457874

CHAMBER ACTION

Senate	.	House
Comm: FAV 3/11/2008	.	
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The Committee on Commerce (Oelrich) recommended the following **amendment:**

Senate Amendment (with title amendment)

Between line(s) 211 and 212,

insert:

Section 7. Subsection (6) of section 627.6131, Florida Statutes, is amended to read:

627.6131 Payment of claims.--

(6) If a health insurer determines that it has made an overpayment to a provider for services rendered to an insured, the health insurer must make a claim for such overpayment to the provider's designated location. A health insurer that makes a claim for overpayment to a provider under this section shall give the provider a written or electronic statement specifying

the basis for the retroactive denial or payment adjustment. The insurer must identify the claim or claims, or overpayment claim portion thereof, for which a claim for overpayment is submitted.

(a) If an overpayment determination is the result of retroactive review or audit of coverage decisions or payment levels not related to fraud, a health insurer shall adhere to the following procedures:

1. All claims for overpayment must be submitted to a provider within 12 ~~30~~ months after the health insurer's payment of the claim. A provider must pay, deny, or contest the health insurer's claim for overpayment within 40 days after the receipt of the claim. All contested claims for overpayment must be paid or denied within 120 days after receipt of the claim. Failure to pay or deny overpayment and claim within 140 days after receipt creates an uncontestable obligation to pay the claim.

2. A provider that denies or contests a health insurer's claim for overpayment or any portion of a claim shall notify the health insurer, in writing, within 35 days after the provider receives the claim that the claim for overpayment is contested or denied. The notice that the claim for overpayment is denied or contested must identify the contested portion of the claim and the specific reason for contesting or denying the claim and, if contested, must include a request for additional information. If the health insurer submits additional information, the health insurer must, within 35 days after receipt of the request, mail or electronically transfer the information to the provider. The provider shall pay or deny the claim for overpayment within 45 days after receipt of the information. The notice is considered

made on the date the notice is mailed or electronically transferred by the provider.

3. The health insurer may not reduce payment to the provider for other services unless the provider agrees to the reduction in writing or fails to respond to the health insurer's overpayment claim as required by this paragraph.

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

(b) A claim for overpayment shall not be permitted beyond 12 ~~30~~ months after the health insurer's payment of a claim, except that claims for overpayment may be sought beyond that time from providers convicted of fraud pursuant to s. 817.234.

Section 8. Subsection (7) is added to section 627.6471, Florida Statutes, to read:

627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.--

(7) For care other than for ambulance transport or treatment pursuant to part III of chapter 401 or services provided pursuant to s. 395.1041, a nonpreferred provider providing services to an insured under this section shall, upon request by the insured, provide the insured with an estimated range of charges for the services requested and a statement notifying the insured that the final charge may exceed the reimbursable amount under the insured's policy. There is no

liability on the part of the nonpreferred provider if the final charge exceeds the initial estimate.

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

And the title is amended as follows:

On line(s) 29, after the first semicolon,

insert:

amending s. 627.6131, F.S.; reducing the period for a health insurer to submit a claim to a provider for overpayment; amending s. 627.6471, F.S.; requiring that a nonpreferred provider, upon request of the insured, provide to the insured the estimated range of charges for the services requested; specifying that the provider in not liable if the final charge exceeds the initial estimate;