

Please submit your petition for resolution of a reimbursement dispute to the Agency for Health Care Administration following the guidelines provided in Section 440.13(7), Florida Statutes.

(Click this link to review the statutory language:

http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0440/SEC13.HTM&Title=->2004->Ch0440->Section%2013#0440.13)

Also, you will need to review Rule 59A-31.002, Florida Administrative Code for the appropriate attachments required to be sent with the petition. (Refer the attached copy of the rule).

59A-31.002 Disputed Reimbursement Resolution.

In those instances when a provider does not agree with a carrier's reconsidered reimbursement decision, the Agency will, upon request, provide for a settlement of such reimbursement dispute through a review process conducted by the Agency's Bureau of Managed Health Care.

(1) The provider, the carrier or the employer may request a resolution to a reimbursement dispute from the Agency. A valid

Request for Resolution of Disputed reimbursement must:

(a) Be in writing and specify the specific service(s) and policy being disputed.

(b) Include copies of the following:

1. All bills submitted or resubmitted that are related to the services in question and their attachments.
2. All applicable Explanations of Medical Benefits.
3. All correspondence between the carrier and provider which is relevant to the disputed reimbursement.
4. Any notations of phone calls regarding authorizations.
5. Any pertinent or required health care records or reports or carrier medical opinions.

(2) The Agency's response to a valid disputed reimbursement request will:

(a) Be within 60 days of receipt.

(b) Establish the proper reimbursement amount, including over and under payments.

(c) Identify the basis for the decision.

(d) Be sent to the provider, carrier and employer.

(e) Be in writing.

(f) Provide for reconsiderations through physicians and peer review before an appeal pursuant to Section 120.57, Florida Statutes.

(3) Requests for Resolution of Disputed Reimbursement will be returned as not valid when:

(a) The required documentation is not included with the request.

(b) The date of the request for a reconsideration exceeds the time requirements as specified in this section.

(c) A notice of denial has been filed in accordance with Rule 4L-3.012, F.A.C.

(d) The dispute relates to the bill(s) not having been paid timely as specified in Rule 4L-3.006, F.A.C.

Specific Authority 440.13(7), 440.591 FS. Law Implemented 440.13(7) FS. History-New 5-15-91, Amended 12-28-97, Formerly 38F-7.518, 38F-7.605, 4L-7.605.