

1 A bill to be entitled
 2 An act relating to timeframes for overpayment claims
 3 by health insurers; amending ss. 627.6131 and
 4 641.3155, F.S.; revising the timeframe for overpayment
 5 claims by health insurers and health maintenance
 6 organizations, respectively, against providers;
 7 providing applicability of such timeframe to
 8 overpayment claims as a result of specified
 9 retroactive review or audit; providing an effective
 10 date.

11
 12 Be It Enacted by the Legislature of the State of Florida:

13
 14 Section 1. Subsection (19) of section 627.6131, Florida
 15 Statutes, is renumbered as subsection (18), and present
 16 subsections (6) and (18) of that section are amended, to read:
 17 627.6131 Payment of claims.—

18 (6) If a health insurer determines that it has made an
 19 overpayment to a provider for services rendered to an insured,
 20 the health insurer must make a claim for such overpayment to the
 21 provider's designated location. A health insurer that makes a
 22 claim for overpayment to a provider under this section shall
 23 give the provider a written or electronic statement specifying
 24 the basis for the retroactive denial or payment adjustment. The
 25 insurer must identify the claim or claims, or overpayment claim

26 | portion thereof, for which a claim for overpayment is submitted.

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

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

35 | b. Any claim for overpayment submitted to a provider
36 | licensed under chapter 458, chapter 459, chapter 460, chapter
37 | 461, or chapter 466.

38 | ~~2.(b)~~ A claim for overpayment ~~shall not be permitted~~
39 | ~~beyond 30 months after the health insurer's payment of a claim,~~
40 | ~~except that claims for overpayment may be sought beyond 12~~
41 | ~~months after the health insurer's payment of the claim to that~~
42 | ~~time from providers convicted of fraud pursuant to s. 817.234.~~

43 | (b)(a) If an overpayment determination is the result of
44 | retroactive review or audit of coverage decisions or payment
45 | levels not related to fraud, a provider and a health insurer
46 | shall adhere to the following procedures:

47 | 1. ~~The All claims for overpayment must be submitted to a~~
48 | ~~provider within 30 months after the health insurer's payment of~~
49 | ~~the claim. A provider must pay, deny, or contest the health~~
50 | ~~insurer's claim for overpayment within 40 days after the receipt~~

51 | of the claim. All contested claims for overpayment must be paid
52 | or denied within 120 days after receipt of the claim. Failure to
53 | pay or deny overpayment and claim within 140 days after receipt
54 | creates an uncontestable obligation to pay the claim.

55 | 2. A provider that denies or contests a health insurer's
56 | claim for overpayment or any portion of a claim shall notify the
57 | health insurer, in writing, within 35 days after the provider
58 | receives the claim that the claim for overpayment is contested
59 | or denied. The notice that the claim for overpayment is denied
60 | or contested must identify the contested portion of the claim
61 | and the specific reason for contesting or denying the claim and,
62 | if contested, must include a request for additional information.
63 | If the health insurer submits additional information, the health
64 | insurer must, within 35 days after receipt of the request, mail
65 | or electronically transfer the information to the provider. The
66 | provider shall pay or deny the claim for overpayment within 45
67 | days after receipt of the information. The notice is considered
68 | made on the date the notice is mailed or electronically
69 | transferred by the provider.

70 | 3. The health insurer may not reduce payment to the
71 | provider for other services unless the provider agrees to the
72 | reduction in writing or fails to respond to the health insurer's
73 | overpayment claim as required by this paragraph.

74 | 4. Payment of an overpayment claim is considered made on
75 | the date the payment was mailed or electronically transferred.

76 An overdue payment of a claim bears simple interest at the rate
77 of 12 percent per year. Interest on an overdue payment for a
78 claim for an overpayment begins to accrue when the claim should
79 have been paid, denied, or contested.

