STATEWIDE PROVIDER AND HEALTH PLAN CLAIM DISPUTE RESOLUTION PROGRAM

2019 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 2019

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.

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 thresholds:

- 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 2019, 74 claim disputes were filed by hospitals, practitioners, institutions and other licensed health care providers for consideration. Forty-five of the 74 claim disputes filed were accepted as eligible claims for review as indicated below. 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 Accepted for Review

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL18-000019	The Surgicalist Company LLC	Cigna Healthcare of Florida, Inc.	$162,954.72	Final Order Amount Awarded $3,850.50
FL18-000020	Lutz Surgical Partners, PLLC.	Cigna Healthcare of Florida, Inc.	$320,319.83	Final Order Amount Awarded $36,791.49
FL18-000021	Lutz Surgical Partners, PLLC	Humana Medical Plan, Inc.	$177,229.16	Final Order Amount Awarded $9,008.18
FL18-000026	National Health Transport, Inc.	Aetna Health Plans, Inc. d/b/a Aetna Better Health (Medicaid)	$2,360.50	Final Order Amount Awarded $2,360.50
FL18-000031	JNL Management	Humana Medical Plan, Inc.	$12,475.00	Dismissed
FL18-000040	Emerald Coast Behavioral Hospital	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$115,335.00	Final Order Amount Awarded $8,760.00
FL18-000041	Premier Behavioral Solutions	Florida MHS Inc. d/b/a Magellan Complete Care (Medicaid)	$58,800.00	Final Order Amount Awarded $2,161.41
FL18-000044	The Surgicalist Company, LLC	Cigna Healthcare of Florida, Inc.	$230,197.77	Final Order Amount Awarded $6,638.81
FL18-000046	Lutz Surgical Partners, PLLC	Cigna Healthcare of Florida, Inc.	$230,608.87	Final Order Amount Awarded $7,957.45
FL18-000047	Lutz Surgical Partners, PLLC	Humana Medical Plan, Inc.	$261,535.91	Final Order Amount Awarded $17,003.36
FL18-000048	TBJ Behavioral Center LLC	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$43,785.00	Final Order Amount Awarded $12,510.00
FL18-000049	University Behavioral, LLC	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$186,592.00	Final Order Amount Awarded $91,924.00
FL18-000050	La Amistad Residential Treatment	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$93,750.00	Final Order Amount Awarded $18,750.00
FL18-000051	La Amistad Residential Treatment	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$281,250.00	Final Order Amount Awarded $86,250.00

