

HB 715

2010

1 A bill to be entitled
 2 An act relating to health services claims; amending s.
 3 627.6141, F.S.; authorizing appeals from denials of
 4 certain claims for certain services; requiring a health
 5 insurer to conduct a retrospective review of the medical
 6 necessity of a service under certain circumstances;
 7 requiring the health insurer to submit a written
 8 justification for a determination that a service was not
 9 medically necessary and provide a process for appealing
 10 the determination; amending s. 641.3156, F.S.; authorizing
 11 appeals from denials of certain claims for certain
 12 services; requiring a health maintenance organization to
 13 conduct a retrospective review of the medical necessity of
 14 a service under certain circumstances; requiring the
 15 health maintenance organization to submit a written
 16 justification for a determination that a service was not
 17 medically necessary and provide a process for appealing
 18 the determination; providing an effective date.

19
 20 Be It Enacted by the Legislature of the State of Florida:

21
 22 Section 1. Section 627.6141, Florida Statutes, is amended
 23 to read:

24 627.6141 Denial of claims.—Each claimant, or provider
 25 acting for a claimant, who has had a claim denied or a portion
 26 of a claim denied because the provider failed to obtain the
 27 necessary authorization due to an unintentional act or error or
 28 omission ~~as not medically necessary~~ must be provided an

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29 opportunity for an appeal to the insurer's licensed physician
 30 who is responsible for the medical necessity reviews under the
 31 plan ~~or is a member of the plan's peer review group.~~ If the
 32 provider appeals the denial, the health insurer shall conduct
 33 and complete a retrospective review of the medical necessity of
 34 the service within 30 business days after the submitted appeal.
 35 If the insurer determines upon review that the service was
 36 medically necessary, the insurer shall reverse the denial and
 37 pay the claim. If the insurer determines that the service was
 38 not medically necessary, the insurer shall submit to the
 39 provider specific written clinical justification for the
 40 determination. ~~The appeal may be by telephone, and the insurer's~~
 41 ~~licensed physician must respond within a reasonable time, not to~~
 42 ~~exceed 15 business days.~~

43 Section 2. Subsection (3) of section 641.3156, Florida
 44 Statutes, is renumbered as subsection (4), and a new subsection
 45 (3) is added to that section to read:

46 641.3156 Treatment authorization; payment of claims.—

47 (3) If a provider claim or a portion of a provider claim
 48 is denied because the provider, due to an unintentional act of
 49 error or omission, failed to obtain the necessary authorization,
 50 the provider may appeal the denial to the health maintenance
 51 organization's licensed physician who is responsible for medical
 52 necessity reviews. The health maintenance organization shall
 53 conduct and complete a retrospective review of the medical
 54 necessity of the service within 30 business days after the
 55 submitted appeal. If the health maintenance organization
 56 determines that the service is medically necessary, the health

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57 maintenance organization shall reverse the denial and pay the
58 claim. If the health maintenance organization determines that
59 the service is not medically necessary, the health maintenance
60 organization shall provide the provider with specific written
61 clinical justification for the determination.

62 Section 3. This act shall take effect July 1, 2010.