



Insurance & Banking Subcommittee

Action Packet

Wednesday, November 16, 2011
8:00 AM - 10:30 AM
404 HOB

COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

Summary:

Insurance & Banking Subcommittee

Wednesday November 16, 2011 08:00 am

HB 275	Favorable With Committee Substitute	Yeas: 9	Nays: 6
	Amendment 885921 Adopted Without Objection		
HB 307	Favorable	Yeas: 13	Nays: 1
HB 379	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 841621 Adopted Without Objection		
	Amendment 1		
	Amendment 209553 Adopted Without Objection		
	Amendment to Amendment 1		
HB 4085	Favorable	Yeas: 15	Nays: 0
HB 4087	Favorable	Yeas: 14	Nays: 0

Committee meeting was reported out: Wednesday, November 16, 2011 1:57:26PM

COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Bryan Nelson (Chair)	X		
Ben Albritton	X		
Mack Bernard	X		
Jim Boyd	X		
Douglas Broxson	X		
Rachel V. Burgin	X		
Janet Cruz	X		
Daniel Davis	X		
Bill Hager	X		
Clay Ingram	X		
Evan Jenne	X		
John Julien	X		
Richard Steinberg	X		
John Wood	X		
Ritch Workman	X		
Totals:	15	0	0

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COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

HB 275 : Consumer Finance Charges

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Ben Albritton	X				
Mack Bernard		X			
Jim Boyd	X				
Douglas Broxson	X				
Rachel V. Burgin	X				
Janet Cruz		X			
Daniel Davis	X				
Bill Hager		X			
Clay Ingram	X				
Evan Jenne		X			
John Julien		X			
Richard Steinberg		X			
John Wood	X				
Ritch Workman	X				
Bryan Nelson (Chair)	X				
Total Yeas: 9		Total Nays: 6			

HB 275 Amendments

Amendment 885921

Adopted Without Objection

Appearances:

Consumer Finance Charges

Alice Vickers, Attorney (Lobbyist) - Proponent
 Florida Consumer Action Network
 623 Beard St.
 Tallahassee FL 32303
 Phone: (850) 556-3121

Consumer Finance Charges

James Harold Thompson (Lobbyist) - Waive In Support
 Florida Financial Services Association
 123 S. Calhoun St.
 Tallahassee FL 32301
 Phone: (850) 224-9115

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COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

HB 307 : Workers' Compensation Certificate-of-exemption Process

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Ben Albritton	X				
Mack Bernard	X				
Jim Boyd	X				
Douglas Broxson	X				
Rachel V. Burgin	X				
Janet Cruz	X				
Daniel Davis	X				
Bill Hager	X				
Clay Ingram			X		
Evan Jenne	X				
John Julien	X				
Richard Steinberg		X			
John Wood	X				
Ritch Workman	X				
Bryan Nelson (Chair)	X				
Total Yeas: 13		Total Nays: 1			

Appearances:

Workers' Compensaiton Certificate-of-exemption Process

Ashley Mayer, Dir. Policy, Research, Leg. Affairs (Lobbyist) (State Employee) - Proponent

Department of Financial Services

Capitol

Tallahassee Florida 32399

Phone: (850) 413-4938

Workers' Compensaiton Certificate-of-exemption Process

Jim Brainerd, Attorney (Lobbyist) - Waive In Support

Florida Association of Insurance Agents

2814 Rabbit Hill Road

Tallahassee FL 32308

Phone: (850) 508-6716

COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

HB 379 : Captive Insurance

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Ben Albritton	X				
Mack Bernard	X				
Jim Boyd	X				
Douglas Broxson	X				
Rachel V. Burgin	X				
Janet Cruz	X				
Daniel Davis	X				
Bill Hager	X				
Clay Ingram	X				
Evan Jenne	X				
John Julien	X				
Richard Steinberg	X				
John Wood	X				
Ritch Workman	X				
Bryan Nelson (Chair)	X				
Total Yeas: 15		Total Nays: 0			

HB 379 Amendments

Amendment 841621

Adopted Without Objection

Amendment 209553

Adopted Without Objection

Appearances:

Captive Insurance
Teye Reeves (Lobbyist) - Waive In Support
Florida Chamber of Commerce
136 S. Bronough Street
Tallahassee FL
Phone: (850) 521-1235

Captive Insurance
Paul Sanford (Lobbyist) - Opponent
Blue Cross - FLC
106 S. Monroe St
Tallahassee FL 32301
Phone: (850) 222-7200

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Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

Captive Insurance
Beth A. Vecchidi, Sr. Gov't Consultant (Lobbyist) - Proponent
The Beacon Council
215 S. Monroe St., Ste. 500
Tallahassee FL 32312
Phone: (850) 513-3609

Captive Insurance
Ivette Arango, VP Corp., Gov. & Community Relations (Lobbyist) - Waive In Support
The Beacon Council
80 SW 8th St. Ste. 2400
Miami FL 33130
Phone: (305) 345-7746

