



26 | date.

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28 | Be It Enacted by the Legislature of the State of Florida:

29 |

30 | Section 1. Subsection (19) of section 627.6131, Florida  
 31 | Statutes, is renumbered as subsection (18), and subsection (6)  
 32 | and present subsection (18) of that section are amended to read:

33 | 627.6131 Payment of claims.—

34 | (6) If a health insurer determines that it has made an  
 35 | overpayment to a provider for services rendered to an insured,  
 36 | the health insurer must make a claim for such overpayment to the  
 37 | provider's designated location. A health insurer that makes a  
 38 | claim for overpayment to a provider under this section shall  
 39 | give the provider a written or electronic statement specifying  
 40 | the basis for the retroactive denial or payment adjustment. The  
 41 | insurer must identify the claim or claims, or overpayment claim  
 42 | portion thereof, for which a claim for overpayment is submitted.

43 | (a)1. Except as provided in subparagraph 2., a claim for  
 44 | overpayment must be submitted to a provider within 12 months  
 45 | after the health insurer's payment of the claim. The 12-month  
 46 | timeframe applies to claims that include, but are not limited  
 47 | to:

48 | a. Any claim for overpayment as a result of a retroactive  
 49 | review or audit of coverage decisions or payment levels not  
 50 | related to fraud, as described in paragraph (b); or

51 b. Any claim for overpayment submitted to a provider  
52 licensed under chapter 458, chapter 459, chapter 460, chapter  
53 461, or chapter 466.

54 2.(b) A claim for overpayment ~~shall not be permitted~~  
55 ~~beyond 30 months after the health insurer's payment of a claim,~~  
56 ~~except that claims for overpayment may be sought beyond 12~~  
57 months after the health insurer's payment of the claim to a  
58 provider that time from providers convicted of fraud pursuant to  
59 s. 817.234.

60 (b)(a) If an overpayment determination is the result of  
61 retroactive review or audit of coverage decisions or payment  
62 levels not related to fraud, a provider and a health insurer  
63 shall adhere to the following procedures:

64 1. ~~The All claims for overpayment must be submitted to a~~  
65 ~~provider within 30 months after the health insurer's payment of~~  
66 ~~the claim. A provider must pay, deny, or contest the health~~  
67 ~~insurer's claim for overpayment within 40 days after the receipt~~  
68 ~~of the claim. All contested claims for overpayment must be paid~~  
69 ~~or denied within 120 days after receipt of the claim. Failure to~~  
70 ~~pay or deny overpayment and claim within 140 days after receipt~~  
71 ~~creates an uncontestable obligation to pay the claim.~~

72 2. A provider that denies or contests a health insurer's  
73 claim for overpayment or any portion of a claim shall notify the  
74 health insurer, in writing, within 35 days after the provider  
75 receives the claim that the claim for overpayment is contested

76 or denied. The notice that the claim for overpayment is denied  
77 or contested must identify the contested portion of the claim  
78 and the specific reason for contesting or denying the claim and,  
79 if contested, must include a request for additional information.  
80 If the health insurer submits additional information, the health  
81 insurer must, within 35 days after receipt of the request, mail  
82 or electronically transfer the information to the provider. The  
83 provider shall pay or deny the claim for overpayment within 45  
84 days after receipt of the information. The notice is considered  
85 made on the date the notice is mailed or electronically  
86 transferred by the provider.

87 3. The health insurer may not reduce payment to the  
88 provider for other services unless the provider agrees to the  
89 reduction in writing or fails to respond to the health insurer's  
90 overpayment claim as required by this paragraph.

91 4. Payment of an overpayment claim is considered made on  
92 the date the payment was mailed or electronically transferred.  
93 An overdue payment of a claim bears simple interest at the rate  
94 of 12 percent per year. Interest on an overdue payment for a  
95 claim for an overpayment begins to accrue when the claim should  
96 have been paid, denied, or contested.

