This presentation will show how the Florida Health Plan Portal provides access to notifications and alerts, reports, provider tools, and resources specific to the health plans. The portal helps health plans manage health plan information, look up provider information, determine payment status, process claims, and submit electronic attachments.

The new Health Plan Portal will be available on Friday, January 25, 2019.
Agenda

In this webinar, we will discuss:

- Accessing the Florida Health Plan Portal
- Health Plan Portal Menus, including:
  - Homepage
  - Dashboard
  - Provider Tools, including the following new features:
    - Attestations
    - Claim/Encounter Search
    - Newborn Activation
  - Provider Lookup
  - Resources
  - Contact Us
First, we will review how to access the Florida Health Plan Portal.
Users will sign in to the Health Plan Portal by using the credentials that are currently used to access the Florida Medicaid Secure Web Portal. If administrators have questions on how to delegate roles, please refer to the Secure Web Portal User Guide for instructions. This guide is provided at the bottom left side of the page.
The MEUPS landing page will be familiar with only a slight change to the Description for the Florida Web Portal. It will display “Florida Web Portal for Health Plans and Providers.”

Also, please note that you will have the same access that you currently have. For example, if you have the DCF Provider View now, you will continue to have that option when logging in.

You will click the **Florida Web Portal** link to enter the Florida Health Plan Portal.
Entering the Florida Health Plan Portal requires the user to complete the User Access Confirmation. This process is required as a security measure to access the system.

You must enter the characters shown in the captcha into the **Response** field before clicking **submit**.

It is important to know that access to menus and information available in the Health Plan Portal will vary depending on the user role.
After completing sign in requirements, the user will enter the Health Plan Portal. The landing page will display an image slider, or carousel, which contains several images and will play continuously in a loop. Users can click the left or right arrows on the slider to move to the next or to the previous image. Clicking on the green button will bring the user to a specific page on the Health Plan Portal. For example, clicking on **Let’s get started** takes the user to the Home page. Let’s look at all the images and how they direct the user to pages within the Health Plan Portal.
The **View messages now** link will take users to the Notifications and Alerts page, where health plans can view important communications. We will thoroughly explore all areas accessible from the carousel within this presentation.
The **View Dashboard** button takes users to the Dashboard page where health plans will have access to data analytics specific to individual health plans.
Clicking the **Use Provider Tools** button brings users to the Provider Tools section of the Health Plan Portal. Those of you familiar with the Web Portal will recognize that the tools available here are what is currently known as the secure Web Portal.
Clicking the **Resources** button brings users to the Resources page of the Health Plan Portal where they will have access to health plan-related publications.
Finally, clicking on the **Contact Us** button brings users to the Contact Us page where they will have access to health plan support contact information.

After clicking off the carousel, users will not be able to see the slider images again until they log out of the Health Plan Portal and then log back in.
Now we are back at the beginning of the carousel. As stated earlier, if you stay on this page, the slider will continually transition automatically through each of the images we just reviewed. Let’s take a look at all of the pages and information within the Health Plan Portal, starting with the Home page. To access the Home page, click **Let’s get started** on the initial slider image.
This is a view of the Home page. You can see that there are menus across the top of the page to navigate to other sections of the Health Plan Portal, as well as many other resources available on this page. But first, let’s explore the page layout that is used throughout the site.
The properties we are going to discuss on this slide are common to all pages in the Health Plan Portal. The pages have a header that contains the logos for the Agency for Health Care Administration and DXC Technology, and it also displays the Florida Health Plan Portal name.

Below the header is the welcome bar that displays several pieces of information such as the Health Plan Name, the username, the session expiration time, a **Refresh Session** link that is used for refreshing the session before time expires, and a **Close** link to close the session.
Each page will have a title and navigation menu. Clicking each menu will direct the user to the related page. Below the menus, the content for each page appears. The content may include, but is not limited to, panels, reports, documents, and page specific information.

Below the page content is the footer that contains links to the accessibility, privacy, and copyright information pages.
Now we are going to review the features available on the homepage. This is a whole page view so that you can familiarize yourself with the look and feel of the Health Plan Portal. Let’s take a closer look at the content available on the Home page.
Up first is the information section.
Information in the purple box provides details of the Provider ID that is logged in.

