Overview of the Web Portal and Submission of Dental Claims

Provider Training
Agenda

In this course, we will discuss:

1. Overview of the Web Portal and Remittance Advice

2. Submitting Dental Claims
   • Claims Search
   • Completing a Dental Claim
   • Submission
   • Error Checks
   • Denials
   • Supporting Documentation
   • Adjustments and Voids

3. Additional Resources
Florida Medicaid Online Resources

- Medicaid Provider General Handbook and Coverage and Limitations Handbook
- Medicaid Provider Reimbursement ADA Dental Claim Form Handbook (Dental Procedures)
- Medicaid Provider Reimbursement CMS-1500 Handbook (Oral Surgeons)

Agency for Health Care Administration (Agency):
http://ahca.myflorida.com/medicaid
Overview of the Web Portal and Remittance Advice
Welcome to the Florida Medicaid Web Portal

The **Home** page is updated regularly with current topics and system messages regarding technical issues, the Known Issues List, and holiday office closures.
Public Information: Recipients

The **Recipients** page contains links to Choice Counseling (Statewide Medicaid Managed Care) and DCF Access. Recipient notices are also posted to this page.
Public Information: Managed Care

The **Managed Care** page contains FAQ documents, Tip Sheets, and other important information for Managed Care Organizations (Health Plans).

Health Plans can also select links to access specific Managed Care pages for Managed Care Alerts, Encounter Transactions, Registration, Support, and NPI to Medicaid ID Search Engine.
Navigating Provider Services

Public Web Portal
Public Information: Provider Services

The **Provider Services** area offers multiple avenues to information for all different kinds of providers.

Providers can select links from the drop-down menu to access Contact Us, EDI, Enrollment, Pharmacy, Support, TPL, and Training.
To use the **Contact Information form**, enter the issues with specific details and preferred contact information, and then click the submit button at the bottom of the page.
The **EDI** page allows the user to view Companion Guides, MEVS Vendor List, Registration Forms, Software and Manuals, and Submission Information.
The Enrollment menu allows users to enroll as Florida Medicaid providers via the Online Enrollment Wizard.

After an application is saved, an Application Tracking Number (ATN) is assigned. The ATN stays with the application until enrollment is completed.

The Enrollment Tracking Search section, under the Enrollment Status page, allows the user to view the progress of a recently submitted application.
The **Pharmacy** page allows users to view the payer sheets for submitting claims to the Medicaid claims processor, information on Counterfeit-proof Prescriptions and Drug Limitations, and Pharmacy Ombudsman Pamphlets.

**Pharmacy Information**

Magellan Medicaid Administration, Inc. is the Pharmacy Benefit Manager (PBM). The PBM supports all pharmacy processing activities, which include claims processing, call center support, prior authorization, prospective and retrospective drug utilization review, academic detailing, and more.

The following information is available on this page:

- Counterfeit-proof Prescriptions
- Drug Limitations
- Fee For Service Specifications
- Pharmacy Ombudsman Pamphlets
- Referring, Ordering, Prescribing, and Attending (ROPA)
- New Medicare Card Project (NMCP)

NOTE: To access the documents on this page, you must have Adobe Acrobat Reader installed on your machine. To read a document online, click the link. To download a document and save a copy to your hard drive, right-click the link and select “Save Target As...” from the drop-down menu.

**Counterfeit-proof Prescriptions**

The Florida Medicaid program, as part of our efforts to combat fraud and abuse, requires medical practitioners (prescribers) to use a counterfeit-proof prescription...
The **Support** menu provides access to important information such as Alerts, FAQs, Forms, and Notices.

Announcement of important provider-related information is communicated via the provider email alert system.

Additionally, providers can access all posted alerts by visiting the public Web Portal and selecting **Provider Services** and then under **Support**, selecting **Alerts**.
Public Information: TPL

The Third Party Liability (TPL) page allows users to view TPL Carriers’ information.
Public Information: Training

The Training section provides access to Training Presentations, Quick Reference Guides, and Web Based Training.
Public Information: Agency Initiatives

Providers can access the **Agency Initiatives** menu from the top toolbar. This menu contains links to new and upcoming state-wide implementation such as DRG Pricing and ICD-10.