97 ~~(18) Notwithstanding the 30-month period provided in~~  
98 ~~subsection (6), all claims for overpayment submitted to a~~  
99 ~~provider licensed under chapter 458, chapter 459, chapter 460,~~  
100 ~~chapter 461, or chapter 466 must be submitted to the provider~~

101 ~~within 12 months after the health insurer's payment of the~~  
 102 ~~claim. A claim for overpayment may not be permitted beyond 12~~  
 103 ~~months after the health insurer's payment of a claim, except~~  
 104 ~~that claims for overpayment may be sought beyond that time from~~  
 105 ~~providers convicted of fraud pursuant to s. 817.234.~~

106 Section 2. Section 627.65725, Florida Statutes, is created  
 107 to read:

108 627.65725 Overpayment claims.—If an insurer issuing a  
 109 group, blanket, or franchise health insurance policy determines  
 110 that it has made an overpayment to a provider for services  
 111 rendered to an insured, the insurer must make a claim for such  
 112 overpayment to the provider's designated location. An insurer  
 113 issuing a group, blanket, or franchise health policy that makes  
 114 a claim for overpayment to a provider shall give the provider a  
 115 written or electronic statement specifying the basis for the  
 116 retroactive denial or payment adjustment. The insurer must  
 117 identify the claim or claims, or overpayment claim portion  
 118 thereof, for which a claim for overpayment is submitted.

119 (1)(a) Except as provided in paragraph (b), a claim for  
 120 overpayment must be submitted to a provider within 12 months  
 121 after the insurer's payment of the claim. The 12-month timeframe  
 122 applies to claims that include, but are not limited to:

123 1. Any claim for overpayment as a result of a retroactive  
 124 review or audit of coverage decisions or payment levels not  
 125 related to fraud, as described in subsection (2); or

126        2. Any claim for overpayment submitted to a provider  
127 licensed under chapter 458, chapter 459, chapter 460, chapter  
128 461, or chapter 466.

129        (b) A claim for overpayment may be sought beyond 12 months  
130 after the insurer's payment of the claim to a provider convicted  
131 of fraud pursuant to s. 817.234.

132        (2) If an overpayment determination is the result of  
133 retroactive review or audit of coverage decisions or payment  
134 levels not related to fraud, a provider and the insurer shall  
135 adhere to the following procedures:

136        (a) The provider must pay, deny, or contest the insurer's  
137 claim for overpayment within 40 days after receipt of the claim.  
138 All contested claims for overpayment must be paid or denied  
139 within 120 days after receipt of the claim. Failure to pay or  
140 deny overpayment and claim within 140 days after receipt creates  
141 an uncontestable obligation to pay the claim.

142        (b) A provider that denies or contests the insurer's claim  
143 for overpayment or any portion of a claim shall notify the  
144 insurer, in writing, within 35 days after the provider receives  
145 the claim that the claim for overpayment is contested or denied.  
146 The notice that the claim for overpayment is denied or contested  
147 must identify the contested portion of the claim and the  
148 specific reason for contesting or denying the claim and, if  
149 contested, must include a request for additional information. If  
150 the insurer submits additional information, the insurer must,

151 within 35 days after receipt of the request, mail or  
152 electronically transfer the information to the provider. The  
153 provider shall pay or deny the claim for overpayment within 45  
154 days after receipt of the information. The notice is considered  
155 made on the date the notice is mailed or electronically  
156 transferred by the provider.

157 (c) The insurer may not reduce payment to the provider for  
158 other services unless the provider agrees to the reduction in  
159 writing or fails to respond to the insurer's overpayment claim  
160 as required by this subsection.

161 (d) Payment of an overpayment claim is considered made on  
162 the date the payment was mailed or electronically transferred.  
163 An overdue payment of a claim bears simple interest at the rate  
164 of 12 percent per year. Interest on an overdue payment for a  
165 claim for an overpayment begins to accrue when the claim should  
166 have been paid, denied, or contested.

167 Section 3. Subsection (17) of section 641.3155, Florida  
168 Statutes, is renumbered as subsection (16), and subsection (5)  
169 and present subsection (16) of that section are amended to read:

170 641.3155 Prompt payment of claims.—

171 (5) If a health maintenance organization determines that  
172 it has made an overpayment to a provider for services rendered  
173 to a subscriber, the health maintenance organization must make a  
174 claim for such overpayment to the provider's designated  
175 location. A health maintenance organization that makes a claim

176 for overpayment to a provider under this section shall give the  
 177 provider a written or electronic statement specifying the basis  
 178 for the retroactive denial or payment adjustment. The health  
 179 maintenance organization must identify the claim or claims, or  
 180 overpayment claim portion thereof, for which a claim for  
 181 overpayment is submitted.

