

HB 983

2012

1 A bill to be entitled
2 An act relating to payment for services provided by
3 licensed psychologists; amending ss. 627.6131 and
4 641.3155, F.S.; adding licensed psychologists to the
5 list of health care providers who are protected by a
6 limitations period from claims for overpayment being
7 sought by health insurers or health maintenance
8 organizations; adding licensed psychologists to the
9 list of health care providers who are subject to a
10 limitations period for submitting claims to health
11 insurers or health maintenance organizations for
12 underpayment; amending s. 627.638, F.S.; adding
13 licensed psychologists to the list of health care
14 providers who are eligible for direct payment for
15 medical services by a health insurer under certain
16 circumstances; providing an effective date.

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18 Be It Enacted by the Legislature of the State of Florida:

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20 Section 1. Subsections (18) and (19) of section 627.6131,
21 Florida Statutes, are amended to read:

22 627.6131 Payment of claims.—

23 (18) Notwithstanding the 30-month period provided in
24 subsection (6), all claims for overpayment submitted to a
25 provider licensed under chapter 458, chapter 459, chapter 460,
26 chapter 461, ~~or~~ chapter 466, or chapter 490 must be submitted to
27 the provider within 12 months after the health insurer's payment
28 of the claim. A claim for overpayment may not be permitted

29 | beyond 12 months after the health insurer's payment of a claim,
 30 | except that claims for overpayment may be sought beyond that
 31 | time from providers convicted of fraud pursuant to s. 817.234.

32 | (19) Notwithstanding any other provision of this section,
 33 | all claims for underpayment from a provider licensed under
 34 | chapter 458, chapter 459, chapter 460, chapter 461, ~~or~~ chapter
 35 | 466, or chapter 490 must be submitted to the insurer within 12
 36 | months after the health insurer's payment of the claim. A claim
 37 | for underpayment may not be permitted beyond 12 months after the
 38 | health insurer's payment of a claim.

39 | Section 2. Subsections (16) and (17) of section 641.3155,
 40 | Florida Statutes, are amended to read:

41 | 641.3155 Prompt payment of claims.—

42 | (16) Notwithstanding the 30-month period provided in
 43 | subsection (5), all claims for overpayment submitted to a
 44 | provider licensed under chapter 458, chapter 459, chapter 460,
 45 | chapter 461, ~~or~~ chapter 466, or chapter 490 must be submitted to
 46 | the provider within 12 months after the health maintenance
 47 | organization's payment of the claim. A claim for overpayment may
 48 | not be permitted beyond 12 months after the health maintenance
 49 | organization's payment of a claim, except that claims for
 50 | overpayment may be sought beyond that time from providers
 51 | convicted of fraud pursuant to s. 817.234.

52 | (17) Notwithstanding any other provision of this section,
 53 | all claims for underpayment from a provider licensed under
 54 | chapter 458, chapter 459, chapter 460, chapter 461, ~~or~~ chapter
 55 | 466 or chapter 490 must be submitted to the health maintenance
 56 | organization within 12 months after the health maintenance

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57 organization's payment of the claim. A claim for underpayment
58 may not be permitted beyond 12 months after the health
59 maintenance organization's payment of a claim.

60 Section 3. Contingent upon the Office of Program Policy
61 Analysis and Government Accountability not presenting the
62 finding specified in section 2 of chapter 2009-124, Laws of
63 Florida, and the text of subsection (2) of section 627.638,
64 Florida Statutes, not reverting to that in existence on June 30,
65 2009, that subsection is amended to read:

66 627.638 Direct payment for hospital, medical services.—

67 (2) Whenever, in any health insurance claim form, an
68 insured specifically authorizes payment of benefits directly to
69 any recognized hospital, licensed ambulance provider, physician,
70 dentist, psychologist, or other person who provided the services
71 in accordance with the provisions of the policy, the insurer
72 shall make such payment to the designated provider of such
73 services. The insurance contract may not prohibit, and claims
74 forms must provide an option for, the payment of benefits
75 directly to a licensed hospital, licensed ambulance provider,
76 physician, dentist, psychologist, or other person who provided
77 the services in accordance with the provisions of the policy for
78 care provided. The insurer may require written attestation of
79 assignment of benefits. Payment to the provider from the insurer
80 may not be more than the amount that the insurer would otherwise
81 have paid without the assignment.

82 Section 4. Contingent upon the Office of Program Policy
83 Analysis and Government Accountability presenting the finding
84 specified in section 2 of chapter 2009-124, Laws of Florida, and

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85 the text of subsection (2) of section 627.638, Florida Statutes,
86 reverting to that in existence on June 30, 2009, that subsection
87 is amended to read:

88 627.638 Direct payment for hospital, medical services.—

89 (2) Whenever, in any health insurance claim form, an
90 insured specifically authorizes payment of benefits directly to
91 any recognized hospital, licensed ambulance provider, physician,
92 ~~or dentist,~~ or psychologist, the insurer shall make such payment
93 to the designated provider of such services, unless otherwise
94 provided in the insurance contract. The insurance contract may
95 not prohibit, and claims forms must provide an option for, the
96 payment of benefits directly to a licensed hospital, licensed
97 ambulance provider, physician, ~~or dentist,~~ or psychologist for
98 care provided pursuant to s. 395.1041 or part III of chapter
99 401. The insurer may require written attestation of assignment
100 of benefits. Payment to the provider from the insurer may not be
101 more than the amount that the insurer would otherwise have paid
102 without the assignment.

103 Section 5. This act shall take effect July 1, 2012.