STATEWIDE PROVIDER AND HEALTH PLAN CLAIM DISPUTE RESOLUTION PROGRAM

2020 Annual Report

Agency for Health Care Administration
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Statewide Provider and Health Plan Claim Dispute Resolution Program

Annual Report for Data Collected in 2020

Pursuant to the provisions of section 408.7057, Florida Statutes (F.S.), the Agency for Health Care Administration (Agency) is required to submit a report to the Governor and the Legislature by February 1st of each year on the status of the Statewide Provider and Health Plan Claim Dispute Resolution Program. Section 408.7057(2)(g)2., F.S., specifically requires the report to enumerate claims dismissed, defaults issued and failures to comply with Agency final orders issued under this section.

Program Description

The Statewide Provider and Health Plan Claim Dispute Resolution Program was established by the 2000 Florida Legislature to provide assistance to contracted and non-contracted providers and managed care organizations for resolution of claim disputes that were not resolved by the provider and the managed care organization. The statute requires the Agency to contract with a resolution organization to timely review and consider claim disputes and submit its recommendation to the Agency. The Agency's responsibility is to issue a final order adopting the recommendation of the resolution organization.

After adopting the rule necessary to implement the program (59A-12.030, Florida Administrative Code (F.A.C.)), the Agency issued a "Request for Proposals", and entered into a contract with MAXIMUS, Inc. to review claim disputes. MAXIMUS has been reviewing claim disputes since May 1, 2001.

MAXIMUS operates a toll-free hotline (1-866-763-6395, Option 2) to provide information and dispute application forms to interested parties. The cost of the program is borne by users of the dispute program. The entity that does not prevail in the Agency's final order must pay the associated review costs. In cases where both parties prevail in part the review costs must be shared. The review costs are determined by MAXIMUS and depend largely on the complexity of the cases submitted.

Initially the program was designed to resolve only disputes between providers, health maintenance organizations (HMOs), prepaid health clinics (PHCs), exclusive provider organizations (EPOs) and prepaid health plans (PHPs). In 2002, the Legislature expanded the program to include other insurers offering major medical expense insurance policies and preferred provider organizations (PPOs). The revision also strengthened the ability of the resolution organization to enforce review timeframes and the timely submission of information requested. The types of claims eligible under the program are further defined in Rule 59A-12.030, F.A.C., consistent with statutory provisions. In 2018, the Agency added a provision to the 2018-2023 Statewide Medicaid Managed Care (SMMC) contract. The provision requires that all SMMC plans participate in the arbitration process.

Eligible Claims

The following claim disputes can be submitted by physicians, hospitals, institutions, other licensed health care providers, HMOs, PHCs, EPOs, PHPs, major medical expense health insurance policies offered by a group or an individual health insurer, and PPOs.

- Claim disputes for services rendered after October 1, 2000 (the effective date of the initial legislation).
- Claim disputes related to payment amounts only (provider disputes payment amounts received, or HMO disputes payback amounts). Claim disputes related exclusively to late payment are not eligible.
- Hospitals and physicians are required to aggregate claims (for one or more patients for same insurer) by type of service to meet certain minimum thresholds:

Type of Service	Minimum Threshold
- Hospital Inpatient Claims (contracted providers)	$25,000
- Hospital Inpatient Claims (non-contracted providers)	$10,000
- Hospital Outpatient Claims (contracted providers)	$10,000
- Hospital Outpatient Claims (non-contracted providers)	$3,000
- Physicians	$500
- Rural Hospitals	None
- Other Providers	None

Ineligible Claims

- Claims for less than the minimum amounts listed above for each type of service
- Claim disputes that are the basis for an action pending in State/Federal court
- Claim disputes that are subject to an internal binding managed care organization's resolution process for contracts entered into prior to October 1, 2000
- Claims solely related to late payment and/or late processing
- Interest payment disputes
- Medicare claim disputes that are part of a Medicare Managed Care internal grievance or that qualify for a Medicare reconsideration appeal
- Medicaid claim disputes that are part of a Medicaid Fair Hearing
- Claims related to health plans not regulated by the State of Florida
- Claims filed more than 12 months after a final determination by a health plan or provider

Claim Disputes

In 2020, 68 claim disputes were filed by hospitals, practitioners, institutions, and other licensed health care providers for consideration. Forty-one of the 68 claim disputes filed were accepted as eligible claims for review as indicated below.

