



Greg Schwab

Bill Analysis
Legislative Service Commission

H.B. 142
124th General Assembly
(As Introduced)

Reps. Damschroder, Metzger, Seitz, Redfern, Willamowski, Britton, Bocchieri, Lendrum, Cirelli, Olman, Perry, Fedor, Jerse, Allen, Key, Hollister, Schneider

BILL SUMMARY

- Requires health insuring corporations and sickness and accident insurers to give a health care provider written notice of an overpayment within one year, or lose the right to make an adjustment or correction to the provider's account or to otherwise seek reimbursement for the overpayment.

CONTENT AND OPERATION

Notice of overpayment is required

(secs. 1753.17 and 3923.72)

The bill prohibits health insuring corporations and sickness and accident insurers from making an adjustment or correction to a health care provider's accounts in connection with an overpayment, from withholding any portion of compensation currently due to a health care provider as reimbursement for an overpayment, and from seeking reimbursement from a health care provider for an overpayment, unless the health insuring corporation or sickness and accident insurer has provided the health care provider with written notice of an overpayment within one year of the overpayment. The notice provided must include the basis of the insurer's or health insuring corporation's determination that an overpayment was made. As applied to health insuring corporations, this prohibition on adjustments and corrections to accounts is limited to participating health care providers.

Notwithstanding the bill's prohibition, a health insuring corporation or sickness and accident insurer may obtain reimbursement from a health care provider for an overpayment without providing written notice of the overpayment within one year, if the provider is convicted of insurance fraud, pursuant to section 2913.47 of the Revised Code, in connection with the basis for the overpayment.

For purposes of this bill, a "health care provider" is defined as any natural person or partnership of natural persons who are licensed, certified, accredited, or otherwise authorized in Ohio to furnish health care services, or any professional association organized under Chapter 1785. of the Revised Code. "Compensation," as applied to health insuring corporations, is defined as remuneration for the provision of health care services, determined on other than a fee-for-service basis or discounted-fee-for-service basis.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	03-06-01	p. 209

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