Captive Insurance
Michael Preston, Director of Gov't Relations (Lobbyist) - Waive In Support
Enterprise Florida
325 John Knox Rd.
Tallahassee FL
Phone: (850) 298-6630

Captive Insurance
Monte Stevens, Dir. of Governmental Affairs (Lobbyist) (State Employee) - Information Only
Office of Insurance Regulation
Tallahassee FL 32399
Phone: (850) 413-2571

COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

HB 4085 : Workers' Compensation

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Ben Albritton	X				
Mack Bernard	X				
Jim Boyd	X				
Douglas Broxson	X				
Rachel V. Burgin	X				
Janet Cruz	X				
Daniel Davis	X				
Bill Hager	X				
Clay Ingram	X				
Evan Jenne	X				
John Julien	X				
Richard Steinberg	X				
John Wood	X				
Ritch Workman	X				
Bryan Nelson (Chair)	X				
Total Yeas: 15		Total Nays: 0			

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COMMITTEE MEETING REPORT
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Location: 404 HOB

HB 4087 : Repeal of a Workers' Compensation Independent Actuarial Peer Review Requirement

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Ben Albritton	X				
Mack Bernard	X				
Jim Boyd	X				
Douglas Broxson	X				
Rachel V. Burgin	X				
Janet Cruz	X				
Daniel Davis	X				
Bill Hager	X				
Clay Ingram			X		
Evan Jenne	X				
John Julien	X				
Richard Steinberg	X				
John Wood	X				
Ritch Workman	X				
Bryan Nelson (Chair)	X				
Total Yeas: 14		Total Nays: 0			

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COMMITTEE MEETING REPORT
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11/16/2011 8:00:00AM

Location: 404 HOB

Workshop

Draft PCS for HB 119 -- Motor Vehicle Personal Injury Protection Insurance

COMMITTEE MEETING REPORT
Insurance & Banking Subcommittee

11/16/2011 8:00:00AM

Location: 404 HOB

Presentation/Workshop/Other Business Appearances:

PIP

Christian Caballero, Mg. Govt. Affrs. (Lobbyist) - Proponent
Farmers
8931 Winsted Foot Dr.
Tallahassee FL 32312
Phone: 850-274-2766

PIP

Julie Tempest, State PIP Manager - Proponent
Farmers Insurance
640 Century Pt.
Lake Mary FL 32712
Phone: 321-354-7901

PIP

Robin Westcott, Insurance Consumer Advocate (Lobbyist) (State Employee) (At Request Of Chair) -
Information Only
DFS/CFO Atwater
Capitol
Tallahassee FL 32399
Phone: 850-413-4938

PIP

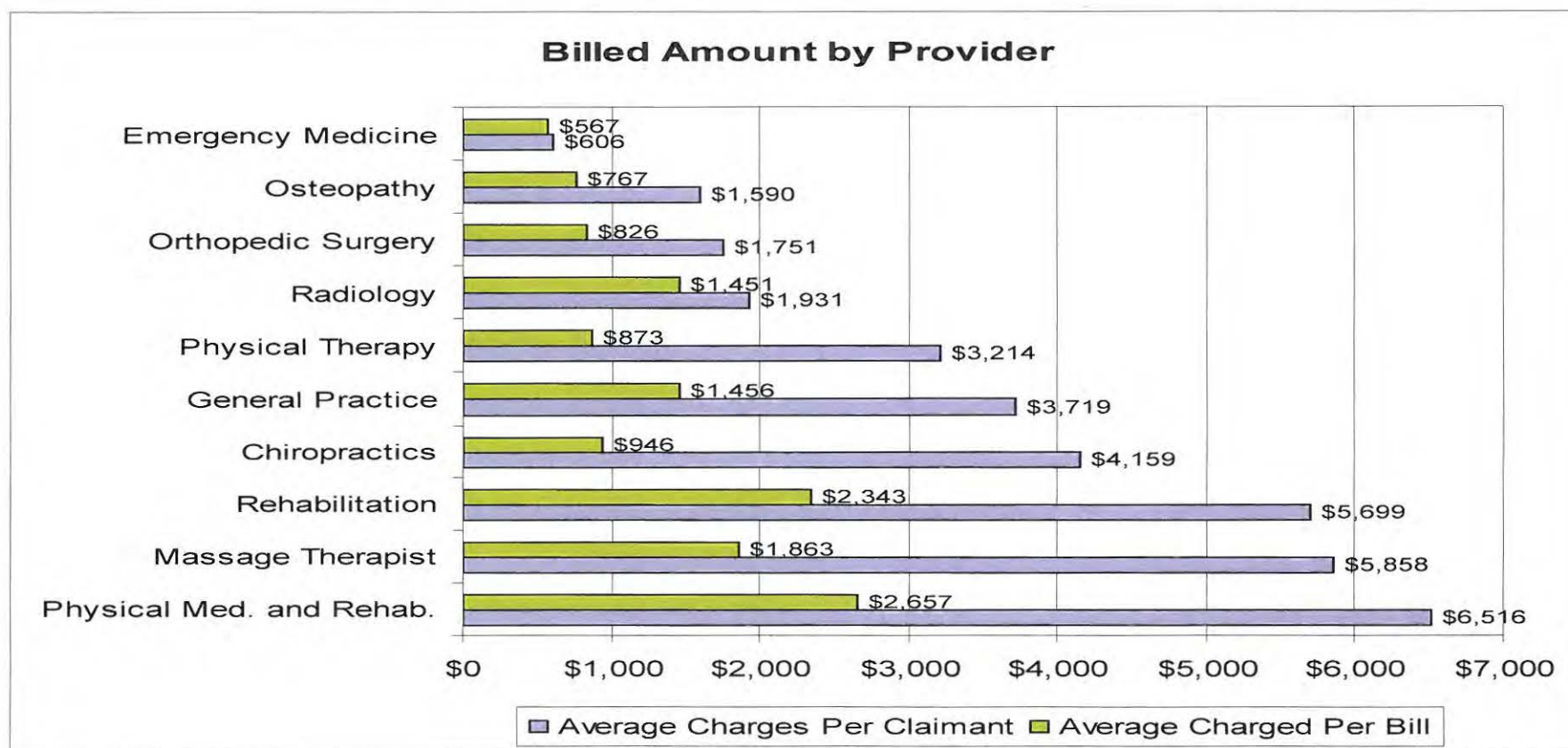
Monte Stevens, Dir. of Governmental Affairs (Lobbyist) (State Employee) - Information Only
Office of Insurance Regulation
Tallahassee FL 32399
Phone: (850) 413-2571