The following information is available on the Home page:

- Name of the user logged in
- Provider ID
- Screening Category
- Contract Type and Date
Next is the Notification and Alerts section.
Also located on the Home page is a quick view of the recent Notifications and Alerts that have been sent to the health plans. This page shows only the notices that have posted in the last 30 calendar days. To search for archived alerts and notifications, can click the Notifications and Alerts icon in the main menu. We will review that page after we finish talking about the Home page.
Next are the Quick Links and Visit Summaries sections.
Under the Quick Links section, health plans will be able to view and print their enrollment verification letter.

Previously, after a meeting with representatives from the DXC Health Plan and Provider Field Services team and the Agency, health plan summaries were emailed to the health plans. Now, under the Visit Summaries section, the health plans will be able to conveniently view the 12 most recent visit summaries. To view a report, simply click on the desired date. Health plans are now able to review previous health plan meeting discussions at any time on the Health Plan Portal.
Next is the Schedule a Meeting section.
From this page, health plans also have the option to request a health plan meeting with a local DXC Health Plan and Provider Field Services Representative. Under the Schedule a Meeting section, click the Request a Meeting button and the user's email application will open, allowing the user to enter a message and schedule a meeting. After completing the template, scheduling a meeting is as easy as clicking the Send button.
Last is the Resources section.
Under the Resources section, the most recently posted new and/or updated publications will appear. This is an example of what the Resources list will look like. Keep in mind it will constantly be updated as publications are posted in the Health Plan Portal.

Clicking the **View all resources** link will direct the user to the Resources page that we will discuss later in this presentation.
Next, we’ll look at the Notifications and Alerts page. Access this page by clicking the **Notifications & Alerts** icon from the navigation menu.
The Notifications & Alerts Archive is available on this page. We just looked at where the most recent Alerts and Notifications are on the Home page. Now we will explore the archived Alerts and Notifications.

As a reminder, Notifications are communications sent directly to the individual health plan, while Alerts are sent to all health plans.
Users can search for archived communications by using one or more criteria such as keyword, year, and/or category. Category allows the user to select the type of communication desired, either Alerts, Notifications, or both (which is the default). The number of records to display per page can be restricted by selecting the desired amount from the Records drop-down menu. After entering search criteria, click the search button. If no criteria is entered, all archived notifications and alerts will be returned in the search results list.
A list of all relevant communications are returned in the Messages table with the most recent appearing first. Each message will have a subject, a category indicating if the message is a notification or an alert, and a date. Users can expand the row to see the full notification or alert by clicking the plus (+) sign located next to the Subject title. To minimize the content, click the minus (-) sign.

The alerts in this archive are the same alerts that were previously viewed in the Managed Care Alert Archive on the Florida Medicaid Public Web Portal. Formatting changes were applied to make the archive more user-friendly.
Next we will review the Dashboard pages, where users can view customized reports built to support data analysis for all plans, as well as individualized plan-specific reports.
The Dashboard page contains reports available to all health plans and reports that are specific to each health plan. Currently, the reports are static and the views cannot be modified. However, an updated version of the Dashboard will be released in March that will allow users to interactively select what data is displayed. Trainings will be made available at a later date to show how to use the updated version.

On this page, the user will see up to 6 reports depending on the user's role. The Admin role will see the All Plan View of reports, as well as the plan's individual view of the reports.
The following reports will display: Encounter Timeliness, Encounter Accuracy, and Child Health Check-Up.

Please note the disclaimer: This report is produced monthly and is not related to weekly contract monitoring and should be used as informational only. This disclaimer applies to all of the reports on the Dashboard.

Let’s look at the data that is available on the Dashboard.
First, you will see the Encounter Timeliness report. On the left is the Plan Specific View that includes a Peer to Peer Group Comparison, an Encounter Volume by Plan view, an Encounter Volume by Type, a Medical vs. Pharmacy Timeliness, and a Timeliness Summary. On the right is the All Plan View that includes a Peer to Peer Group Comparison, an Encounter Volume by Plan view, a Medical vs. Pharmacy Timeliness, and a Timeliness Summary.
Scroll down the page to view the Encounter Accuracy reports. This report is produced the first week of each month and includes data over the past three months. On the left is the Plan Specific View and includes Error Volume by Type, Error Category by Encounter Form, Error Co-Occurrence, and Summary. On the right side is the All Plan View and includes Encounter Accuracy Percent, Error Volume by Type, Error Category by Encounter Form, and Percent of Errors per plan.
Continue scrolling down the page to view the Child Health Check-up report. This report provides basic information on participation in the Medicaid child health program. On the left is the Plan Specific View and includes the following reports: Annual EPSDT Participation Report, Average for Eligible Enrollees Receiving a Protective Dental Service, and Percent Preventative Dental. Similarly, on the right is the All Plan View, which includes the following reports: Annual EPSDT Participation Report, Average for Eligible Enrollees Receiving a Protective Dental Service, and Percent Preventative Dental.

