A bill to be entitled

An act relating to medicaid health maintenance organizations; creating s. 409.91221, F.S.; prescribing time for paying claims for services or goods by a provider; providing procedures for denying or contesting a claim; providing time limitations; providing notice; providing method for making payments, denying or contesting a claim, providing notice; providing interest on overdue payment of claim; providing for a waiver of a medicaid health maintenance organization's rights under a provider contract and consequences for failure of an organization to comply with the provisions of the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 409.91221, Florida Statutes, is created to read:

(1)(a) A medicaid health maintenance organization shall pay any claim or any portion of a claim made by a contract provider for services or goods provided under a contract with the health maintenance organization which the organization does not contest or deny within 35 days after the provider mails or electronically transfers the claim to the medicaid health maintenance organization.

409.91221 Provider contracts; payment of claims.--

(b) A medicaid health maintenance organization that denies or contests a provider claim shall notify the contract provider, in writing, within 35 days after the claim was

mailed or electronically transferred that the claim is contested or denied. The notice that the claim is denied or contested must identify the contested portion of the claim and the specific reason for contesting or denying the claim, and may include a request for additional information. If the medicaid health maintenance organization requests additional information, the provider shall, within 35 days after receipt of such request, mail or electronically transfer the information to the medicaid health maintenance organization. The medicaid health maintenance organization shall pay or deny the claim or portion of the claim within 45 days after the information was mailed or electronically transferred.

- (2) Payment of a claim is considered made on the date the payment was mailed or electronically transferred or otherwise delivered. An overdue payment of a claim bears simple interest at the rate of 10 percent per year.
- A medicaid health maintenance organization that violates this section is considered to have waived its rights under the contract and shall pay the entire amount of the claim presented by the provider.

Section 2. This act shall take effect July 1, 1997.

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## SENATE SUMMARY

Prescribes time for a medicaid health maintenance organization to pay claims for services or goods by a health care provider. Provides procedures for denying or contesting a claim. Provides time limitations. Provides contesting a claim. Provides time limitations. Provides notice. Provides method for making payments, denying or contesting a claim, and providing notice. Provides 10 percent per year interest on overdue payment of claim. Provides for a waiver of a medicaid health maintenance organization's rights under a provider contract and consequences for failure of an organization to comply with the provisions of the act.