement or bill.

(f) The statement or bill must not include any generalized category of expenses such as "other" or "miscellaneous".

(3) The hospital shall develop and implement a policy for educating the public regarding transparency and patient billing, which shall identify tools, resources and methods used to educate the public.

(4) Hospitals operating exclusively as state facilities are exempt from these requirements.
Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jessica Munn

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Justin M. Senior

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 22, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 29, 2016

Notice of Change/Withdrawal

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-3.256 Transparency and Patient Billing

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 58, March 24, 2017 issue of the Florida Administrative Register.

59A-3.256 Price Transparency and Patient Billing.

(1) Website. Each hospital shall make available to patients and prospective patients price cost transparency and patient billing information on its website. ~~The cost transparency information shall to include estimates of costs that may be incurred by the patient, financial assistance, and billing practices, policies and procedures and a mechanism to obtain estimated costs for services. The content on the website Data affecting billing policies and procedures or estimated costs for services shall be reviewed and updated at least every 90 days and updated as needed to maintain timely and accurate information.~~ For the purpose of this rule section, service bundles means the reasonably expected hospital services and care provided to a patient for a specific treatment, procedure, or diagnosis, ~~and~~ as posted on the Agency's website. In accordance with s. 395.301, F.S., the ~~The~~ hospital's website must include:

(a) A hyperlink to the Agency's pricing website upon implementation of the same. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov> ~~Searchable information on payments received from all payor sources except Medicare and Medicaid for service bundles, including an estimated payment range for such bundles;~~

(b) A statement informing patients and prospective patients that the service bundle information is is on average payments and payment ranges may be used as an a non-personalized estimate of costs that may be incurred by the patient for services and that actual costs will be based on services service actually provided to the patient;

(c) A statement informing patients and prospective patients of their right to request a personalized estimate from the hospital, including the process for requesting the personalized estimate;

(d) A statement informing patients of the hospital's financial assistance policy, charity care policy, and collection procedure link to the website developed by the Agency for health information transparency, in accordance with s. 408.05(3)(e), Florida Statutes, once available;

(e) A list of names and web addresses of health insurers and health maintenance organizations (HMO) contracted with the hospital as a network provider or participating provider, including links to their websites, if available;

(f) A list of names and contact information of health care practitioners providers and medical practice groups practitioners contracted to provide services within the hospital, grouped by specialty or service;

(g) A statement informing patients to contact the health care practitioners anticipated to provide services to the patient while in the hospital regarding a personalized estimate, billing practices, and participation with the patient's insurance provider or HMO as the practitioners that health care providers and practitioners contracted to provide services within the hospital may not participate with the same health insurers or HMO as the hospital;

(h) ~~The hospital's billing, collections, and financial assistance policies, including details of how to request financial assistance offered by the hospital; and~~

(i) ~~The hospital's contact information for handling estimates, billing questions, and disputes.~~

(2) Estimate. Each hospital shall provide timely and accurate responses to the patient, prospective patient, or legal guardian responsible party regarding requests for estimates and itemized bills or statements.

(a) An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate shall be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

1. through 2. No change

3. The web address of ~~Information on accessing the hospital's posted billing, collections, and financial assistance policies, charity care policy, and collection procedures;~~

4. No change

5. A statement that services may be provided by other health care providers who may bill separately; and

~~6. Contact information for Specific services and~~ health care practitioner names, groups, or organizations that
~~and corresponding contact information who~~ are expected to bill separately; and based on anticipated services to be provided.

7. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

(b) If the hospital provides a non-personalized estimate, the estimate shall include a statement that the estimate is based on average payments made to the hospital and a personalized estimate is available upon request ~~and that the estimate is based on average payments made to the hospital.~~

(c) No change

~~(3)(4) Itemized statement or bill.~~ The hospital shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 days business after the request, whichever is later. The itemized statement or bill must include:

~~(a)1-~~ A description of the individual charges from each department or service area by date, as prescribed in subsection 395.301(1)(d) identifying in language comprehensible to the ordinary layperson each test, procedure, service, brand or generic medication name, therapy, equipment, and supplies billed;

~~2-~~ A description and purpose of any additional fee(s), if applicable;

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~~and corresponding contact information who~~ are expected to bill separately; and based on services provided; and

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~~(3) The hospital shall develop and implement a policy for educating the public regarding transparency and patient billing, which shall identify tools, resources and methods used to educate the public.~~

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Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History--New _____.

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Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

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(a) A hyperlink to the Agency's pricing website upon implementation of the same that provides information on payments made to the facilities for defined bundles of services and procedures. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov>;

(b) A statement informing patients and prospective patients that the service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services actually provided to the patient;

(c) through (e) No change.

(f) A list of names and contact information of health care practitioners and medical practice groups contracted to provide services within the hospital, grouped by specialty or service; and

(g) No change.

(2) Estimate. ~~The Each~~ hospital shall provide an estimate upon request of timely and accurate responses to the patient, prospective patient, or legal guardian for nonemergency medical services regarding requests for estimates.

(a) An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate ~~may shall~~ be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

1. through 4. No change.

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6. A statement, including a web address if different from above, that cContact information for health care practitioners and practitioner names, medical practice groups, or organizations that are expected to bill separately based on anticipated services to be provided, is available on the hospital's website; and

7. No change.

(b) If the hospital provides a non-personalized estimate, the estimate shall include a statement that ~~the estimate is based on average payments made to the hospital and~~ a personalized estimate is available upon request.

(c) No change.

(3) Itemized statement or bill. The hospital shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or ~~7 days~~ business days after the request, whichever is later. The itemized statement or bill must include:

(a) No change.

(b) Contact information for health care practitioners and medical practice groups ~~practitioner names, group or organization~~ that are expected to bill separately based on services provided; and

(c) No change.

Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History–New _____.