

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; making technical and grammatical  
 17          changes; providing an effective date.

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

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

23           627.6131 Payment of claims.—

24           (18) Notwithstanding the 30-month period provided in  
 25 subsection (6), all claims for overpayment submitted to a  
 26 provider licensed under chapter 458, chapter 459, chapter 460,  
 27 chapter 461, ~~or~~ chapter 466, or chapter 490 must be submitted to  
 28 the provider within 12 months after the health insurer's payment

HB 1237

2013

29 | of the claim. A claim for overpayment is ~~may~~ not ~~be~~ permitted  
30 | ~~beyond~~ 12 months after the health insurer's payment of a claim,  
31 | except that claims for overpayment may be sought after ~~beyond~~  
32 | that time from providers convicted of fraud pursuant to s.  
33 | 817.234.

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

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

43 | 641.3155 Prompt payment of claims.—

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

54 | (17) Notwithstanding any other provision of this section,  
55 | all claims for underpayment from a provider licensed under  
56 | chapter 458, chapter 459, chapter 460, chapter 461, ~~or~~ chapter

57 | 466, or chapter 490 must be submitted to the health maintenance  
 58 | organization within 12 months after the health maintenance  
 59 | organization's payment of the claim. A claim for underpayment is  
 60 | ~~may not be permitted beyond~~ 12 months after the health  
 61 | maintenance organization's payment of a claim.

62 | Section 3. Contingent upon the Office of Program Policy  
 63 | Analysis and Government Accountability not presenting the  
 64 | finding specified in section 2 of chapter 2009-124, Laws of  
 65 | Florida, and the text of subsection (2) of section 627.638,  
 66 | Florida Statutes, not reverting to that in existence on June 30,  
 67 | 2009, that subsection is amended to read:

68 | 627.638 Direct payment for hospital, medical services.—

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

84 | Section 4. Contingent upon the Office of Program Policy

HB 1237

2013

85 Analysis and Government Accountability presenting the finding  
86 specified in section 2 of chapter 2009-124, Laws of Florida, and  
87 the text of subsection (2) of section 627.638, Florida Statutes,  
88 reverting to that in existence on June 30, 2009, that subsection  
89 is amended to read:

90 627.638 Direct payment for hospital, medical services.—

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

105 Section 5. This act shall take effect July 1, 2013.