

By the Committee on Banking and Insurance; and Senators Altman and Soto

597-03995-13

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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  
29 of the claim. A claim for overpayment is ~~may~~ not ~~be~~ permitted

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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

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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. Subsection (2) of section 627.638, Florida  
63 Statutes, is amended to read:

64 627.638 Direct payment for hospital, medical services.—

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

80 Section 4. This act shall take effect July 1, 2013.