Objectives

In this webinar, we will discuss:

1. Significance of July 1, 2016

2. Secure Web Portal
   - Obtaining a Secure Web Portal Login
   - Checking Recipient Eligibility
   - Verifying If a Recipient is Enrolled in a Health Plan

3. Florida Medicaid Web Portal Claim Submission
   - Billing Florida Medicaid and the Accepted Formats
   - Accessing a Professional Claim
   - Submitting a Web Portal DDE Professional Claim

4. Sandata Reminders

5. Additional Resources
SIGNIFICANCE OF JULY 1, 2016
Significance of July 1, 2016

Effective July 1, 2016, the Agency for Health Care Administration (Agency) is suspending the Telephonic Home Health Service Delivery Monitoring and Verification (DMV) Program for the eight counties in which DMV operates: Broward, Duval, Hillsborough, Lee, Miami-Dade, Orange, Palm Beach, and Pinellas.

Who will be required to bill Florida Medicaid?
All Provider Type 65 – Home Health fee-for-service providers rendering services (i.e. home health visits, private duty nursing, and personal care services) in all counties will submit all fee-for-service claims directly through the DXC Technology (DXC) secure Web Portal for reimbursement. DXC is the Agency’s fiscal agent. Effective July 1, 2016, the Sandata system will be unavailable to all counties; no claims can be billed through the Sandata Santrax system.
Significance of July 1, 2016

What should home health fee-for-service providers continue to do?
All fee-for-service home health service providers must continue to seek prior authorization through eQHealth Solutions, Inc. (eQHealth) for home health services. Additionally, providers must continue to comply with Medicaid policy for service provisions and billing.

Important Note: The Agency reserves the right to review provider claims and activities to ensure compliance with Medicaid policy during or after the DMV program suspension. Improper billing practices may result in actions being taken, including, but not limited to, claims denial, pre-payment reviews, sanctions, recovery of overpayments, and termination from the Medicaid program.
SECURE WEB PORTAL
Obtaining a Web Portal Logon

SECURE WEB PORTAL

Providers who are first-time users of the Florida Medicaid Web Portal are encouraged to review the Web Portal Registration Handout for instructions on creating a new account.


For assistance with your Web Portal account, contact Provider Services at 1-800 289-7799, Option 5.
Checking Recipient Eligibility

Below are ways to check recipient eligibility:

- The Florida Medicaid Secure Web Portal
- A Point-of-Sale (POS) device through an approved Florida Medicaid Eligibility Verification System (MEVS) vendor
- The Automated Voice Response System (AVRS)
- X12 270/271 eligibility transactions via Electronic Data Interchange (EDI)
Signing in to the Secure Web Portal

To sign in to the Secure Web Portal, follow these steps:

3. Sign in to Florida Medicaid by entering your username and password.
4. Click Sign In.
Signing in to the Secure Web Portal

To check recipient eligibility via the Florida Medicaid Secure Web Portal, follow these steps:

3. From the top menu, select Eligibility.
4. In the Eligibility Verification Request panel, complete one or more fields, and then click Search.
Verifying if a Recipient is Enrolled in a Health Plan

To identify if a recipient is enrolled in a health plan (MMA), check the Managed Care section on the Eligibility Verification Request panel in the Web Portal.

**IMPORTANT:** Providers can only use Florida Medicaid to bill for recipients who do not have a Managed Care assignment. Otherwise, billing must be routed to the appropriate health plan.
SUBMIT A CLAIM USING THE

FLORIDA MEDICAID WEB PORTAL
Billing Florida Medicaid and the Accepted Formats

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

The Florida Medicaid Management Information System (FMMIS) accepts the following claim formats:
- Web Portal Direct Data Entry (DDE)
- Provider Electronic Solutions (PES)
- Paper Claims Forms CMS 1500
- Vendor Software X12

Note: Providers are encouraged to use the Florida Medicaid Web Portal for Direct Data Entry (DDE) to bill claims for recipients not enrolled in a health plan. DDE allows for quick and easy billing and real-time adjudication of claims.
Using the Florida Medicaid Web Portal is quick, easy, and free!

To Access a Professional Claim, follow these steps:
2. From the top menu, click Claims → Professional.

The Professional Claim is comprised of the following panels:
- Professional Claim
- Diagnosis
- TPL/Crossover
- Detail
- Hard-Copy Attachments
- Claim Status Information
Accessing a Professional Claim
SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Professional Claim Panel

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**Professional Claim Panel**

<table>
<thead>
<tr>
<th>Billing Information</th>
<th>Service Information</th>
</tr>
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<tbody>
<tr>
<td>HIPAA Version</td>
<td>Release of Information</td>
</tr>
<tr>
<td>ICN/TCN</td>
<td>Signature Source</td>
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<td></td>
<td>Total TPL Amount</td>
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<td></td>
<td>CoPay Amount</td>
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</tbody>
</table>
Accessing a Professional Claim
SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Detail Panel
Accessing a Professional Claim
SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Diagnosis Panel

TPL/Crossover Panel
Accessing a Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Diagnosis Panel

TPL/Crossover Panel
Accessing a Professional Claim
SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Hard-Copy Attachments Panel

Claim Status Information Panel

Claim Status  Not Submitted yet
Accessing a Professional Claim
SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Search Features

Certain fields, such as the Recipient ID, allow the user to search. Click **Search**, and a new search window appears.
Accessing a Professional Claim
SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Header Information

Certain fields in the Billing Information and Service Information sections are auto-populated based on data entered in the detail panels. (Ex: Recipient Last Name, Total Charges.)