Eligible Claims Accepted for Review

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL19-000038	Jackson South Medical Center	Molina Healthcare of Florida, Inc. (Medicaid)	$133,770.46	Final Order Amount Awarded $133,770.46
FL19-000040	Holy Cross Emergency Physicians, PA	Humana Medical Plan, Inc.	$34,471.85	Final Order Amount Awarded $34,471.85
FL19-000041	Holy Cross Emergency Physicians, PA	Humana Medical Plan, Inc.	$19,651.32	Final Order Amount Awarded $19.651.32
FL20-000006	Advent Health Celebration	UnitedHealthcare of Florida, Inc. (UMR)	$86,352.56	Dismissed / Ineligible
FL20-000008	Jackson Memorial Hospital	WellCare of Florida, Inc. d/b/a Staywell (Medicaid)	$418,240.35	Withdrawn by Provider
FL20-000009	Advent Health Orlando	Aetna Health Plan, Inc.	$73,001.91	Health Plan Opted-Out
FL20-00013	Jackson Memorial Hospital	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$271,175.31	Final Order No Award
FL20-000016	Jackson Memorial Hospital	United Healthcare Community Plan (Medicaid)	$65,125.99	Dismissed / Ineligible
FL20-000021	Jackson Memorial Hospital	Sunshine State Health Plan, Inc.	$54,109.68	Withdrawn by Provider
FL20-000022	Factor Pharmacy, LLC	Simply Healthcare Plans, Inc. (Medicaid)	$10,086.70	Withdrawn by Provider
FL20-000024	Vitas Healthcare Corporation	Molina Healthcare of Florida, Inc.	$40.939.92	Final Order Amount Awarded $12,522.36
FL20-000025	Jackson Memorial Hospital	Aetna Better Health of Florida, Inc. (Medicaid)	$69,757.20	Final Order Amount Awarded $69,757.20
FL20-000027	Pediatric Neurology, P.A.	WellCare of Florida d/b/a Staywell (Medicaid)	$54,655.19	Withdrawn by Provider
FL20-000028	Dynamiks Home Care Inc.	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$19,500.00	Withdrawn by Provider
FL20-000029	Landmark Hospital of Southwest	Health Options Inc. (BCBS)	$65,609.15	Health Plan Opted Out
FL20-000030	Brown Plastic and Reconstruction	Aetna Health Plan	$42,150.76	Final Order Amount Awarded $42,150.76