Florida PIP

Case Study November 2011

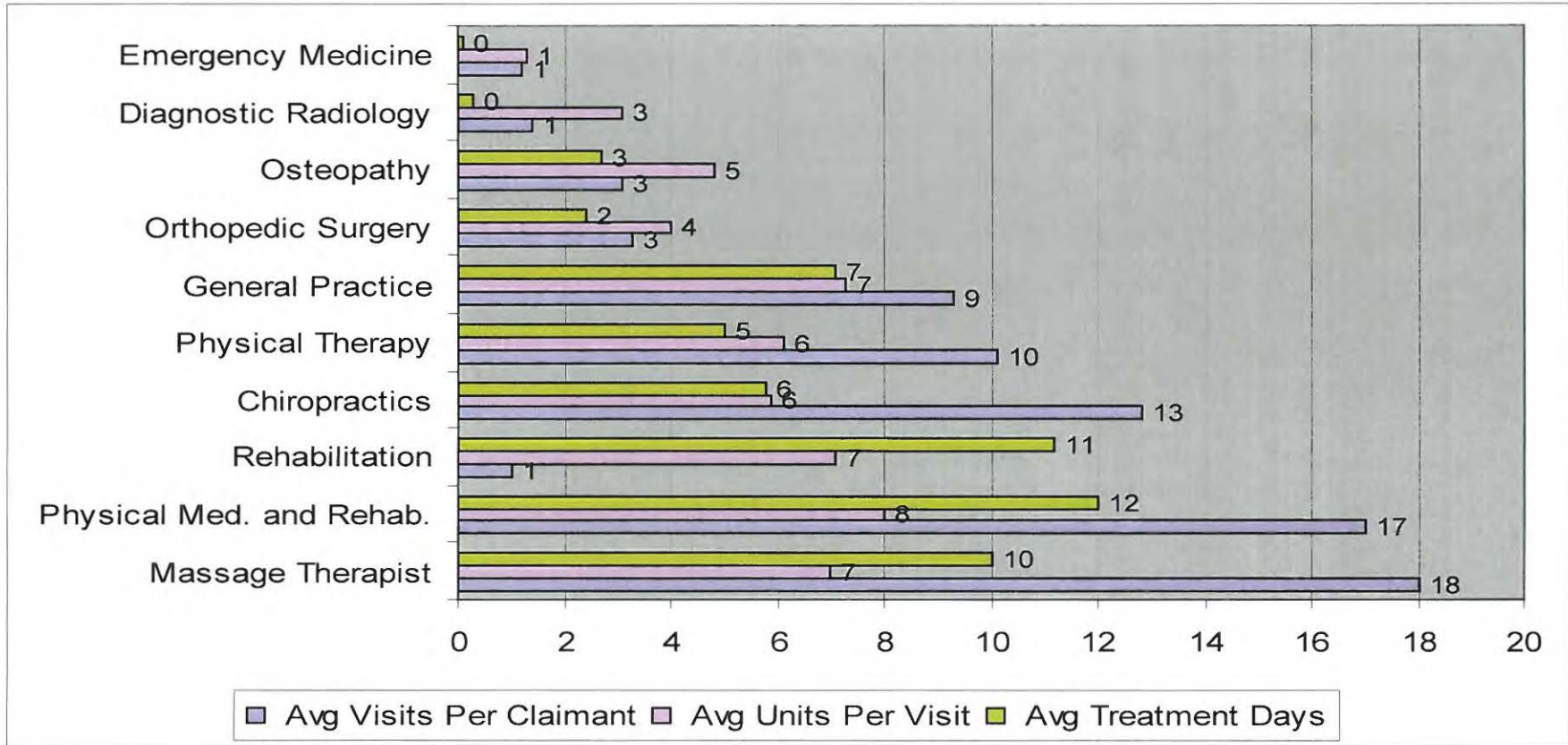
Treatment and Utilization Charges

- Billing- 80% of bills are from the top ten provider specialties.
- Charges based on ICD9 coding by provider. Coding and billing practices vary by provider, inconsistent and many times bundled.



