

HB 459

2014

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,

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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

64 627.638 Direct payment for hospital, medical services.—

65 (2) If ~~Whenever~~, in any health insurance claim form, 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

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79 | have paid without the assignment.

80 | Section 4. This act shall take effect July 1, 2014.