80 ~~(18) Notwithstanding the 30-month period provided in~~
81 ~~subsection (6), all claims for overpayment submitted to a~~
82 ~~provider licensed under chapter 458, chapter 459, chapter 460,~~
83 ~~chapter 461, or chapter 466 must be submitted to the provider~~
84 ~~within 12 months after the health insurer's payment of the~~
85 ~~claim. A claim for overpayment may not be permitted beyond 12~~
86 ~~months after the health insurer's payment of a claim, except~~
87 ~~that claims for overpayment may be sought beyond that time from~~
88 ~~providers convicted of fraud pursuant to s. 817.234.~~

89 Section 2. Subsection (17) of section 641.3155, Florida
90 Statutes, is renumbered as subsection (16), and present
91 subsections (5) and (16) of that section are amended, to read:

92 641.3155 Prompt payment of claims.—

93 (5) If a health maintenance organization determines that
94 it has made an overpayment to a provider for services rendered
95 to a subscriber, the health maintenance organization must make a
96 claim for such overpayment to the provider's designated
97 location. A health maintenance organization that makes a claim
98 for overpayment to a provider under this section shall give the
99 provider a written or electronic statement specifying the basis
100 for the retroactive denial or payment adjustment. The health

101 maintenance organization must identify the claim or claims, or
102 overpayment claim portion thereof, for which a claim for
103 overpayment is submitted.

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

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

112 b. Any claim for overpayment submitted to a provider
113 licensed under chapter 458, chapter 459, chapter 460, chapter
114 461, or chapter 466.

115 ~~2.(b) A claim for overpayment shall not be permitted~~
116 ~~beyond 30 months after the health maintenance organization's~~
117 ~~payment of a claim, except that claims for overpayment may be~~
118 ~~sought beyond 12 months after the health maintenance~~
119 ~~organization's payment of the claim to that time from providers~~
120 ~~convicted of fraud pursuant to s. 817.234.~~

121 ~~(b)(a)~~ If an overpayment determination is the result of
122 retroactive review or audit of coverage decisions or payment
123 levels not related to fraud, a provider and a health maintenance
124 organization shall adhere to the following procedures:

125 1. ~~The All claims for overpayment must be submitted to a~~

126 ~~provider within 30 months after the health maintenance~~
127 ~~organization's payment of the claim. A provider must pay, deny,~~
128 or contest the health maintenance organization's claim for
129 overpayment within 40 days after the receipt of the claim. All
130 contested claims for overpayment must be paid or denied within
131 120 days after receipt of the claim. Failure to pay or deny
132 overpayment and claim within 140 days after receipt creates an
133 uncontestable obligation to pay the claim.

134 2. A provider that denies or contests a health maintenance
135 organization's claim for overpayment or any portion of a claim
136 shall notify the organization, in writing, within 35 days after
137 the provider receives the claim that the claim for overpayment
138 is contested or denied. The notice that the claim for
139 overpayment is denied or contested must identify the contested
140 portion of the claim and the specific reason for contesting or
141 denying the claim and, if contested, must include a request for
142 additional information. If the organization submits additional
143 information, the organization must, within 35 days after receipt
144 of the request, mail or electronically transfer the information
145 to the provider. The provider shall pay or deny the claim for
146 overpayment within 45 days after receipt of the information. The
147 notice is considered made on the date the notice is mailed or
148 electronically transferred by the provider.

149 3. The health maintenance organization may not reduce
150 payment to the provider for other services unless the provider

151 agrees to the reduction in writing or fails to respond to the
152 health maintenance organization's overpayment claim as required
153 by this paragraph.

154 4. Payment of an overpayment claim is considered made on
155 the date the payment was mailed or electronically transferred.
156 An overdue payment of a claim bears simple interest at the rate
157 of 12 percent per year. Interest on an overdue payment for a
158 claim for an overpayment payment begins to accrue when the claim
159 should have been paid, denied, or contested.

160 ~~(16) Notwithstanding the 30-month period provided in~~
161 ~~subsection (5), all claims for overpayment submitted to a~~
162 ~~provider licensed under chapter 458, chapter 459, chapter 460,~~
163 ~~chapter 461, or chapter 466 must be submitted to the provider~~
164 ~~within 12 months after the health maintenance organization's~~
165 ~~payment of the claim. A claim for overpayment may not be~~
166 ~~permitted beyond 12 months after the health maintenance~~
167 ~~organization's payment of a claim, except that claims for~~
168 ~~overpayment may be sought beyond that time from providers~~
169 ~~convicted of fraud pursuant to s. 817.234.~~

170 Section 3. This act shall take effect July 1, 2021.