Treatment Patterns

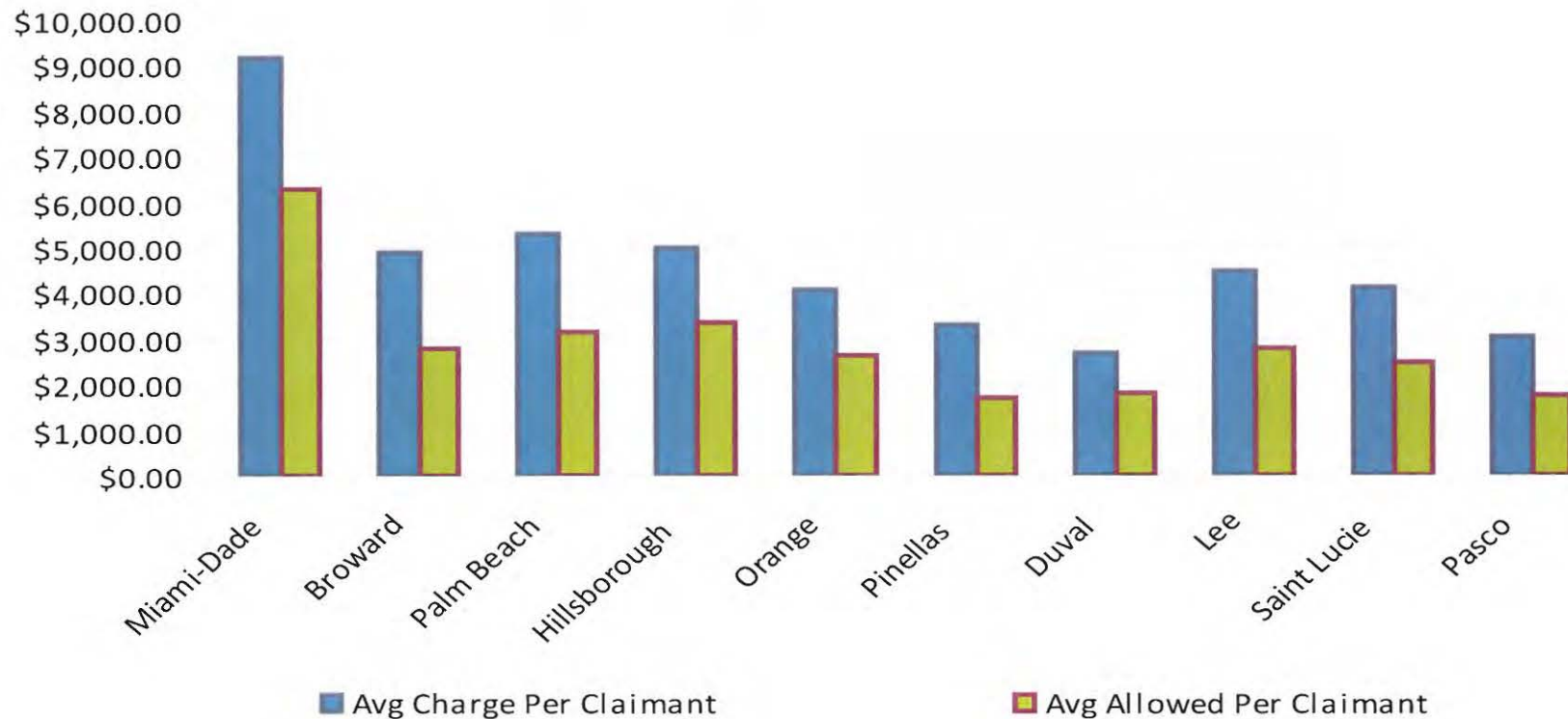
- Average visits per claimant and length of treatment is disproportionate to the injury claimed for a soft tissue injury.
- Claimants may treat with several of these specialties at the same time. An individual claimant may have as many as six treatments per day, per specialty for seven days.
- This individual may also be one of many parties to the same loss all claiming identical injuries and seeking the identical treatment path.