An alert will be sent to the health plans when the new interactive functionality is available on the Dashboard.
The Provider Tools section is a combination of data elements that were previously available on the secure Web Portal and includes new features to make the Health Plan Portal a one-stop-shop for health plans.
From this page, the user can access the available panels in Provider Tools, including: Account, Attestation, Claims, Demographic Maintenance, Eligibility, Encounter Testing, Newborn Activation, Reports, and Trade Files. Depending on the Web Portal user role, all menu tools may not be accessible. For example, if health plans setup an agent or delegate account type with limited access, then some of the menu items may not be visible.

We will now review the available panels in Provider Tools. Users will click the icon to display the panel.
On the Account menu, Site Settings was previously available in the secure Web Portal and allowed users to customize settings for their site. Although this webinar shows the Site Settings menu, this option will not be available in the Health Plan Portal on Friday.
In the Health Plan Portal, attestations can be submitted electronically, enabling a more efficient process of validating attestations with a quicker response time for confirming attestation batch counts. As a new feature, a positive confirmation will now be sent indicating file counts are balanced. The report will also note if discrepancies are found.

Simply upload the batch count spreadsheet, complete the required fields, and click **save**. The Attestation report can be downloaded from the Trade Files menu, which we will discuss later in this presentation.

For detailed instructions on submitting Attestations, there
is a link to the Attestation for Medical Encounters Tip Sheet at the top of the page.

As a reminder, with the new self-service Attestation tool available, the EDI Attestation mailbox will be discontinued March 18, 2019, and all attestations will need to be submitted electronically via this page.
The Claims panel will allow health plans to submit kick payment claims, if eligible to do so. As a new feature, the Claims panel will allow health plans to select all of their available associated Provider IDs. Health plans will also be able to search for and view encounters.

Let’s get started with the search feature. The search panel can be accessed by clicking the search submenu or by clicking the search link on the claims panel.
By default, the search type is set to Encounter. Users can select Fee-For-Service if searching for a kick payment claim.
To search for an encounter or FFS claim, on the Claim/Encounter Search panel, enter the desired search criteria and click the search button. The minimum search criteria includes ICN, OR a combination of Billing Provider/NPI, Claim Type, and Date of Service. Click search to initiate the search.
From the Search Results list, click the desired row to view the claim or encounter. Users can sort the search results list by clicking on a column title. Note that the TCN/HSID column has been removed from the Search Results list and the Submitted Provider ID now displays. This is the billing provider that was submitted on the encounter.
To search for and kick payment, select **Fee-For-Service** search type.
Because this search was performed by using the ICN, a search results list was not returned; the Professional claim is returned. In the claim form, a series of panels are displayed by scrolling down the page. The panels are described in the next series of slides. The first panel provides Billing Information and Service Information. Below that information is the Diagnosis panel that lists the Diagnosis codes.
After the Diagnosis code is the TPL/Crossover panel, followed by the Detail panel where the Procedure code is listed.
After the Detail panel is the Exceptional Claim Request, Supporting Documentation, and EOB Information panels.
The **Claim Search Detail** panel allows the user to search current claims using specific detail items, such as Procedure, Revenue Code, or National Drug Code (NDC). The search results will return both encounters and claims matching the search criteria.
Enter the search criteria and click the search button to view the search results. For example, enter a procedure code, and claims from the specified procedure code and date range are returned.
Kick payments can be submitted using the Professional claim form in the Health Plan Portal. A new feature is that now users can select the Billing Provider ID on the Professional claim form from the Billing Provider ID drop-down list, without having to log out and log in as a different provider.

