By Senator Altman

16-00203-13 2013144

A bill to be entitled

An act relating to payment for services provided by licensed psychologists; amending ss. 627.6131 and 641.3155, F.S.; adding licensed psychologists to the list of health care providers who are protected by a limitations period from claims for overpayment being sought by health insurers or health maintenance organizations; adding licensed psychologists to the list of health care providers who are subject to a limitations period for submitting claims to health insurers or health maintenance organizations for underpayment; amending s. 627.638, F.S.; adding licensed psychologists to the list of health care providers who are eligible for direct payment for medical services by a health insurer under certain circumstances; making technical and grammatical changes; providing an effective date.

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

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

627.6131 Payment of claims.-

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

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

(19) Notwithstanding any other provision of this section, all claims for underpayment from a provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466, or chapter 490 must be submitted to the insurer within 12 months after the health insurer's payment of the claim. A claim for underpayment <u>is may</u> not be permitted beyond 12 months after the health insurer's payment of a claim.

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

641.3155 Prompt payment of claims.

- (16) Notwithstanding the 30-month period provided in subsection (5), all claims for overpayment submitted to a provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466, or chapter 490 must be submitted to the provider within 12 months after the health maintenance organization's payment of the claim. A claim for overpayment is may not be permitted beyond 12 months after the health maintenance organization's payment of a claim, except that claims for overpayment may be sought after beyond that time from providers convicted of fraud pursuant to s. 817.234.
- (17) Notwithstanding any other provision of this section, all claims for underpayment from a provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 490 must be submitted to the health maintenance organization within 12 months after the health maintenance

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organization's payment of the claim. A claim for underpayment <u>is</u> may not be permitted beyond 12 months after the health maintenance organization's payment of a claim.

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

627.638 Direct payment for hospital, medical services.-

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

Section 4. Contingent upon the Office of Program Policy Analysis and Government Accountability presenting the finding specified in section 2 of chapter 2009-124, Laws of Florida, and the text of subsection (2) of section 627.638, Florida Statutes,

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reverting to that in existence on June 30, 2009, that subsection is amended to read:

627.638 Direct payment for hospital, medical services.-

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

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