Soft Tissue Treatment Patterns & Expenses by County

Direct Correlation to PIP Rates- “Fraud & Abuse Surcharge”

Average Charge and allowed amount by county



Example of Overutilization

- Next two pages are screen shots from Billing Software depicting One Date of Service 6/14/2011

- 34 procedures billed for one patient
 - Chiropractor #1 = 19 procedures – CH stands for Chiropractic Care

Provider Bills Date of Loss: 06/06/2011

Provider Information

Name:

Specialty: CH

TIN:

Phone:

Address:

Diagnosis

847.0

847.1

847.2

Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07794897	29	Yes	06/14/2011	97014	\$35.00	\$27.38	
07794897	30	Yes	06/14/2011	97012	\$35.00	\$32.86	
07794897	31	Yes	06/14/2011	97035	\$30.00	\$25.76	
07794897	32	Yes	06/14/2011	97124	\$120.00	\$102.60	
07794897	33	Yes	06/14/2011	97140	\$120.00	\$117.84	
07794897	34	Yes	06/14/2011	97034	\$35.00	\$35.00	
07794897	35	No	06/14/2011	99211	\$45.00	\$42.66	305
07794898	29	No	06/14/2011	97014	\$35.00	\$0.00	4
07794898	30	No	06/14/2011	97012	\$35.00	\$0.00	4
07794898	31	No	06/14/2011	97035	\$30.00	\$0.00	4
07794898	32	No	06/14/2011	97124	\$120.00	\$0.00	4, 11

total: \$1,260.00 \$384.10

- 28 soft tissue procedures & 6 x-rays of the back

Provider Bills Date of Loss: 06/06/2011

Provider Information

Name:

Specialty: CH

TIN:

Phone:

Address:

Diagnosis

847.0

847.1

847.2

Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07794898	32	No	06/14/2011	97124	\$120.00	\$0.00	4, 11
07794898	33	No	06/14/2011	97140	\$120.00	\$0.00	4, 179
07794898	34	No	06/14/2011	97034	\$35.00	\$0.00	4
07794898	35	No	06/14/2011	99211	\$45.00	\$0.00	4
07794899	29	No	06/14/2011	97014	\$35.00	\$0.00	4
07794899	30	No	06/14/2011	97012	\$35.00	\$0.00	4
07794899	31	No	06/14/2011	97035	\$30.00	\$0.00	4
07794899	32	No	06/14/2011	97124	\$120.00	\$0.00	4, 11
07794899	33	No	06/14/2011	97140	\$120.00	\$0.00	4, 179
07794899	34	No	06/14/2011	97034	\$35.00	\$0.00	4
07794899	35	No	06/14/2011	99211	\$45.00	\$0.00	4

total: \$1,260.00 \$384.10

Example of Overutilization

Same Date Of Service Same Claimant

Radiologist 6
X-rays
RA means
Radiology

Provider Bills

Date of Loss: 06/06/2011

Provider Information

Name: [Redacted]
Specialty: RA
TIN: [Redacted]
Phone: [Redacted]
Address: [Redacted]

Diagnosis: 847.0, 847.1, 847.2

Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07794900	1	Yes	06/14/2011	72050	\$500.00	\$0.00	
07794900	2	Yes	06/14/2011	72074	\$500.00	\$0.00	
07794900	3	Yes	06/14/2011	72120	\$500.00	\$0.00	
07794900	4	Yes	06/14/2011	73030	\$400.00	\$0.00	
07794900	5	Yes	06/14/2011	73070	\$400.00	\$0.00	
07794900	6	Yes	06/14/2011	73560	\$400.00	\$0.00	

total: \$2,700.00 \$0.00 OK

Chiropractor #2
- 6 more procedures

Provider Bills

Date of Loss: 06/06/2011

Provider Information

Name: [Redacted]
Specialty: CH
TIN: [Redacted]
Phone: [Redacted]
Address: [Redacted]

Diagnosis: 847.0, 847.2, 840.9

Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07794849	32	No	06/14/2011	97010	\$55.00	\$10.00	433
07794849	33	Yes	06/14/2011	97035	\$120.00	\$51.52	
07794849	34	Yes	06/14/2011	97032	\$60.00	\$37.96	
07794849	35	Yes	06/14/2011	97012	\$60.00	\$32.86	
07794849	36	Yes	06/14/2011	97530	\$65.00	\$65.00	
07794849	37	Yes	06/14/2011	97140	\$110.00	\$110.00	

total: \$470.00 \$307.34 OK

One General
Practitioner office visit

Provider Bills

Date of Loss: 06/06/2011

Provider Information

Name: [Redacted]
Specialty: GP
TIN: [Redacted]
Phone: [Redacted]
Address: [Redacted]

Diagnosis: 840.9, 841.9, 844.9

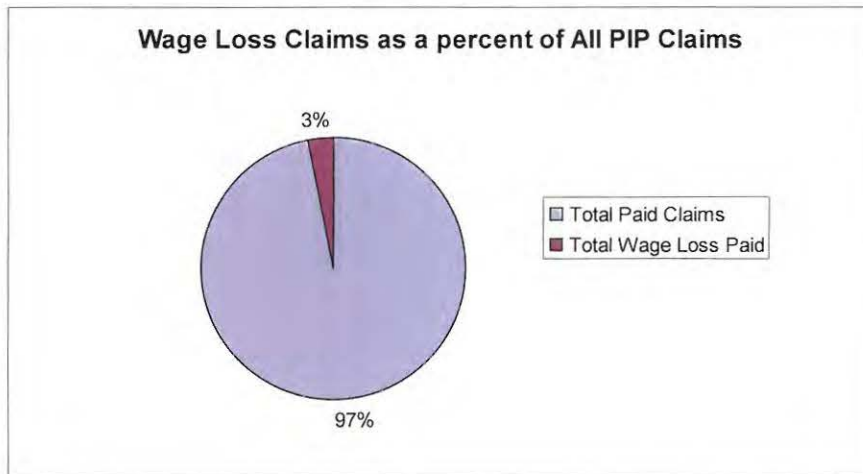
Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07794929	1	Yes	06/14/2011	99204	\$310.00	\$0.00	

