

By Senator Gaetz

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1 A bill to be entitled

2 An act relating to health insurance claims payments;
3 amending ss. 627.6131 and 641.31, F.S.; prohibiting health
4 insurance contracts and health maintenance contracts from
5 prohibiting or restricting insureds from assigning plan
6 benefits to certain noncontract providers for certain
7 covered services; requiring payment by an insurer of plan
8 benefits under assignment and acceptance by noncontract
9 providers; requiring noncontract providers accepting such
10 assignments to accept any payments from plan benefit
11 insurers and prohibiting such providers from collecting
12 any balances from insureds; amending s. 627.6471, F.S.;
13 prohibiting insurers and plan administrators from
14 reimbursing preferred providers at alternative or reduced
15 rates for covered services under certain circumstances;
16 providing exceptions; prohibiting preferred provider
17 contract parties from selling, leasing, or transferring
18 contract payment or reimbursement terms information under
19 certain circumstances; amending s. 641.315, F.S.;
20 prohibiting health maintenance organizations from selling,
21 leasing, or transferring contract payment or reimbursement
22 terms information under certain circumstances; amending s.
23 641.3155, F.S.; decreasing the period of time authorized
24 for overpayment claims of health maintenance organizations
25 against providers; providing an effective date.

26
27 Be It Enacted by the Legislature of the State of Florida:
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29 Section 1. Subsection (18) is added to section 627.6131,
30 Florida Statutes, to read:

31 627.6131 Payment of claims.--

32 (18) (a) A contract with a health insurer may not prohibit
33 or restrict an insured from assigning plan benefits to providers
34 not under contract with the insurer for covered health care
35 services rendered by the provider to the insured.

36 (b) Any assignment by an insured of plan benefits which
37 designates that the assignment has been accepted by a provider
38 not under contract with the health insurer must be paid to the
39 provider pursuant to this section.

40 (c) Except for providers who are providing services
41 pursuant to ss. 395.1041 and 401.45, any provider who accepts an
42 assignment pursuant to this subsection agrees, by submitting the
43 claim to the health insurer, to accept the amount paid by the
44 health insurer as payment in full for the health care services
45 provided and to not collect any balance from the insured.

46 Section 2. Subsection (7) is added to section 627.6471,
47 Florida Statutes, to read:

48 627.6471 Contracts for reduced rates of payment;
49 limitations; coinsurance and deductibles.--

50 (7) (a) An insurer or an administrator may not reimburse a
51 preferred provider at an alternative or a reduced rate of payment
52 for covered services that are provided to an insured unless:

53 1. The insurer or administrator has contracted with the
54 preferred provider and has agreed to provide coverage for those
55 health care services under the health insurance policy.

56 2. The preferred provider has agreed to the contract and to
57 provide health care services under the terms of the contract.

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58 (b) A party to a preferred provider contract may not sell,
59 lease, or otherwise transfer information regarding the payment or
60 reimbursement terms of the contract without the express authority
61 of and prior adequate notification to the other contracting
62 parties.

63 Section 3. Subsection (41) is added to section 641.31,
64 Florida Statutes, to read:

65 641.31 Health maintenance contracts.--

66 (41) (a) A health maintenance organization contract may not
67 prohibit or restrict a subscriber from assigning plan benefits to
68 providers not under contract with the organization for covered
69 health care services rendered by the provider to the subscriber.

70 (b) Any assignment by a subscriber of plan benefits which
71 designates that the assignment has been accepted by a provider
72 not under contract with the organization must be paid to the
73 provider pursuant to s. 641.3155.

74 (c) Except for providers providing service pursuant to s.
75 641.513, any provider who accepts an assignment pursuant to this
76 subsection agrees, by submitting the claim to the health
77 maintenance organization, to accept the amount paid by the health
78 maintenance organization as payment in full for the health care
79 services provided and to not collect any balance from the
80 subscriber.

81 Section 4. Subsection (11) is added to section 641.315,
82 Florida Statutes, to read:

83 641.315 Provider contracts.--

84 (11) A health maintenance organization may not sell, lease,
85 or otherwise transfer information regarding the payment of
86 reimbursement terms of a contract with a health care practitioner

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87 without the express authority of and prior adequate notification
88 to the contracting parties.

89 Section 5. Subsection (5) of section 641.3155, Florida
90 Statutes, is amended to read:

91 641.3155 Prompt payment of claims.--

92 (5) If a health maintenance organization determines that it
93 has made an overpayment to a provider for services rendered to a
94 subscriber, the health maintenance organization must make a claim
95 for such overpayment to the provider's designated location. A
96 health maintenance organization that makes a claim for
97 overpayment to a provider under this section shall give the
98 provider a written or electronic statement specifying the basis
99 for the retroactive denial or payment adjustment. The health
100 maintenance organization must identify the claim or claims, or
101 overpayment claim portion thereof, for which a claim for
102 overpayment is submitted.

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

107 1. All claims for overpayment must be submitted to a
108 provider within 6 ~~30~~ months after the health maintenance
109 organization's payment of the claim. A provider must pay, deny,
110 or contest the health maintenance organization's claim for
111 overpayment within 40 days after the receipt of the claim. All
112 contested claims for overpayment must be paid or denied within
113 120 days after receipt of the claim. Failure to pay or deny
114 overpayment and claim within 140 days after receipt creates an
115 uncontestable obligation to pay the claim.

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116 2. A provider that denies or contests a health maintenance
117 organization's claim for overpayment or any portion of a claim
118 shall notify the organization, in writing, within 35 days after
119 the provider receives the claim that the claim for overpayment is
120 contested or denied. The notice that the claim for overpayment is
121 denied or contested must identify the contested portion of the
122 claim and the specific reason for contesting or denying the claim
123 and, if contested, must include a request for additional
124 information. If the organization submits additional information,
125 the organization must, within 35 days after receipt of the
126 request, mail or electronically transfer the information to the
127 provider. The provider shall pay or deny the claim for
128 overpayment within 45 days after receipt of the information. The
129 notice is considered made on the date the notice is mailed or
130 electronically transferred by the provider.

131 3. The health maintenance organization may not reduce
132 payment to the provider for other services unless the provider
133 agrees to the reduction in writing or fails to respond to the
134 health maintenance organization's overpayment claim as required
135 by this paragraph.

136 4. Payment of an overpayment claim is considered made on
137 the date the payment was mailed or electronically transferred. An
138 overdue payment of a claim bears simple interest at the rate of
139 12 percent per year. Interest on an overdue payment for a claim
140 for an overpayment payment begins to accrue when the claim should
141 have been paid, denied, or contested.

142 (b) A claim for overpayment shall not be permitted beyond 6
143 ~~30~~ months after the health maintenance organization's payment of
144 a claim, except that claims for overpayment may be sought beyond

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145 | that time from providers convicted of fraud pursuant to s.
146 | 817.234.

147 | Section 6. This act shall take effect July 1, 2008.