

STATEWIDE PROVIDER AND HEALTH PLAN CLAIM DISPUTE RESOLUTION PROGRAM

2021 Annual Report

Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, Florida 32308
(850) 412-4401
www.ahca.myflorida.com



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Statewide Provider and Health Plan Claim Dispute Resolution Program

Annual Report for Data Collected in 2021

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 2021, 111 claim disputes were filed by hospitals, practitioners, institutions, and other licensed health care providers for consideration. Seventy-three of the 111 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
FL20-000063	Jackson South Medical Center	Molina Healthcare of Florida, Inc. (Medicaid)	\$108,647.60	Final Order Amount Awarded \$108,647.60
FL21-000001	Jackson Memorial Hospital	Sunshine State Health Plan, Inc. (Medicaid)	\$67,012.22	Final Order Amount Awarded \$67,012.22
FL21-000002	Brown Plastic and Reconstruction	Aetna Health, Inc.	\$98,970.00	Health Plan Opted-Out
FL21-000003	Plant City Allergy	Florida Blue	\$2,250.00	Health Plan Opted-Out
FL21-000004	Jackson Memorial Hospital	Sunshine State Health Plan, Inc. (Medicaid)	\$67,918.55	Final Order Amount Awarded \$67,918.55
FL21-000013	Jackson Memorial Hospital	Molina Healthcare of Florida, Inc. (Medicaid)	\$39,639.84	Final Order Amount Awarded \$39,639.84
FL21-000018	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$6,100.00	Dismissed
FL21-000019	Christ Hospital	Aetna Health, Inc.	\$199,425.85	Health Plan Opted-Out
FL21-000021	Suncoast Surgical Associates	UnitedHealthcare of Florida, Inc.	\$981,796.00	Health Plan Opted-Out
FL21-000026	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$2,916.19	Dismissed
FL21-000027	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc.	\$34,687.33	Dismissed
FL21-000028	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc.	\$38,648.05	Dismissed
FL21-000029	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$25,186.77	Dismissed
FL21-000030	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$4,703.16	Health Plan Opted-Out
FL21-000031	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$10,987.61	Dismissed
FL21-000032	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$20,250.00	Dismissed
FL21-000033	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$1,786.34	Dismissed

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL21-000034	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$16,314.30	Health Plan Opted-Out
FL21-000035	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$27,286.01	Dismissed
FL21-000036	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$22,382.20	Health Plan Opted-Out
FL21-000037	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$14,300.00	Dismissed
FL21-000038	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$20,600.00	Dismissed
FL21-000039	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$25,686.16	Health Plan Opted-Out
FL21-000040	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$18,815.79	Health Plan Opted Out
FL21-000041	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc.	\$6,100.00	Final Order Amount Awarded \$6,100.00
FL21-000042	Neuroshield Network SE, LLC	UnitedHealthcare of Florida, Inc.	\$20,995.02	Dismissed
FL21-000044	Jackson Memorial Hospital	Molina Healthcare of Florida, Inc. (Medicaid)	\$55,380.43	Final Order Amount Awarded \$55,380.43
FL21-000056	Jackson Memorial Hospital	Molina Healthcare of Florida, Inc.	\$125,887.75	Final Order Amount Awarded \$125,887.75
FL21-000057	Orlando Health	Oscar Insurance Company	\$465,938.31	Health Plan Opted-Out
FL21-000059	Arthritis and Rheumatic Care Center	Aetna Health, Inc.	\$9,256.00	Health Plan Opted Out
FL21-000060	Dynamiks Home Care Inc.	AmeriHealth Caritas Florida, Inc. (Prestige) (Medicaid)	\$48,000.00	Dismissed
FL21-000063	Gandy Crossing Care Center	Aetna Health, Inc. (Medicaid)	\$402,003.99	Final Order Decision Upheld
FL21-000065	Wood Medical Center	Florida Blue	\$26,118.48	Health Plan Opted-Out
FL21-000066	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$10,200.00	Dismissed
FL21-000067	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$28,000.00	Dismissed
FL21-000068	Neuroshield Network SE, LLC	Blue Cross Blue Shield of Florida	\$39,900.00	Health Plan Opted-Out
FL21-000069	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$10,200.00	Dismissed
FL21-000070	Neuroshield Network SE, LLC	Aetna Health, Inc.	\$6,100.00	Dismissed