total: \$310.00 \$0.00 OK

Impact on Wage Loss Claims



- To date- 41% of the sample were settled at policy limits of \$10,000 - impact of additional billing and disputes will increase total average paid. (oldest 2009)
- Only 3% of those claims involved wage loss payments and of those over 60% were for total payments of under \$1000.



Typical Treatment Calendar

- Policy inception 5/27 – Loss occurred within 30-days of incept therefore no vehicle inspection was completed prior to the loss.
- No work loss requested by insured. Initial treatment plan is 5 times a week for 2 weeks.
- Treating with 6 different providers at one time. Duplicate billing by Chiropractor and Physical Health. Radiologist office is billing for x-rays on the same day by two different Doctors.

Calendar						
Claim Information						
Claimant: [Redacted]						
Date of Loss: [Redacted]						
Claim Number: [Redacted]						
Policyholder: [Redacted]						
June 2011						
<div style="display: flex; justify-content: space-between;"> ← Previous Month Next Month → </div>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
						4
	5	6	7	8	9	10
		★ Date of Loss	E (\$920.00/\$664.80) E (\$540.00/\$368.28)	B (\$2,810.00/\$898.50) E (\$470.00/\$112.96) F (\$1,300.00/\$393.70)	B (\$1,260.00/\$384.10) E (\$470.00/\$112.96)	B (\$1,260.00/\$281.50) E (\$470.00/\$112.96)
	12	13	14	15	16	17
	B (\$1,260.00/\$384.10) E (\$470.00/\$112.96)	D (\$2,700.00/\$541.50) E (\$470.00/\$112.96)	B (\$1,260.00/\$384.10) C (\$2,040.00/\$454.70) H (\$310.00/\$310.00) E (\$470.00/\$47.96)		G (\$150.48/\$0.00)	E (\$470.00/\$307.34) G (\$330.70/\$0.00)
	19	20	21	22	23	24
	E (\$470.00/\$307.34) G (\$330.70/\$0.00)	E (\$470.00/\$307.34) G (\$330.70/\$0.00)	E (\$470.00/\$307.34) G (\$330.70/\$0.00)	A (\$1,056.80/\$811.70) G (\$330.70/\$0.00)		A (\$350.00/\$284.06)
	26	27	28	29	30	
	A (\$303.00/\$218.42) G (\$330.70/\$0.00)	A (\$343.92/\$288.32) E (\$470.00/\$175.00) G (\$330.70/\$0.00)	A (\$338.92/\$254.58) E (\$470.00/\$297.34)	A (\$363.92/\$279.58)		
<div style="display: flex; justify-content: space-between;"> 🔧 Treatment ★ Date of Loss </div>						
<div style="display: flex; justify-content: space-between;"> A = [Redacted] (PMGT) B = [Redacted] (CH) C = [Redacted] (RA) D = [Redacted] (RA) E = [Redacted] (CH) </div>						
<div style="display: flex; justify-content: space-between;"> F = [Redacted] (RA) G = [Redacted] (PH) H = [Redacted] (GP) </div>						

Frequency of Treatment

- Each CPT code billed is a 15 minute treatment, 90 minutes of treatment on one visit.
- Hot packs, electrical stimulation, ultrasound, traction, therapeutic activity with one on one contact with the provider, manual traction.

Provider Bills Date of Loss: 06/06/2011

Provider Information

Name:

Specialty: CH

TIN:

Phone:

Address:

Diagnosis

847.0

847.2

840.9

Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07488641	50	No	06/20/2011	97010	\$55.00	\$10.00	433
07488641	51	Yes	06/20/2011	97035	\$120.00	\$51.52	
07488641	52	Yes	06/20/2011	97032	\$60.00	\$37.96	
07488641	53	Yes	06/20/2011	97012	\$60.00	\$32.86	
07488641	54	Yes	06/20/2011	97530	\$65.00	\$65.00	
07488641	55	Yes	06/20/2011	97140	\$110.00	\$110.00	

90 minutes of treatment

total:

Cumulative Effect

- Diagnosis billed
 - Lumbar , Thoracic and Neck sprain
 - Sprain of unspecified site of shoulder
 - Sprain in unspecified site of knee, elbow and forearm
 - Pain in Joint in arm
- Total billed charges \$55,113.62
 - from 6/6/11 – 8/30/2011
 - **67 visits in 12 weeks**

