

STATEWIDE PROVIDER AND HEALTH PLAN CLAIM DISPUTE RESOLUTION PROGRAM

The Agency has contracted with Maximus, an independent dispute resolution organization, to provide assistance to health care providers and health plans for resolving claim disputes. Claim disputes must have been submitted by the provider or the health plan and they must have been denied in full or in part, or were presumed to have been underpaid or overpaid. Complaints about late payments should be addressed to the Florida Department of Financial Services.

Maximus has been accepting claim disputes for Florida's program since May 1, 2001. While the program initially was only designed to resolve disputes between providers and Health Maintenance Organizations, the 2002 Legislative extended to program to other health plans effective October 2002. The statutory authority for the program can be found in Chapter 408.7057, F.S., and Rule 59A-12.030, Florida Administrative Code (F.A.C).

Application forms and instructions on how to file claims are available from Maximus directly. For information call Maximus directly at **1-866-763-6395**, ask for Florida Appeals Process.

Eligible Claims

The following claim disputes can be submitted by physicians, hospitals, institutions, other licensed health care providers, HMOs, Prepaid Health Clinics, Prepaid Health Plans, Exclusive Provider Organizations (EPOs), or a major medical expense health insurance policy offered by a group or an individual health insurer, including a preferred provider organization.

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

- Hospital Inpatient Claims (contracted providers)	\$25,000
- Hospital Inpatient Claims (noncontracted providers)	\$10,000
- Hospital Outpatient Claims (contracted providers)	\$10,000
- Hospital Outpatient Claims (noncontracted providers)	\$ 3,000
- Physicians	\$ 500
- Rural Hospitals	none
- Other Providers	none

Ineligible Claims

- Interest payment disputes
- Do not meet the jurisdictional amounts as listed above
- Are a part of an internal grievance in a Medicare managed care organization or a reconsideration appeal through the Medicare appeals process
- Related to health plans that are not regulated by the state of Florida
- Participating in a Medicaid fair hearing
- The basis for an action pending in state or federal court
- Subject to a binding claim-dispute-resolution process provided by contract entered into prior to October 1, 2000, between the provider and the managed care organization
- Claims more than 12 months after a final determination has been made by a health plan or provider

Maximus Review Process/ Time Frames

Maximus has 60 days to resolve claim disputes and make recommendations to the Agency after receipt of the appropriate forms and documentation. The filing party has to submit a copy of the documentation to the adversely affected party at the same time.

Maximus has the right to request additional documentation from both parties. The total review time shall not exceed 90 days following receipt of the initial claim dispute.

The Agency has 30 days to issue a final order based on the recommendation made by Maximus.

Review Cost

The Legislature did not provide any funding for this program with the exception of funding for one Agency attorney.

Pursuant to Florida Statutes the full review costs have to be paid by the non-prevailing party. If both parties prevail in part, the review cost will be apportioned based on the disputed claim amount. If the nonprevailing party or parties fails to pay the ordered review costs within 35 days after the Agency's final order, the non-paying party or parties are subject to a fine of \$500 per day. Entities filing a claim that is settled prior to any decision rendered by Maximus have to pay the full review costs.

The Agency has no fine authority to enforce payment of the disputed claim amount. However, the Agency has authority to enforce its final order based on section 641.52(1)(e), Florida Statutes.

Fee Schedule

Since each claim dispute is different and of varying complexity, the contractor will not be able to estimate the full cost in advance, Maximus has agreed by contract to the following fee schedule:

Physician Expert Review	\$200/hr
Utilization Review Nurse	\$ 75/hr
Medical Claim Coding Expert	\$125/hr
Legal Expert	\$125/hr
Review cost for ineligible claim dispute	\$ 50

Maximus is providing review cost estimates in advance for a nominal fee. Review Costs have to be paid directly to Maximus.

For other questions related to this program call the Bureau of Managed Health Care at (850) 487-0640.

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