

| | CHAMBER ACTION |
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| | Senate . <u>House</u> |
| | Comm: FAV . 3/11/2008 . |
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| 1 | The Committee on Commerce (Oelrich) recommended the following |
| 2 | amendment: |
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| 4 | Senate Amendment (with title amendment) |
| 5 | Between line(s) 211 and 212, |
| 6 | insert: |
| 7 | Section 7. Subsection (6) of section 627.6131, Florida |
| 8 | Statutes, is amended to read: |
| 9 | 627.6131 Payment of claims |
| 10 | (6) If a health insurer determines that it has made an |
| 11 | overpayment to a provider for services rendered to an insured, |
| 12 | the health insurer must make a claim for such overpayment to the |
| 13 | provider's designated location. A health insurer that makes a |
| 14 | claim for overpayment to a provider under this section shall |
| 15 | give the provider a written or electronic statement specifying |
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16 the basis for the retroactive denial or payment adjustment. The 17 insurer must identify the claim or claims, or overpayment claim 18 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:

23 1. All claims for overpayment must be submitted to a provider within 12 30 months after the health insurer's payment 24 25 of the claim. A provider must pay, deny, or contest the health 26 insurer's claim for overpayment within 40 days after the receipt 27 of the claim. All contested claims for overpayment must be paid 28 or denied within 120 days after receipt of the claim. Failure to 29 pay or deny overpayment and claim within 140 days after receipt 30 creates an uncontestable obligation to pay the claim.

2. A provider that denies or contests a health insurer's 31 32 claim for overpayment or any portion of a claim shall notify the health insurer, in writing, within 35 days after the provider 33 34 receives the claim that the claim for overpayment is contested or denied. The notice that the claim for overpayment is denied 35 36 or contested must identify the contested portion of the claim and the specific reason for contesting or denying the claim and, 37 if contested, must include a request for additional information. 38 If the health insurer submits additional information, the health 39 insurer must, within 35 days after receipt of the request, mail 40 41 or electronically transfer the information to the provider. The 42 provider shall pay or deny the claim for overpayment within 45 43 days after receipt of the information. The notice is considered

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44 made on the date the notice is mailed or electronically 45 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 <u>12</u> 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.

60 Section 8. Subsection (7) is added to section 627.6471, 61 Florida Statutes, to read:

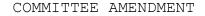
62 627.6471 Contracts for reduced rates of payment;
63 limitations; coinsurance and deductibles.--

64 (7) For care other than for ambulance transport or 65 treatment pursuant to part III of chapter 401 or services 66 provided pursuant to s. 395.1041, a nonpreferred provider 67 providing services to an insured under this section shall, upon request by the insured, provide the insured with an estimated 68 69 range of charges for the services requested and a statement 70 notifying the insured that the final charge may exceed the 71 reimbursable amount under the insured's policy. There is no

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| 72 | liability on the part of the nonpreferred provider if the final |
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| 73 | charge exceeds the initial estimate. |
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| 75 | ====================================== |
| 76 | And the title is amended as follows: |
| 77 | On line(s) 29, after the first semicolon, |
| 78 | insert: |
| 79 | amending s. 627.6131, F.S.; reducing the period for a |
| 80 | health insurer to submit a claim to a provider for |
| 81 | overpayment; amending s. 627.6471, F.S.; requiring that a |
| 82 | nonpreferred provider, upon request of the insured, |
| 83 | provide to the insured the estimated range of charges for |
| 84 | the services requested; specifying that the provider in |
| 85 | not liable if the final charge exceeds the initial |
| 86 | estimate; |
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