105 minutes of treatment –
Second Provider Same day
of treatment- over 3 hours
constant treatment in one
day

Provider Bills

Date of Loss: 06/06/2011

Provider Information

Name:

Specialty: PH

TIN:

Phone:

Address:

Diagnosis

847.0

847.1

847.2

Bill No	Line No	Override	Date	Proc. Code	Charged	Allowed	Reason
07494732	23	Yes	06/20/2011	97035	\$48.08	\$0.00	
07494732	24	Yes	06/20/2011	97014	\$24.74	\$0.00	
07494732	25	Yes	06/20/2011	97039	\$15.00	\$0.00	
07494732	26	Yes	06/20/2011	97124	\$92.40	\$0.00	
07494732	27	Yes	06/20/2011	97110	\$56.50	\$0.00	
07494732	28	Yes	06/20/2011	97112	\$63.90	\$0.00	
07494732	29	Yes	06/20/2011	97012	\$30.08	\$0.00	

total: \$330.70 \$0.00 OK

Example of a Staged Accident

- The named insured confessed to planning this accident. She told a person she needed money for school to become an LPN. At end of July 2011, she met the "business man" named JL who gave her \$900 to purchase an insurance policy at a gas station. She was to receive less the \$900 and receive payment after 20 to 25 visits at the clinic.
- She and JL met at the gas station again and she showed her insurance card. JL told her she needed to add uninsured motorist coverage which she did.
- She returned to the gas station and met JL who told her to bring up to 6 people since she had a van. She was only able to locate a friend and JL added one more passenger she did not know personally.
- At the gas station, JL provided her a folder with the Attorney information and she signed the paperwork. She was provided a business card of the clinic she was to attend. She was told she must go 20 to 25 times in order to get paid.
- She was told what to do at the intersection. She advised she was stopped at the red light and when the light turned green, she waited. When the claimant vehicle started to turn, she went forward and struck the claimant vehicle. She confirmed she intentionally hit the claimant vehicle.
- She and her passenger went to the clinic for a couple of months. She went every day; 5 days a week. She advised she actually received therapy. At one of the visits, the people at the clinic advised her that the attorney dropped her and that they would not continue to treat her. She denied receiving any additional money other than the \$900.
- The following two slides depict what we were billed for this accident.

Calendar

Claim Information

Claimant:

Date of Loss:

Claim Number:

Policyholder:

Print

Exit

August

2011

Previous Month

Next Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20 ★ Date of Loss
21	22 A (\$502.00/S.00)	23 A (\$221.00/S.00)	24 A (\$221.00/S.00)	25 A (\$321.00/S.00)	26 A (\$321.00/S.00) B (\$290.00/S.00)	27
28	29	30 A (\$255.00/S.00)	31 A (\$255.00/S.00)			

Treatment

Date of Loss

A = (CH)

B = (RA)

Insured's Treatment Calendar
\$3994 in billed charges for the Insured
12 visits with Chiropractor in 5 weeks

Calendar

Claim Information:

Claimant:

Date of Loss:

Claim Number:

Policyholder:

Print

Exit

August

2011

Previous Month

Next Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
					★ Date of Loss	
21	22	⚕ E (\$502.00/S.00)	⚕ E (\$221.00/S.00)	⚕ E (\$321.00/S.00)	⚕ A (\$550.00/S.00) ⚕ E (\$255.00/S.00)	27
28	⚕ E (\$255.00/S.00)	⚕ E (\$255.00/S.00)	⚕ E (\$255.00/S.00)			

⚕ Treatment

★ Date of Loss

A = (RA)

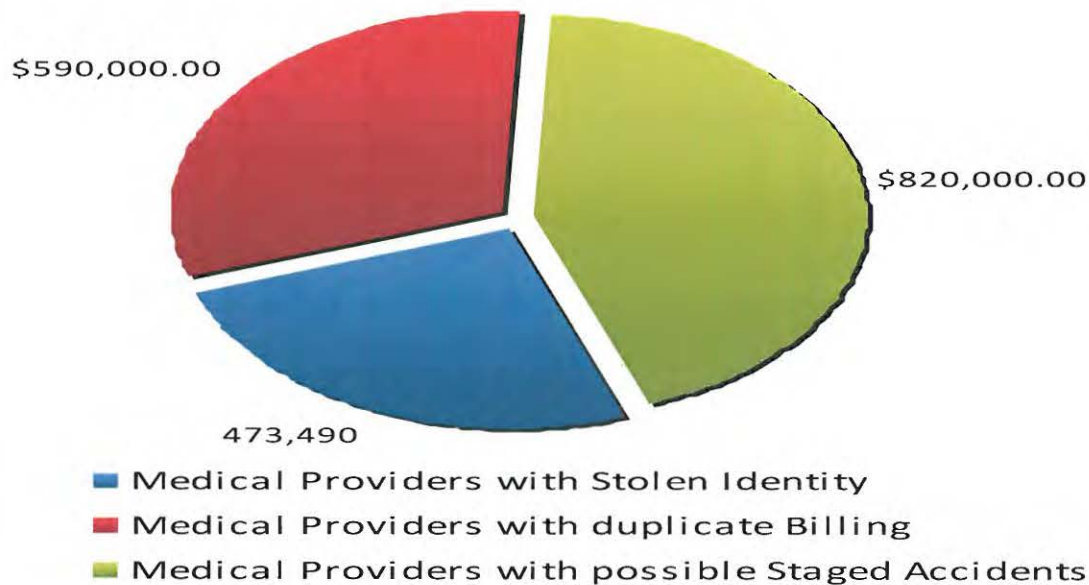
B = (CH)

