The Agency for Health Care Administration (Agency) and DXC Technology (DXC) are moving towards an automated, self-service environment. This means promoting a paperless, self-service culture. The electronic submission of exceptional claims in the self-service environment gives providers direct control over information captured, which provides a solution to commonly encountered errors.

Providers have the ability to submit Medicaid exceptional claims via the Direct Data Entry (DDE) option on secure Florida Web Portal accounts. This new self-service enhancement allows providers to submit exceptional claim requests for new claims and the resubmission of denied claims. Providers seeking more information about electronic exceptional claim submissions, associated with the implementation of the new self-service environment, may refer to this quick reference guide (QRG).

**Electronic Exceptional Claim Submission**

Users can submit exceptional claims electronically by visiting [http://home.flmmis.com](http://home.flmmis.com) and logging into the secure Web Portal using the appropriate account credentials. From the secure Web Portal landing page, select **Claims**, then select the appropriate claim type.

### Exceptional Claim Basics

As paper claim submissions are no longer accepted from in-state providers, users are encouraged to review the EDI Companion Guides, found on the Companion Guides page of the public Web Portal, for detailed instructions on how to submit exceptional claims via the X12 837 batch file process.

To support Web Portal DDE submission, the Exceptional Claim Request panel allows users to submit exceptional claim requests through the claim DDE panels. All Web Portal DDE panels contain an Exceptional Claim Request panel above the Supporting Documentation panel.
Users must identify an exceptional claim by selecting the appropriate delay reason code found in the Delay Reason drop-down menu.

Supporting documentation must be uploaded for each request via the Supporting Documentation panel.

*Note: Exceptional Claims submitted without the Exceptional Claim Processing form are subject to denial.*

While in the Supporting Documentation panel, users must click **add** to activate this section of the claim. Once activated, users must enter the correct information in the Control Number, Transmission and Report type fields.

*Note: An Attachment Control Number (ACN) is created by the provider, must be unique for each attachment, and cannot contain any Protected Health Information (PHI). Only uppercase letters and/or numeric digits should be used.*

After completing the Supporting Documentation panel and reviewing the claim, click **submit**.

After clicking submit, the claim will suspend and allow users to upload attachments. Users must return to the Supporting Documentation panel, select the row that displays the ACN, and click upload.
When the Attachment Upload panel opens, select the row that displays the Attachment Control Number (ACN) and Attachment Description. Click **Browse**, then choose the desired attachment. Next, click **upload attachment**.

When files are correctly attached, a successful upload message will display followed by a tracking number, under the Upload Success panel.

To submit multiple attachments for an individual claim, users must repeat the above steps in the Supporting Documentation and Attachment Upload panels.

Users are no longer required to perform a Suspended Claim Search each time they wish to upload attachment(s).

*Note: Attachments that are not uploaded within 21 days will cause the claim to be denied.*

**We’re here to help!**

For assistance with electronic exceptional claim submissions, providers must call the Provider Services Contact Center and request to speak with a field services representative at 1-800-289-7799, Option 7.