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL18-000052	Windmoor Healthcare, Inc.	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$106,132.00	Final Order Amount Awarded $10,816.00
FL18-000053	Ocala Behavioral Health, LLC	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$54,000.00	Final Order Amount Awarded $11,400.00
FL18-000054	Wekiva Springs Center, LLC	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$92,266.89	Final Order Amount Awarded $18,765.00
FL18-000055	Fort Lauderdale Hospital, Inc.	Florida MHS, Inc. d/b/a Magellan Complete Care (Medicaid)	$108,000.00	Final Order Amount Awarded $6,000.00
FL18-000057	John Oeltjen, M.D.	AvMed, Inc.	$423,000.00	Dismissed
FL18-000058	Jason Altman, M.D.	AvMed, Inc.	$192,286.00	Provider Withdrawal
FL18-000059	Marcelo Ghersi, M.D.	AvMed, Inc.	$170,350.00	Provider Withdrawal
FL18-000061	Med-Tran Air Medical Transport	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$37,458.06	Dismissed
FL18-000062	Med-Trans Air Medical Transport	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$43,572.47	Dismissed
FL18-000063	Med-Trans Air Medical Transport	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$34,990.00	Dismissed
FL18-000067	Lutz Surgical Partners, PLLC	Aetna Health Plan, Inc.	$217,803.78	Health Plan Opted-Out
FL18-000069	The Surgicalist Company, LLC	Cigna Healthcare of Florida, Inc.	$181,261.90	Final Order Amount Awarded $7,072.95
FL19-000001	Halifax Health Medical Center	Molina Healthcare of Florida (Medicaid)	$135,791.00	Final Order Amount Awarded $135,791.00
FL19-000002	Marcelo Ghersi, M.D.	UnitedHealthcare of Florida, Inc.	$134,865.00	Health Plan Opted-Out
FL19-000003	John Oeltjen, M.D. LLC	UnitedHealthcare of Florida, Inc.	$151,890.00	Health Plan Opted-Out
FL19-000006 *	Vascular and Interventional Specialists, LLC	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$1,153.07	Health Plan Opted-Out
FL19-000009	Orlando Orthopaedic Outpatient	Aetna Health Plan, Inc.	$14,690.00	Health Plan Opted-Out
FL19-000015	Steward Sebastian River Medical	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$215,044.05	Final Order Amount Awarded $215,044.05
FL19-000018	Encompass Health Rehabilitation	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$19,994.24	Final Order Amount Awarded $19,994.24
FL19-000020	Sarasota Anesthesiologists, PA	Blue Cross Blue Shield of Florida/Florida Blue	$1,996.73	Health Plan Opted-Out
FL19-000021	Vascular and Interventional Specialists, LLC	Florida True Health Inc. d/b/a Prestige Health Choice (Medicaid)	$1,153.07	Provider Withdrawal
FL19-000022	The Surgicalist Company	Cigna Healthcare of Florida, Inc.	$667,795.63	Final Order Amount Awarded $18,564.43

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL19-000024	Lutz Surgical Partners, PLLC	Cigna Healthcare of Florida, Inc.	$81,475.30	Final Order Amount Awarded $943.48
FL19-000025	Lutz Surgical Partners, PLLC	Humana Insurance Company	$205,146.78	Final Order Amount Awarded $205,146.78
FL19-000026	Jackson Memorial Hospital	Florida Blue	$33,922.65	Health Plan Opted-Out
FL19-000029	Landmark Hospital of Southwest	Molina Healthcare of Florida (Medicaid)	$110,674.05	Final Order Amount Awarded $110,674.05
FL19-000030	Holy Cross Emergency Physician	Humana Health Plan	$4,673.97	Final Order Amount Award $4,673.97
FL19-000031	Lutz Surgical Partners, PLLC	Cigna Healthcare of Florida, Inc.	$187,298.13	Final Order Amount Awarded $2,617.50
FL19-000032	The Surgicalist Company	Florida Blue	$212,734.83	Health Plan Opted-Out
FL19-000033	Lutz Surgical Partners, PLLC	Florida Blue	$291,775.96	Health Plan Opted-Out
FL19-000036	Steward Sebastian River Medical Center	Florida True Health Inc., d/b/a Prestige Health Choice (Medicaid)	$34,327.68	Final Order Amount Awarded $4,699.40

* Case FL19-000006, Prestige incorrectly opted-out, and case was reopened under claim number FL19-000021.

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

- 3 are currently under review for acceptance
- 7 were withdrawn as the health plan opted-out
- 5 were withdrawn by the provider
- 14 were dismissed as they did not meet eligibility requirements

The 74 claim disputes involved Coventry Health Care of Florida, Inc. (Aetna Better Health), Aetna Health Plan, Inc., Ambetter Health Plan (Sunshine Health), AvMed, Inc., Blue Cross Blue Shield of Florida, Cigna HealthCare, Florida Blue, Florida MHS, Inc. (Magellan), Florida True Health Inc. (Prestige), Humana Insurance Company, Humana Health Plans, Humana Medical Plans, Inc., Molina HealthCare of Florida, Sunshine State Health Plan and UnitedHealthcare of Florida, Inc.

The claim dispute amounts filed ranged from a low of $382.00 to a high of $675,729.05. Each claim dispute generally represents several aggregated claims.