Passenger's Treatment Calendar
\$4521 in billed charges for the Passenger
12 visits with Chiropractor in 5 weeks

Abusive Treatment Patterns

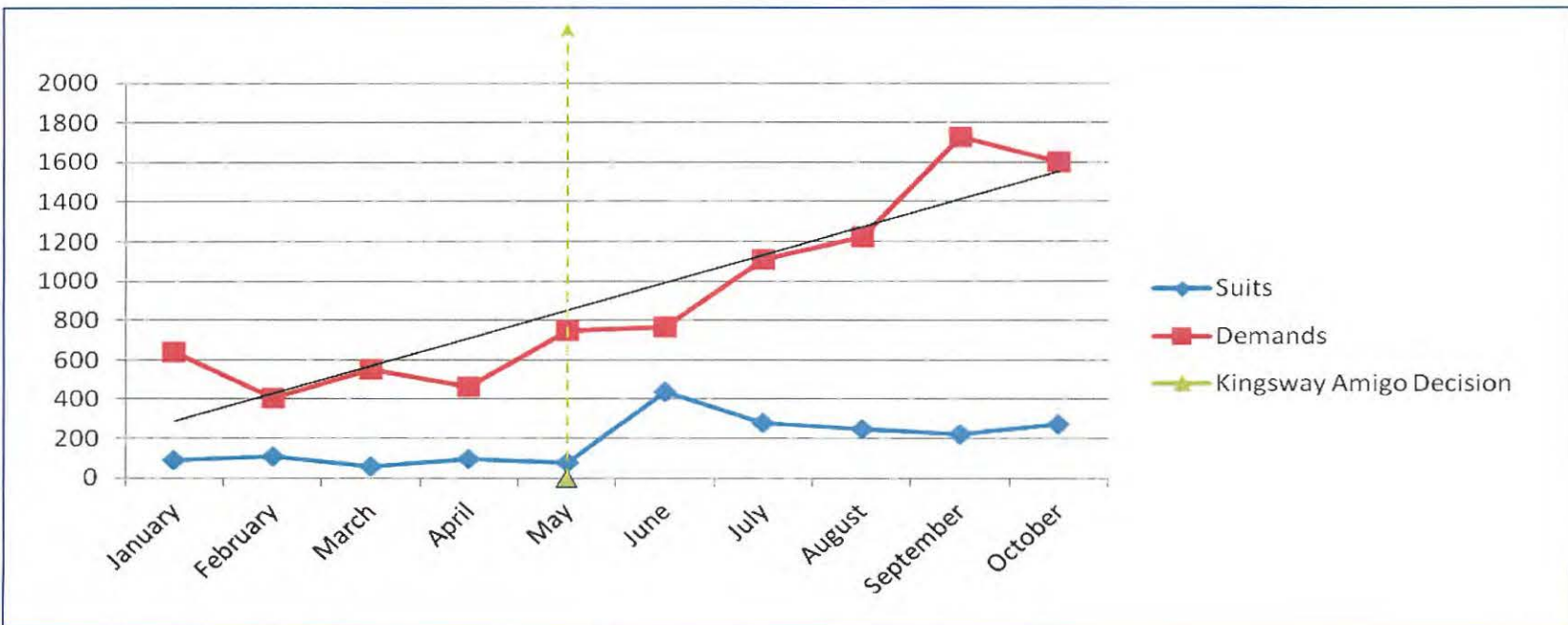
- PIP Investigations take up a tremendous amount of labor hours. The following data represents one case example of a staged accident ring which involved 320 individuals and 32 providers.
- The overall charges were \$1,883,490. While investigating and prior to knowledge that these were related, payment had been made for \$533,092.51.

Staged Accident Charges



2011 Demand and Lawsuit Counts

- Demands must be filed prior to litigation for anything in dispute. It's a precursor to litigation. Because of the amount in dispute, all litigation is filed in County Court.
- **Not one plaintiff is an insured. All plaintiffs are providers represented by counsel.**



Case example of one global settlement

- This settlement represent data for one attorney who was paid \$890,000 for lawsuits representing one provider over fee disputes.
- The overall underlying indemnity payment was \$69,694.
- The dispute is as little as \$0.32; however the fees remained consistently over \$2,000 for each case and actual filings are almost identical.
- 22 cases involved Exhausted limits, but the attorney was unwilling to accept settlement unless we agreed to pay \$500 in fees for each of the 22 cases.