Medicare Assignment: Choose ASSIGNED if billing a Medicare crossover claim.

PA Number: Enter the Prior Authorization (PA) Number here, if required.
Submitting a Web Portal DDE Professional Claim

Web Portal DDE Professional Claim: Diagnosis Section
To activate the Diagnosis panel, click add.

Select the appropriate version by choosing either ICD-9 or ICD-10. By default, ICD-10 is selected.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Diagnosis Section
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Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Using the drop-down menu, choose the diagnosis sequence and enter the diagnosis code related to the claim.

Click **add** if there are more diagnosis codes related to this claim.

**Note:** When entering the diagnosis code, do not enter a decimal point. Make sure to delete any blank line items.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: TPL (Third Party Liability)/Crossover

To activate the TPL/Crossover panel, click add.

The TPL/Crossover panel is required if the recipient has a Third Party Liability (TPL) or Medicare. If the recipient’s TPL denied the claim, attach the denial letter or the Explanation of Benefits (EOB) showing the denial.

IMPORTANT: Medicare-denied claims cannot be sent electronically.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Medicare Part C

To file a Medicare Part C claim, choose ASSIGNED from the Medicare Assignment list in the Professional Claim panel.

Claim Filing: Complete the TPL/Crossover section by selecting HMO, MEDICARE RISK in the Claim Filing field.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Copay Amount: Enter the copay amount in the Detail section of the claim.

The Explanation of Medicare Benefits (EOMB) from the Part C carrier and the Medicare Part C-Medicaid CMS-1500 Crossover Invoice must be attached to the claim.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Detail Line Item Information

TPL Amount and TPL Paid Date: Complete only if billing a TPL claim.

Medicare Information: Complete only if billing a crossover claim.

Click **add** to add the first line item to the claim; a second line item will appear.

Click **copy** to copy the current line item’s data to the next line item.

Click **delete** to remove the current line item from the claim.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Multiple Detail Line Items

To delete a line from the claim, click the line item and then click delete.

Note: Multiple line items can be entered in the Detail panel. To sort line items, select a desired column heading and click it once.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Hard-Copy Attachments

Attachments can be sent via electronic submission. The Web Portal claim will suspend until an attachment is received and processed.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Submission

After reviewing the claim, click submit.

If the Claim Status displays Not Submitted yet then scroll to the top of the page and review the error message.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Errors

Error message(s) will display after clicking submit if (1) required fields are left blank or (2) the entered information is incorrect.

To resubmit the claim, review the error messages and update the required fields. When complete, click submit.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Denial

If a submitted claim has denied, the Claim Status will read DENIED, and the Claim ICN will post. The corresponding EOB Information will also post.

If desired, correct the claim and then click re-submit.

Note: If the Denied Date does not list a date, then the claim will be denied in the upcoming payment cycle. Once the payment cycle runs, the Denied Date will show in the Web Portal.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Web Portal DDE Professional Claim: Adjusting, Voiding, and Copying Claims

The Claim Status Information panel informs the user if the claim has been paid or suspended. Additionally, it provides information on the Claim Status, Claim ICN, Paid Date, and Paid Amount.

Paid claims can be adjusted and voided through the Web Portal.

Paid claims may be copied.

Note: If the Paid Date does not list a date, then the claim will be paid in the upcoming payment cycle. Once the payment cycle runs, the Paid Date will show in the Web Portal.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

Electronic Adjustments and Voids

Providers have 12 months from the Paid Date to adjust a claim.

To adjust or void a claim, follow these steps:

1. From the top menu, click **Claims → Search** then search for the claim that requires adjustment or needs to be voided by completing the Claim Search fields and then clicking **search**.
Submitting a Web Portal DDE Professional Claim

SUBMIT A CLAIM USING THE FLORIDA MEDICAID WEB PORTAL

2. Open the claim and click **adjust** after making the necessary changes to the claim or click **void** to void the entire claim.
Sample Remittance Advice

Electronic Remittance Advice (ERA) Image

Providers can view an image of their RA via the secure Web Portal under Reports.

A sample Remittance Advice (RA) showing the header and detail Explanation of Benefits (EOB) codes.
SANDATA REMINDERS

PROGRAM SHUT DOWN
As of July 1, 2016 agencies will no longer have access to the Sandata System.

In order to assist with the transition, please ensure that you complete the following in Sandata EVV System:

• Work all exceptions up to June 30, 2016
• Create invoices
• Export invoices
• Print past invoices or reports for your records
• Claims denied on June 30, 2016, should be re-submitted via the FLMMIS Web portal on July 1, 2016.

Please note that effective July 1, 2016, the Sandata Customer Care toll-free number of 1-855-702-4171, will no longer have live representatives available. Providers will be directed to contact HPE. Emails sent to ahcacustomercare@sandata.com will be responded to as applicable.
ADDITIONAL RESOURCES
We’re here to help!

ADDITIONAL RESOURCES

Provider Field Services (PFS) Representatives are available to assist providers throughout the state of Florida.

To contact the PFS Representative in your area, call 1-800-289-7799, Option 7 or visit the Florida Medicaid Public Web Portal Contact Us page by going to http://mymedicaid-florida.com and then clicking on Provider Services → Support → Contact Us.
SUMMARY

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TIME FOR YOUR QUESTIONS!
THANK YOU

FOR ATTENDING
Thank you.