**NOTE:** This menu is subject to change based on project status.
Secure Web Portal
Secure Web Portal: Access

Providers can access the secure section of the Web Portal by clicking the **Secure Web Portal Login** link in the red box at the top of the Florida Medicaid Web Portal home page.
To sign into the secure Web Portal, enter your username and password and click the **Sign In** button. Providers can also access the login page directly by navigating to [http://home.flmmis.com/home/](http://home.flmmis.com/home/).
Secure Information: Account Management

On the Account Management page, providers can enter personal contact information, change the account password, or add/view agent roles.

The Florida Web Portal link allows providers to submit and search for claims, as well as access prior authorizations and file downloads.

For more information about modifying account settings and setting up agent roles, providers can download the Web Portal User Guide located on the public Web Portal by selecting Provider Services and then under Support, selecting Handbooks.
Providers can access Medicaid coverage information through the **Department of Children and Families (DCF) Provider View** application. This application provides a link to the DCF MY ACCESS System where providers can search and view Medicaid recipient information.

**Note:** This option is not available to all providers. For more information about how to use the DCF My ACCESS Account System, visit [http://www.dcf.state.fl.us/ess/docs/MYACCESSAccountProviderView.pdf](http://www.dcf.state.fl.us/ess/docs/MYACCESSAccountProviderView.pdf).
Secure Information: User Access Confirmation

After clicking the Florida Web Portal link, providers and agents are required to complete the User Access Confirmation box by entering randomly generated text.

The lower right image is an example of one of the different images that can be generated by the system.
Secure Information: Home Page

Each menu item in the secure Web Portal has a submenu.

The **Messages** section contains a list of Provider type-specific alerts that have been sent by Florida Medicaid.

**Note: NPI information will no longer display on the main landing page.**
The Service Location panel allows the user to select certain account preferences.
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 Change Address panel.
EFT Account
Menu Item: Providers → Demographic Maintenance

The EFT Account panel allows the user to view EFT account information for direct deposit of claims payments.

To change the EFT information, click the change bank button and then follow the instructions displayed in the Change Bank panel.
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.
Ownership
Menu Item: Providers → Demographic Maintenance

For more information regarding changing ownership, click the change ownership button and follow the link to the Florida Medicaid General Provider Handbook.

Per section 400.006(9) of the Florida Statutes, Providers are required to notify Florida Medicaid of any proposed change of ownership sixty (60) days prior to the date on which that ownership change will occur.

Please follow the notification process as documented in the Change of Ownership section of the Florida Medicaid General Provider Handbook.
Members of My Group
Menu Item: Providers → Demographic Maintenance

The Members of My Group panel provides a listing of the active members within a group.
Group Membership
Menu Item: Providers → Demographic Maintenance

The Group Membership panel shows the groups in which the provider is an active member.
NPI
Menu Item: Providers → Demographic Maintenance

The NPI panel allows providers to review and verify their NPI Crosswalk information.
The **Account** menu allows the user to view messages, change site settings, and use the switch provider function.

To **delete a message**, check the box in the **Remove** column next to the effective date and click the **Save** button.

*Note: The switch provider function is only available for Agent accounts.*
The **Claims Search** submenu allows the user to search for current claims (using claim header information) such as a specific Internal Control Number (ICN)/Transaction Control Number (TCN), Recipient ID, Claim Status, Remittance Advice (RA) Date, and Date of Service (DOS).

Click on the line of the claim you wish to view.

*Note: A blank RA Date indicates it will be paid in the next financial cycle.*
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 **Eligibility Verification Request** section 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.

Medicare information and other service limit information related to the recipient will show here, if applicable.
The **Prior Authorization Search** section allows the user to search for a specific Florida Medicaid Prior Authorization request by entering a Prior Authorization number or a combination of information such as the Recipient ID and Procedure. This section is only applicable when a Prior Authorization has been granted and does not apply to all provider types.
The **Reports** section allows the user to search for a specific Florida Medicaid-issued report by Report name and Date.

The default Download Format is PDF.

Reports can be pulled for up to three months.
The **Trade Files** section is a tool within the Web Portal in which the user can exchange electronic X12 files with DXC Technology.

Vendors and providers can upload and download X12 files into the system such as Eligibility Requests and Responses (270/271), Claim Batches (837), and Payment and Remittance Advice (835).
Remittance Advice (RA) Options

Electronic Remittance Advice (ERA) Images

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

X12 835

Providers download electronic file via the secure Web Portal under Trade Files.
A sample Remittance Advice (RA) showing the header and detail Explanation of Benefits (EOB) codes.

