NWF Health Network
Policy & Procedure

Series:	300: Medical and Behavioral Health Care
Policy Name:	Medical Billing Protections for Children with Dual Insurance Coverage
Policy Number:	315
Origination Date:	09/10/2026
Referenced:	42 CFR § 433.139 CH. 39, F.S. Rule 59G-1.050, F.A.C.

I. Policy Statement

NWF Health Network (NWFHN) maintains an unwavering commitment to the health, safety, and constitutional rights of children within its care. It is the absolute policy of this organization that no child in state custody shall experience a delay, interruption, or denial of medically necessary services due to insurance billing disputes, co-payment demands, or administrative technicalities.

Caregivers, foster parents, NWFHN team members, and contracted case management team members are categorically prohibited from making out-of-pocket payments for covered preventative medical services. Financial responsibility rests solely with the established payer hierarchy via Commercial insurance payee and Medicaid as payor of last resort.

Beyond minimum legal requirements, NWFHN adopts these policy standards:

- Zero caregiver out of pocket payment for covered services for eligible children in care.
- Mandatory use of the protocols as proactive practice and when billing barriers arise.
- Maintenance of a Provider Non-Compliance Registry within the NWFHN network.
- Mandatory incident reporting and legal escalation for documented refusal of medically necessary care.

These enhancements are conditions of employment and contracting within the NWFHN network.

Scope and Limitations

- This governs operations within the NWFHN Community Based Care Lead Agency and Behavioral Health Managing Entity networks.
- The internal Provider Non-Compliance Registry is a quality and safety tool and does not alter a provider's Medicaid enrollment status; only AHCA or the relevant agency may do so.

Whether specific conduct constitutes "medical neglect," "patient abandonment," or an actionable civil rights violation is ultimately determined by the appropriate investigative, licensing, or judicial authority.

II. Definitions & Legal Delimitation

A. **Medical Neglect (F.S. § 39.01):** Failure by a person responsible for a child's welfare to provide essential medical care. While providers are clinicians, they assume a temporary duty of care during a scheduled visit; refusal to treat a vulnerable ward over billing may be reported as neglect.

B. **Patient Abandonment (Rule 64B8-9.001, F.A.C.):** The termination of a professional relationship by a physician without reasonable notice or a competent replacement. Terminating care for a scheduled patient over a co-pay constitutes "Unprofessional Conduct."

C. **Balance Billing (Rule 59G-1.050, F.A.C.):** Seeking payment from a patient for the difference between a provider's rate and the insurance payout. This is strictly prohibited for Medicaid-eligible children. Does not include Co-pay for Commercial insurance.

D. **Ward of the State (Abbreviated)**: A child who is under the legal custody of the State of Florida (acting through DCF and its contracted providers).

III. Scope

This policy applies to all NWFHN personnel, associates, and representatives, as well as all contracted, subcontracted, and affiliated partners operating within the NWFHN Community-Based Care (CBC) Lead Agency and Behavioral Health Managing Entity (BHME) networks.

IV. Accountability & Adverse Reactions

Compliance is a condition of employment and contractual affiliation. Failure to advocate against improper billing or unauthorized authorization of out-of-pocket payments shall result in:

- **Contractual Termination:** Immediate severance of all professional affiliations and business agreements.
- **Professional Reporting:** Mandatory referral to the Florida Abuse Hotline and the Florida Board of Medicine.
- **Legal Referral:** Submission of evidence to Law Enforcement and the Division of Investigative and Forensic Services (DIFS) for civil rights or insurance fraud investigations.

V. The “Dual-Coverage” Billing Hierarchy

A. Primary: Private Commercial Insurance (Parent’s Plan).

B. Secondary: Florida Medicaid

C. Residual Liability: Biological/Legal Parent (pursuant to Court Order).

D. Caregiver Liability: ZERO ($0.00).

E. For non-covered services, non-eligible dates of service, or services outside plan limits, lawful billing may be directed to legally responsible parties (usually parents) in accordance with state and federal law and court orders.

VI. Procedure

A. Phase 1: Notification of Commercial insurance.

1. The CPI or Case Manager is responsible for obtaining commercial insurance policy information for the child from the payee (Parent)

2. The CPI or Case Manager will share this Information with the caregiver and Care Coordination for the purposes of coverage at medical service appointments.
3. The Case Manager will arrange with the parents how co-pays will be handled.

B. Phase 2: Service delivery barriers/refusal.

1. The CPI/Case Manager or Caregiver must inform the provider's admissions desk staff that the child is a Ward of the State (provide Care & Custody letter) and cite Rule 59G-1.050.
2. The CPI/Case Manager or Caregiver must provide Care Coordination the arranged payment coverage plan.
3. Care Coordination Escalation to Management:
    a. Care Coordination will request to speak with the Office Manager;
    b. Care Coordination will reach out to the Medicaid plan, or Payee of Commercial insurance plan.
    c. If the provider refuses to render preventative pediatric care, Care Coordination will require the provider to provide a written denial.
    d. If the provider refuses to provide a written denial, the Nurse Care Coordinator or Case Manager must document the name of the refusing official and the timestamp.
    e. Safety Assessment: If the medical need is urgent, divert immediately to the nearest ER/Urgent Care.

C. Phase 3: Formal Notification

1. NWFHN Internal: Nurse Care Coordinator will add the provider to the non-preferred provider listing.
2. CLS Legal: The Nurse Care Coordinator will email the Attorney assigned to the child's dependency case to file an Emergency Motion for Mandatory Injunction.
3. Regulatory: The Nurse Care Coordinator will file an AHCA Medicaid Portal complaint.
4. Safety: The Nurse Care Coordinator will report to the Florida Abuse Hotline if there is suspicion or knows that the unmet medical need created a dangerous delay.

VII. Roles and Responsibilities

Role	**Responsibility**
Caregiver / Foster Parent	Assert rights in lobby; refuse all co-pays; notify Care Coordination immediately.
Case Manager	Provide Commercial plan information, make arrangements for co-payment with Payee, Support caregiver on-site; contact Care Coordination; document refusal; notify CLS.

Role	Responsibility
NWFHN Leadership	Maintain the non-preferred provider listing; report to Board of Medicine.
CLS Attorney	File legal motions to compel payee to provide commercial insurance, arrangement for copayments, motion to compel care; hold non-compliant providers in contempt.

VIII, NWFHN Contact

Contact Shannon Massingale, Director of Care Coordination for NWF Health Network, with any questions. Ms. Massingale may be contacted at 850-977-3392 and by email Shannon.Massingale@NWFHealth.org.