182 (a)1. Except as provided in subparagraph 2., a claim for  
 183 overpayment must be submitted to a provider within 12 months  
 184 after the health maintenance organization's payment of the  
 185 claim. The 12-month timeframe applies to claims that include,  
 186 but are not limited to:

187 a. Any claim for overpayment as a result of a retroactive  
 188 review or audit of coverage decisions or payment levels not  
 189 related to fraud, as described in paragraph (b); or

190 b. Any claim for overpayment submitted to a provider  
 191 licensed under chapter 458, chapter 459, chapter 460, chapter  
 192 461, or chapter 466.

193 ~~2.(b) A claim for overpayment shall not be permitted~~  
 194 ~~beyond 30 months after the health maintenance organization's~~  
 195 ~~payment of a claim, except that claims for overpayment may be~~  
 196 ~~sought beyond 12 months after the health maintenance~~  
 197 ~~organization's payment of the claim to a provider that time from~~  
 198 ~~providers convicted of fraud pursuant to s. 817.234.~~

199 ~~(b)(a)~~ If an overpayment determination is the result of  
 200 retroactive review or audit of coverage decisions or payment



201 | levels not related to fraud, a provider and a health maintenance  
 202 | organization shall adhere to the following procedures:

203 |       1. ~~The All claims for overpayment must be submitted to a~~  
 204 | ~~provider within 30 months after the health maintenance~~  
 205 | ~~organization's payment of the claim.~~ A provider must pay, deny,  
 206 | or contest the health maintenance organization's claim for  
 207 | overpayment within 40 days after ~~the~~ receipt of the claim. All  
 208 | contested claims for overpayment must be paid or denied within  
 209 | 120 days after receipt of the claim. Failure to pay or deny  
 210 | overpayment and claim within 140 days after receipt creates an  
 211 | uncontestable obligation to pay the claim.

212 |       2. A provider that denies or contests a health maintenance  
 213 | organization's claim for overpayment or any portion of a claim  
 214 | shall notify the organization, in writing, within 35 days after  
 215 | the provider receives the claim that the claim for overpayment  
 216 | is contested or denied. The notice that the claim for  
 217 | overpayment is denied or contested must identify the contested  
 218 | portion of the claim and the specific reason for contesting or  
 219 | denying the claim and, if contested, must include a request for  
 220 | additional information. If the organization submits additional  
 221 | information, the organization must, within 35 days after receipt  
 222 | of the request, mail or electronically transfer the information  
 223 | to the provider. The provider shall pay or deny the claim for  
 224 | overpayment within 45 days after receipt of the information. The  
 225 | notice is considered made on the date the notice is mailed or

226 | electronically transferred by the provider.

227 |       3. The health maintenance organization may not reduce  
228 | payment to the provider for other services unless the provider  
229 | agrees to the reduction in writing or fails to respond to the  
230 | health maintenance organization's overpayment claim as required  
231 | by this paragraph.

232 |       4. Payment of an overpayment claim is considered made on  
233 | the date the payment was mailed or electronically transferred.  
234 | An overdue payment of a claim bears simple interest at the rate  
235 | of 12 percent per year. Interest on an overdue payment for a  
236 | claim for an overpayment payment begins to accrue when the claim  
237 | should have been paid, denied, or contested.

238 |       ~~(16) Notwithstanding the 30-month period provided in~~  
239 | ~~subsection (5), all claims for overpayment submitted to a~~  
240 | ~~provider licensed under chapter 458, chapter 459, chapter 460,~~  
241 | ~~chapter 461, or chapter 466 must be submitted to the provider~~  
242 | ~~within 12 months after the health maintenance organization's~~  
243 | ~~payment of the claim. A claim for overpayment may not be~~  
244 | ~~permitted beyond 12 months after the health maintenance~~  
245 | ~~organization's payment of a claim, except that claims for~~  
246 | ~~overpayment may be sought beyond that time from providers~~  
247 | ~~convicted of fraud pursuant to s. 817.234.~~

248 |       Section 4. This act shall take effect July 1, 2022.