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CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: WD	.	
4/1/2008	.	
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1 The Committee on Health Policy (Dockery) recommended the  
2 following **amendment**:

3  
4 **Senate Amendment (with directory and title amendments)**

5 Delete line(s) 154-211

6 and insert:

7 Section 6. Subsections (2) and (5) of section 641.3155,  
8 Florida Statutes, are amended to read:

9 641.3155 Prompt payment of claims.--

10 (2) All claims for payment, underpayment, or overpayment,  
11 whether electronic or nonelectronic:

12 (a) Are considered received on the date the claim is  
13 received by the organization at its designated claims-receipt  
14 location or the date a claim for overpayment is received by the  
15 provider at its designated location.



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16 (b) Must be mailed or electronically transferred to the  
17 primary organization within 60 days ~~6 months~~ after the following  
18 have occurred:

19 1. Discharge for inpatient services or the date of service  
20 for outpatient services; and

21 2. The provider has been furnished with the correct name  
22 and address of the patient's health maintenance organization.

23  
24 All claims for payment, whether electronic or nonelectronic, must  
25 be mailed or electronically transferred to the secondary  
26 organization within 90 days after final determination by the  
27 primary organization. A provider's claim is considered submitted  
28 on the date it is electronically transferred or mailed.

29 (c) Must not duplicate a claim previously submitted unless  
30 it is determined that the original claim was not received or is  
31 otherwise lost.

32 (5) If a health maintenance organization determines that it  
33 has made an overpayment to a provider for services rendered to a  
34 subscriber, the health maintenance organization must make a claim  
35 for such overpayment to the provider's designated location. A  
36 health maintenance organization that makes a claim for  
37 overpayment to a provider under this section shall give the  
38 provider a written or electronic statement specifying the basis  
39 for the retroactive denial or payment adjustment. The health  
40 maintenance organization must identify the claim or claims, or  
41 overpayment claim portion thereof, for which a claim for  
42 overpayment is submitted.

43 (a) If an overpayment determination is the result of  
44 retroactive review or audit of coverage decisions or payment



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45 | levels not related to fraud, a health maintenance organization  
46 | shall adhere to the following procedures:

47 |       1. All claims for overpayment must be submitted to a  
48 | provider within 18 ~~30~~ months after the health maintenance  
49 | organization's payment of the claim. A provider must pay, deny,  
50 | or contest the health maintenance organization's claim for  
51 | overpayment within 40 days after the receipt of the claim. All  
52 | contested claims for overpayment must be paid or denied within  
53 | 120 days after receipt of the claim. Failure to pay or deny  
54 | overpayment and claim within 140 days after receipt creates an  
55 | uncontestable obligation to pay the claim.

56 |       2. A provider that denies or contests a health maintenance  
57 | organization's claim for overpayment or any portion of a claim  
58 | shall notify the organization, in writing, within 35 days after  
59 | the provider receives the claim that the claim for overpayment is  
60 | contested or denied. The notice that the claim for overpayment is  
61 | denied or contested must identify the contested portion of the  
62 | claim and the specific reason for contesting or denying the claim  
63 | and, if contested, must include a request for additional  
64 | information. If the organization submits additional information,  
65 | the organization must, within 35 days after receipt of the  
66 | request, mail or electronically transfer the information to the  
67 | provider. The provider shall pay or deny the claim for  
68 | overpayment within 45 days after receipt of the information. The  
69 | notice is considered made on the date the notice is mailed or  
70 | electronically transferred by the provider.

71 |       3. The health maintenance organization may not reduce  
72 | payment to the provider for other services unless the provider  
73 | agrees to the reduction in writing or fails to respond to the



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74 health maintenance organization's overpayment claim as required  
75 by this paragraph.

76 4. Payment of an overpayment claim is considered made on  
77 the date the payment was mailed or electronically transferred. An  
78 overdue payment of a claim bears simple interest at the rate of  
79 12 percent per year. Interest on an overdue payment for a claim  
80 for an overpayment payment begins to accrue when the claim should  
81 have been paid, denied, or contested.

82 (b) A claim for underpayment by a provider or overpayment  
83 by a health maintenance organization may ~~shall~~ not be made  
84 ~~permitted~~ beyond 18 ~~30~~ months after the health maintenance  
85 organization's payment of a claim, except that claims for  
86 overpayment may be sought beyond that time from providers  
87 convicted of fraud pursuant to s. 817.234 or where fraud or abuse  
88 is suspected.

89  
90 ===== T I T L E A M E N D M E N T =====

91 And the title is amended as follows:

92 Delete line(s) 27-29

93 and insert:

94 641.3155, F.S.; decreasing the amount of time in which all  
95 claims for payment, underpayment, or overpayment must be  
96 mailed or electronically transferred; decreasing the  
97 amount of time in which a health maintenance organization  
98 may make a claim for overpayment or underpayment against a  
99 provider; providing an exception; providing for  
100 applicability;