Users will complete the claim form with the required information and click the **submit** at the bottom of the form.
We will now review the Demographic Maintenance menu. Health plans can update their enrollment information, complete a change of address, or submit EFT change requests at any time. To navigate to the different panels within Demographic Maintenance, click the menu item above the Provider Information panel.
Notice that the link for the page selected is now in bold. The Service Location panel allows users to select the options shown on this slide: Accepting new patients, Include in Directory Search, and Receive Bulletins by Mail. Simply select Yes or No for these options and click the **save** button.
The **Location Name Address** panel allows the user to view a list of addresses such as Home/corporate office, Mail to/correspondence, Pay to address, and Service location. To change an address, click the **change address** button and then follow the instructions displayed in the subsequent panels.
The **EFT Account** panel allows the user to view EFT account information for direct deposit of claims payments. Users, and their authorized delegates, have the ability to initiate changes to their Electronic Funds Transfer (EFT) bank account information via the Health Plan Portal.

Please note, users who choose to cancel their EFT payment will receive payments via a physical check.

To change the EFT information, select the Financial Institution and click the **add/update bank** button and then follow the instructions displayed in the Change Bank panel. Rows will be blank for providers with no EFT account information on file.
The **Service Language** panel allows the user to add languages that are available for servicing patients. **To add a language**, click the **add** button and then select a language and modify the effective date. When complete, click the **Save** button.
The Ownership panel displays those that have been designated as owners. For more information regarding changing ownership, click the *change ownership* button and follow the link to the Florida Medicaid General Provider Handbook.
From the **Members of My Group** panel, health plans can view a listing of the active members within a group.

Authorized users and their delegates can electronically update group membership in real-time. Users must have the Provider Maintenance role in order to perform linking and delinking updates. Users who do not have the option must contact their account administrator to delegate this role. When any group membership details have been changed, an email notification of the link or delink action will be sent to the primary user and targeted provider’s Florida Medicaid Secure Web Portal account. Logging into the secure Health Plan Portal account serves as the authorization to perform updates to group membership.
Health plans must enroll to receive an Electronic Remittance Advice, or X12 835 transaction file.

Section 1104 of the Affordable Care Act requires health plans to offer an EFT/ERA re-association number that allows providers to link an ERA to a specific EFT payment. Once ERA enrollment is complete, health plans can grant delegates permission to download X12 835 files on their behalf.

To complete the form, select the checkbox next to **Authorized Signature**, then click the **save** button at the bottom of the panel. The header information in the ERA Enrollment panel is pre-filled using current information.
from the provider account. The **Requested ERA Effective Date** field defaults to the current date. The enrollment form cannot be dated for a past or future date.

Once enrollment is complete, or if the provider account is already enrolled, the panel appears with the checkbox marked.
Users are able to complete an EDI agreement in real-time and submit it via the Health Plan Portal. Users without an existing Trading Partner ID (TPID) will see this panel, indicating that there is no TPID on file for the Provider ID.
The user will select the transactions they would like to receive. The 835 transaction type will be visible for billing agents and Clearinghouse only. Next complete the required contact information fields.
The Florida Medicaid Billing Agent section of the EDI Agreement must be completed when the **Link to Billing Agent/Clearinghouse** option is selected in the Transaction Information section.

Users must select **I agree** in the Certification section of the EDI Agreement panel, prior to submitting the agreement. Then, click **save**.
Logging into the Health Plan Portal account will also serve as the authorization when submitting an EDI agreement electronically. Users must select I agree in the Certification section of the EDI Agreement panel, prior to submitting the agreement electronically.
The **NPI** panel allows providers to review and verify their NPI Crosswalk information.
Health plans will receive recipient eligibility information on their 834s. However, health plans do have the option to view an individual recipient's eligibility information on this panel. From the Eligibility panel, health plans can see what the providers see when checking eligibility.

The **Eligibility Verification Request** panel allows the user to search Medicaid fields for eligible recipients by using information such as the Recipient ID, Card Control Number, Social Security Number (SSN), and Recipient Name.
The Recipient Information panel is displayed detailing the recipient’s eligibility for Florida Medicaid. Medicare information and other service limit information related to the recipient will show here, if applicable.
The Encounter Testing panel will provide encounter testing information and will direct the user to the test submission site when the Submission Information link is clicked. From this page, users have access to the Encounter Submission Tip Sheet.
With a click of a button, health plans can complete the self-service, electronic Newborn Activation request for newborn recipients and monitor the status of previously submitted requests.