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL21-000071	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc.	\$25,400.00	Final Order No Award
FL21-000072	Jackson Memorial Hospital	UnitedHealthcare Community Plan (Medicaid)	\$405,144.78	Final Order Amount Awarded \$405,144.78
FL21-000073	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc.	\$32,100.00	Dismissed
FL21-000074	Central Care Services, Inc.	AmeriHealth Caritas Florida, Inc. (Prestige) (Medicaid)	\$33,010.85	Withdrawn by Provider
FL21-000075	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$258,352.00	Health Plan Opted Out
FL21-000076	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$91,999.77	Health Plan Opted Out
FL21-000077	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$1,200.00	Health Plan Opted Out
FL21-000078	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$24,807.64	Health Plan Opted Out
FL21-000079	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$28,000.00	Health Plan Opted Out
FL21-000080	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$36,200.00	Health Plan Opted Out
FL21-000081	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$48,500.00	Health Plan Opted Out
FL21-000082	Neuroshield Network SE, LLC	Blue Cross Blue Shield (Horizon)	\$40,300.00	Health Plan Opted Out
FL21-000083	Jackson Memorial Hospital	WellCare of Florida, Inc. dba Staywell (Medicaid)	\$258,352.00	Withdrawn by Provider
FL21-000084	Halifax Health Medical Center	WellCare of Florida, Inc. dba Staywell (Medicaid)	\$91,999.77	Final Order Amount Awarded \$91,999.77
FL21-000085	Plant City Allergy	UnitedHealthcare of Florida, Inc.	\$1,200.00	Health Plan Opted-Out
FL21-000086	Jackson South Medical Center	AmeriHealth Caritas Florida, Inc. (Prestige) (Medicaid)	\$24,807.64	Final Order Amount Awarded \$24,807.65
FL21-000087	Jackson Memorial Hospital	Sunshine State Health Plan, Inc. (Medicaid)	\$28,886.75	Final Order Amount Awarded \$28,886.75
FL21-000088	The Presbyterian Counseling Center, Inc.	Florida Blue	\$6,142.41	Dismissed
FL21-000089	Atlantic Physical Therapy	Cigna Health Care of Florida, Inc.	\$3,765.00	Dismissed
FL21-000090	Children's National Medical Center	Molina Healthcare of Florida, Inc. (Medicaid)	\$2,320,399.58	Final Order Amount Awarded \$2,320,399.58
FL21-000091	Jackson North Medical Center	Simply Healthcare Plans, Inc. (Medicaid)	\$75,154.34	Final Order Amount Awarded \$75,154.34
FL21-000092	Lehigh Regional Medical Center	Molina Healthcare of Florida, Inc. (Medicaid)	\$20,781.79	Final Order Amount Awarded \$5,039.31
FL21-000093	Lehigh Regional Medical Center	WellCare of Florida, Inc. dba Staywell (Medicaid)	\$30,705.38	Final Order Amount Awarded \$30,705.38

Case Number	Provider Name	Respondent	Disputed Amount	Case Outcome
FL21-000094	Lehigh Regional Medical Center	Sunshine State Health Plan, Inc. (Medicaid)	\$12,850.75	Final Order No Award
FL21-000095	Neuroshield Network SE, LLC	Aetna Health, Inc	\$23,644.13	Dismissed
FL21-000096	Neuroshield Network SE, LLC	Aetna Health, Inc	\$23,778.00	Dismissed
FL21-000097	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc	\$37,954.52	Health Plan Opted-Out
FL21-000098	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc	\$9,483.00	Health Plan Opted-Out
FL21-000099	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc	\$26,756.00	Dismissed
FL21-000100	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc	\$26,930.08	Final Order Amount Awarded \$1,011.01
FL21-000101	Neuroshield Network SE, LLC	Cigna Health Care of Florida, Inc	\$26,563.38	Dismissed
FL21-000102	Jackson Memorial Hospital	Sunshine State Health Plan, Inc. (Medicaid)	\$95,230.56	Final Order Amount Awarded \$95,230.56
FL21-000103	AdenthHealth for Children	Molina Healthcare of Florida, Inc.	\$560,379.19	Final Order Amount Awarded \$560,379.19
FL21-000104	Eurofins Diatherix Laboratories LLC	Sunshine State Health Plan, Inc. (Medicaid)	\$121,088.35	Final Order Amount Awarded \$121,088.35
FL21-000105	Cauffield and Associates, LLC	WellCare of Florida, Inc. dba Staywell (Medicaid)	\$52,246.29	Withdrawn by Provider

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

- 2 are currently under review for acceptance
- 13 were withdrawn by the provider
- 23 were dismissed as they did not meet eligibility requirements

The 111 claim disputes involved Aetna Health Plan, Inc., AmeriHealth Caritas Florida, Inc. (Prestige), Blue Cross Blue Shield of Florida, Blue Cross Blue Shield -Horizon, Cigna Health Care of Florida, Inc., Florida Blue, Humana Medical Plans, Inc., Molina Healthcare of Florida, Inc., Oscar Insurance Company, 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 \$893.19 to a high of \$2,320,399.58. Each claim dispute generally represents several aggregated claims.