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<tr>
<th></th>
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<tr>
<td></td>
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<tr>
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<tr>
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<td>101.07</td>
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<td>0.00</td>
<td>101.07</td>
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**HEADER EOB: 1954**

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<th>TOTAL DENTAL CLAIMS PAID:</th>
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<tr>
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**TOTAL DENTAL CLAIMS PAID:**

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**TOTAL DENTAL CLAIMS PAID:** 117.42
Internal Control Number (ICN)

An Internal Control Number (ICN) is a 13 digit number that appears on the Remittance advice (RA) and is unique to each claim, regardless of status.

**Sample Region Codes:**
- 22 – Web Portal claim with no attachments
- 23 – Web Portal claim with attachments
- 10 – Paper claim with no attachments
- 11 – Paper claim with attachments
- 59 – Web Portal adjustment or void

<table>
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<th>Region</th>
<th>Julian Date</th>
<th>Batch</th>
<th>Sequence</th>
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<td>19009</td>
<td>999</td>
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<tr>
<td>Year and day of the year</td>
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<td>Internal use only</td>
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</tr>
<tr>
<td>Ex: 01/09/19</td>
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Submitting Dental Claims
Electronic Submission Methods

Florida Medicaid Management Information System/Decision Support System (FL MMIS/DSS)

- Web Portal Direct Data Entry (DDE)
- Vendor Software (X12)
- Proprietary Software (X12)
- Provider Electronic Solutions (PES) Software
Accessing a Dental Claim

After logging into the secure section of the Web Portal, click on **Claims**, then **Dental**.
**Overview of the Web Portal and Submission of Dental Claims**

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**Dental Claim Form (Page 1 of 2)**

![Dental Claim Form Image]

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**Diagnosis**

<table>
<thead>
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<th><strong>Version:</strong></th>
<th>OICD-9</th>
<th>OICD-10</th>
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<tr>
<td><strong>Diagnosis</strong></td>
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**TPL**

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<tr>
<td><strong>Last Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>First Name, M.I.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Carrier</strong></td>
<td></td>
</tr>
</tbody>
</table>

***No rows found***

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**Billing Information**

- **HIPAA Version:** 0051
- **Signature:**
- **Provider ID:**
- **Recipient ID:**
- **Last Name:**
- **First Name, M.I.:**
- **Date of Birth:**
- **Patient Account #:**
- **Rendering Provider #:**

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**Service Information**

- **Release of Information:**
- **Charges:**
  - **Total Charges:** $0.00
  - **Total TPL Amount:** $0.00
  - **Total Paid Amount:** $0.00
### Overview of the Web Portal and Submission of Dental Claims

#### Dental Claim Form (Page 2 of 2)

The image shows a section of a dental claim form with fields for submitting claims. The form includes sections for detail, exceptional claim request, and supporting documentation.

**Detail**
- **Item**
- **Diagnosis**
- **Unit Price**
- **Policy Modifier**
- **Line Control Number**
- **Tooth Number**
- **Quadrant**
- **DOS**
- **Procedure**

**Exceptional Claim Request**
- **Delay Reason**

**Supporting Documentation**
- **Control Number**
- **Transmission**
- **Report Type**

**Claim Status Information**
- **Claim Status**: Not submitted yet

The form contains inputs for various dental claim details and options to add, delete, or copy entries.
Search Features
Web Portal DDE Dental Claim

Certain fields allow for searches, such as the Recipient ID. Click on Search, and a new search window appears.
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).

All Required Fields are Indicated with an Asterisk (*).
Third Party Liability (TPL/Crossover) Web Portal DDE Dental Claim

Click **add** to activate this section of the claim, if applicable.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Plan Name</th>
<th>Policy Number</th>
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<tbody>
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</table>

Type data below for new record.

- **Carrier**: [Input]
- **Plan Name**: [Input]
- **Policy Number**: [Input]
- **Member ID**: [Input]
- **Payer Resp**: PRIMARY
- **Claim Filing**: COMMERCIAL INSURANCE

TPL/Crossover Section

- Complete if recipient has Third Party Liability (TPL) or Medicare.
- If the recipient’s TPL denied the claim, attach the denial letter or the EOB showing the denial. Medicare denied claims cannot be sent electronically. See the attachment section at the end of this presentation for more details.
Detail Line Item Information
Web Portal DDE Dental Claim

Clicking **add** will add the first line to the claim and the second line item will appear.