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL20-000031	Brown Plastic and Reconstruction	UnitedHealthcare of Florida, Inc.	$115,981.15	Final Order Amount Awarded $115,981.15
FL20-000032	Jackson Memorial Hospital	Ambetter by Sunshine Health	$157,832.46	Withdrawn by Provider
FL20-000033	Jackson Memorial Hospital	Aetna Better Health of Florida, Inc. (Medicaid)	$154,427.30	Withdrawn by Provider
FL20-000034	Jackson Memorial Hospital	WellCare of Florida, Inc. d/b/a Staywell (Medicaid)	$48,240.36	Final Order Amount Awarded $48,240.35
FL20-000035	Jackson Memorial Hospital	United Healthcare Community Plan (Medicaid)	$22,664.96	Final Order Amount Awarded $22,664.96
FL20-000036	Castle Biosciences	Florida Blue	$92,625.55	Health Plan Opted Out
FL20-000037	Park Royal Hospital	Florida Blue	$26,100.00	Health Plan Opted Out
FL20-000038	Jackson Memorial Hospital	United Healthcare Community Plan (Medicaid)	$65,125.99	Final Order Amount Awarded $65,125.99
FL20-000039	Advent Health Orlando	Neighborhood Health Partnership (United HealthCare	$94,329.07	Health Plan Opted Out
FL20-000040	Jackson Memorial Hospital	Simply Healthcare Plans, Inc. (Medicaid)	$54,655.16	Final Order Amount Awarded $54,655.16
FL20-000041	Nicklaus Childrens Hospital	Aetna Better Health of Florida, Inc. (Medicaid)	$137,236.25	Final Order Amount Awarded $56,301.91
FL20-000042	Tampa Bay Emergency Physicians	Humana Medical Plan, Inc.	$10,021.35	Health Plan Opted Out
FL20-000043	Nathan Littauer Hospital	Molina Healthcare of Florida, Inc. (Medicaid)	$18,929.05	Dismissed / Ineligible
FL20-000044	Jackson Memorial Health	Sunshine State Health Plans, Inc. (Medicaid)	$251,409.96	Final Order Amount Awarded $251,409.96
FL20-000045	Lehigh Regional Medical Center	Humana Medical Plan, Inc. (Medicaid)	$3,729.51	Final Order No Award
FL20-000046	Lehigh Regional Medical Center	Molina Healthcare of Florida, Inc. (Medicaid)	$8,430.37	Dismissed / Ineligible
FL20-000047	Lehigh Regional Medical Center	Sunshine State Health Plans, Inc. (Medicaid)	$38,002.95	Final Order Amount Awarded $31,527.20
FL20-000048	Lehigh Regional Medical Center	WellCare of Florida, Inc. dba Staywell (Medicaid)	$72,680.39	Final Order Amount Awarded $37,175.30
FL20-000049	Jackson South Medical Center	Simply Healthcare Plans, Inc (Medicaid)	$147,132.92	Final Order No Award
FL20-000050	Arthritis and Rheumatology Associates	Florida Blue	$17,120.67	Health Plan Opted Out
FL20-000052	Jackson Memorial Hospital	Simply Healthcare Plans, Inc. (Medicaid)	$47,829.24	Withdrawn by Provider
FL20-000053	Advent Health Orlando	Simply Healthcare Plans, Inc. (Medicaid)	$25,737.44	Withdrawn by Provider
FL20-000054	Brown Plastic and Reconstruction	Aetna Health Plans	$49,485.00	Dismissed / Ineligible

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL20-000061	Brown Plastic and Reconstruction	UnitedHealthcare of Florida, Inc.	$49,485.00	Health Plan Opted Out
FL20-000063	Jackson Memorial Hospital	Molina Healthcare of Florida, Inc. (Medicaid)	$108,647.60	Final Order Amount Awarded $108,647.60

The remaining claim disputes that were filed were not accepted for the following reasons:

- 3 were withdrawn as the health plan opted-out
- 10 were withdrawn by the provider
- 14 were dismissed as they did not meet eligibility requirements

The 68 claim disputes involved Aetna Better Health, Aetna Health Plan, Inc., Ambetter Health Plan (Sunshine Health), Blue Cross Blue Shield of Florida, Cigna HealthCare, Florida Blue, Florida MHS, Inc. (Magellan), Florida True Health Inc. (Prestige), Health Options, Inc., Humana Medical Plans, Inc., Molina HealthCare of Florida, Neighborhood Health Partnership, Preferred Care Partners, Inc., Simply Healthcare Plans, Inc., Sunshine State Health Plan Inc., United Healthcare Community Plan, UnitedHealthcare of Florida, Inc. and WellCare of Florida, Inc. (Staywell).

The claim dispute amounts filed ranged from a low of $1,256.00 to a high of $669,019.42. Each claim dispute generally represents several aggregated claims.