Providers and their authorized delegates must have the Newborn Activation Designation role in order to submit and view newborn activation requests.
When a newborn record is present and has not already been activated, health plans or their designee must submit a Newborn Activation request. Newborn activations can be submitted from this panel by clicking the add button, entering the required information marked by an asterisk in the Newborn Activation Request panel, and clicking the save button.
Users can check the status of a previously submitted request from the Newborn Activation Request panel at the top of the webpage. Users should allow 24 hours after submission before checking the status of a newborn activation request. To check the status, enter identifying information for either the mother or newborn in the Newborn Activation panel, or select a status from the Status drop-down menu, and then click search. The request will have a status of Pending, Submitted, Activated, or Rejected. If the status is Rejected, a reason code for the rejection will be provided.

Health plans are encouraged to use the Health Plan Portal for submitting Newborn Activations as the current
process of emailing spreadsheets will be discontinued at a future date. Please look for a Health Plan Alert for specific details on the discontinuation date.
Kick Payment Remittance Advice (RA) reports can be downloaded in the Reports panel. As a new feature, health plans can obtain 1099s for their Kick Payments.

The default Download Format for reports is PDF. Reports can be pulled for up to three (3) months.
The Trade Files menu allows health plans to exchange electronic X12 files with DXC. Additionally, provider file maintenance requests can be submitted through this panel.
From the Download panel, health plans can download X12 files from the system by completing the fields on this panel and clicking the **search** button.
The files available for download can be selected from the **Document Type** drop-down menu. Shown on this slide are the available files for download. Note that the Health Plan Attestation Response file is the attestation report mentioned earlier in this presentation.
From the Uploads panel, health plans can upload X12 files into the system by completing the fields on this panel and clicking the upload button.
The file types available for upload can be selected from the **Document Type** drop-down menu. Shown on this slide are the available files for upload.

As a new feature, users have the ability to upload Provider File Maintenance Requests via the Trade Files panel. These options are shown in the drop-down list displayed on this slide.
The Provider Lookup allows users to easily search for provider information.
From the Provider Lookup page, users can look up provider enrollment information that would normally be found on the Pending Provider List (PPL) and Provider Master List (PML) spreadsheets. Simply complete the fields in the Provider Lookup panel and click the search button.
After entering the search criteria, the Search Results panel lists all providers that match the criteria used to search for provider information. If the user did not select any criteria, then the user will receive an error stating that search criteria is required. If there are no providers that match the criteria, then the “No rows found” will display. To view the information for a provider, click the row of the desired provider. Performing this action will display the Provider Lookup Information panel. Information in the Provider Lookup Information panel is grouped by Provider Information and by NPI Crosswalk. The status is available on the Search results row, Provider Lookup Information panel, and NPI Crosswalk panel.
The Provider Master List and Pending Provider List spreadsheets are also available for download under the Download section on the right side of the page.

The section also contains a link to the Fee Schedule Lookup. Clicking the Fee Schedule link will direct the user to the Fee Schedule Lookup panel located on the public Web Portal Provider Fee Schedule page, which allows health plans to access the current rates and fee schedules. Users can search by date of service, procedure description, and procedure range.
From the Resources page, users have access to health plan-related publications.
Information found under Resources was previously available in the Managed Care section of the public Web Portal. Let’s take a closer look at how the page is laid out, and the content that is available.
On the left side of the page, recently updated documents are displayed with a brief summary of the contents of the document. Clicking **Learn More** will open the PDF version of the document in its entirety.
The right side of the page allows users to quickly scan the list of recently updated publications. Under Recent Updates are the recently added or updated publications on the Resources page.

Under Categories, other health plan-related publications such as Tip Sheets, Training Presentations, and Web-Based Training links are available for viewing and download. Click the category name will expand the topic to display a list of all available documents in this category. You will find a copy of this presentation under Training Presentations.
Next, we’ll look at the Contact Us page. Access this page by clicking the Contact Us icon from the navigation menu.
The Contact Us page contains contact information for various health plan concerns. Please feel free to reach out to us with any questions.
We will now answer questions that were submitted during the course of this webinar.
Contact Information

DXC Technology, Florida Medicaid’s fiscal agent, is here to help!
For assistance with billing, EDI transactions and other EDI-related inquiries, eligibility inquiries, encounter denials, and enrollment issues, please contact the Health Plan Support team at healthplan.support@dxc.com.
Thank you!