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

Clicking **delete** will remove the current line item from the claim.

Clicking **add** will activate the Surfaces section of the line item.
To delete a line item from the claim, highlight the line item, and click delete.

Multiple lines can be entered in the Detail section.

Items are listed in descending numerical order.

All Required Fields are indicated with an asterisk (*).
Supporting Documentation
Web Portal DDE Dental Claim

If your claim requires attachments, click the add button to activate this section of the claim.

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

The Control Number (ACN) must be created by the provider when uploading an attachment. The Control Number must be unique for each attachment and cannot contain any protected Health Information (PHI). Only uppercase letters and/or numeric digits should be used.
Submission
Web Portal DDE Dental Claim

Submission

- After reviewing the claim, click the **submit** button.

- After you click **submit**, if the claim status displays **Not Submitted Yet**, scroll to the top of the screen to see any error messages.
Errors
Web Portal DDE Professional Waiver Claim

Claim Errors

- An error message(s) appears at the top of the screen if the user clicks the submit button prematurely, if the claim has inaccuracies, or if there is a blank line item.
- Correct data, review, and re-submit.

The following messages were generated:

- From DOS is required.
- Procedure is required.
- A valid POS is required
- A valid Procedure is required
- Units must be greater than 0.
- Charges must be greater than $0.00.
- To DOS must be greater than or equal to Medicaid effective date.

Click here to view the Dental Claim Handbook
Claim Denial

If a submitted claim has been 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 click, **re-submit**.

Note: A blank Denied Date means the claim will be denied in the upcoming payment cycle. Once the payment cycle runs, the Denied Date will show in the Web Portal.
Adjusting, Voiding, and Copying Claims
Web Portal DDE Professional Waiver Claim

Claim Paid/Suspended

- Claim Status Information, Claim ICN, Paid Date, and Paid Amount all appear.
- Paid claims can be adjusted and voided through the Web Portal.
- Paid claims may be copied.

Note: A blank Paid Date means the claim will be paid in the upcoming payment cycle. Once the payment cycle runs, the Paid Date will show in the Web Portal.
Electronic Adjustments and Voids

First, find the claim that needs adjusting or voiding by performing a Claim Search. Click on Claims, Claim Search, and open the claim that needs adjusting or voiding.

To adjust a claim, open the claim, make necessary changes, then click the adjust button.

To void a claim, click the void button at the bottom of the page.

Providers have 12 months from the Paid Date to adjust a claim.
Additional Resources
There are Provider Field Services (PFS) Representatives available to assist providers throughout the State of Florida.

PFS Representatives train providers on the use of the secure Web Portal, proper completion of claim forms, and assist with claim resolutions.

Web Portal trainings are regularly provided throughout the state.

Please visit the Contact Us page of the public Web Portal to access the most recent Provider Field Services Representative Map.
Web Based Training (WBT)

Web Based Training (WBT) courses are offered on a variety of subjects and are free to all Florida Medicaid providers.

WBTs can be accessed 24 hours a day, seven days a week.

To access available WBTs, please visit the Medicaid Web Portal.
Summary

In this course, we discussed:

✓ Overview of the Web Portal and Remittance Advice

✓ Submitting Dental Claims
  ✓ Claims Search
  ✓ Completing a Dental Claim
  ✓ Submission
  ✓ Error Checks
  ✓ Denials
  ✓ Supporting Documentation
  ✓ Adjustments and Voids

✓ Additional Resources.
We’re Here to Help!

Automated Voice Response System (AVRS)
1-800-239-7560

Provider Services Main Telephone Line:
For billing questions, claim status:
1-800-289-7799

▷ Option 4: Provider Enrollment
▷ Option 5: Password Reset
▷ Option 7: Provider Services Contact Center & PFS Representatives

Magellan Medicaid Administration, Inc.
For pharmacy questions:
1-800-603-1714

Electronic Data Interchange – EDI
For 837 and electronic transmission questions:
1-866-586-0961

Thank you for attending training.