Overview of the Web Portal and Submission of Institutional Claims

Provider Training
Agenda

In this course, we will discuss:

• Overview of the Web Portal and Remittance Advice

• Submitting Institutional Claims
  • Claims Search
  • Completing an Institutional Claim
  • Submission
  • Error Checks
  • Denials
  • Supporting Documentation
  • Adjustment and Voids

• Additional Resources
Florida Medicaid Online Resources

- Florida Medicaid Provider General Handbook
- Coverage and Limitations Handbooks
- Florida Medicaid Provider Reimbursement UB-04 Handbook

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

Public Information: Home Page

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 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
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.
Public Information: EDI

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.

In the Enrollment Forms section, Providers can access forms, such as EFT and NPI registration.

After an application is saved, an Application Tracking Number (ATN) is assigned. The ATN stays with the application until enrollment is completed and can be found in the Enrollment Tracking Search section, under the Enrollment Status page.
Public Information: Pharmacy

The Pharmacy page allows users to view the payer sheets for submitting claims to the Pharmacy Benefit Manager, information on Counterfeit-proof Prescriptions and Drug Limitations, and Pharmacy Ombudsman Pamphlets.
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**.

![Florida Medicaid Web Portal](image)

**Provider Message Archive**

Periodically, the state Medicaid office will communicate to the provider community via provider alert messages. Provider alerts typically contain new policies and/or pertinent Medicaid information relevant to the provider community. This page contains recent and historical Medicaid provider alerts.

Archived messages may contain links to websites or documents that no longer exist at the linked URL. Documents referenced in the messages that are maintained by the fiscal agent can be found within the public pages of the DXC Technology Web Portal.

**NOTE:** Managed Care Alerts sent on March 1, 2015 and later are available on the **Managed Care Alerts** page.

To subscribe to receive Provider Alerts, complete the online form on the **Florida Medicaid Health Care Alerts** page.

To search for a specific alert, enter a keyword and click the “search” button. To view all alerts, click the “search” button below.
Public Information: TPL

The **Third Party Liability (TPL)** page allows users to view TPL Carriers’ information.
The **Training** section provides access to Training Presentations, Quick Reference Guides, and Web Based Training.
Providers can access the Agency Initiatives menu from the top toolbar. This menu contains links to new and upcoming state-wide implementation such as NPI Crosswalk and Provider Screening Initiatives.

Note: This menu is subject to change based on initiative 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.
Secure Information: Logging into the Secure Web Portal

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/.
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.
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 only an example of an image that can be generated by the system.
Navigating the Secure Florida Web Portal
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.
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 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.
Service Language
Menu Item: Providers → Demographic Maintenance

The Service Language panel allows the user to add languages available for servicing patients.

To add a language, click add, select a language, and modify the effective date. When complete, click Save.
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 409.906(6) of the Florida Statutes, Providers are required to notify Florida Medicaid of any proposed change of ownership 90 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.
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.
The NPI panel allows providers to review and verify their NPI Crosswalk information.
Messages
Menu Item: Account

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 **Save**.

**Note:** The switch provider function is only available for Agent accounts.
Claims Search
Menu Item: Claims

The Claims Search submenu allows the user to search for current claims using claim header information, such as 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.
Claim Search Detail
Menu Item: Claims

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 **Newborn Activation** panel allows providers to submit and monitor newborn activation requests.
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.
Reports
Menu Item: Reports

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.
Trade Files
Menu Item: Trade Files

The Trade Files section is a tool within the Web Portal in which the user can exchange electronic X12 files with DXC.

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 Advices (835).
Remittance Advice (RA) Options

Electronic Remittance Advice (ERA) Images

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

X12 835

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

<table>
<thead>
<tr>
<th>ICN</th>
<th>PATIENT NUMBER</th>
<th>ATTENDING PROVIDER</th>
<th>SERVICE</th>
<th>DATES</th>
<th>DAYS</th>
<th>AMOUNT</th>
<th>CODE</th>
<th>BILLED</th>
<th>ALLOWED</th>
<th>CO-PAY</th>
<th>TPL</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016000000000</td>
<td>999999999</td>
<td>UNIVERSITY HOSPITAL</td>
<td>071316</td>
<td>071416</td>
<td>1</td>
<td>42,266.78</td>
<td>4652</td>
<td>2,466.41</td>
<td>0.00</td>
<td>0.00</td>
<td>2,466.41</td>
<td></td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Region</th>
<th>Julian Date</th>
<th>Batch</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>19009</td>
<td>999</td>
<td>999</td>
</tr>
</tbody>
</table>

**Region**
- Year and day of the year
  - Ex: 01/09/19

**Batch**
- Internal use only

**Sequence**
- Internal use only
Submitting Institutional 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 an Institutional Claim

After logging into the secure section of the Web Portal, click on **Claims**, then **Institutional**.
Institutional Claim Form (Page 1 of 2)
Institutional Claim Form (Page 2 of 2)

### Medicare Information
- Medicare Claim Date
- Medicare Claim Amount
- Copay Amount
- Deductible Amount

### Detail
<table>
<thead>
<tr>
<th>Item</th>
<th>Revenue Code</th>
<th>HCPCS</th>
<th>Units</th>
<th>Charges</th>
<th>Non Covered Charges</th>
<th>Status</th>
<th>Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Type data below for new record:
- Item
- Revenue Code
- HCPCS
- Units
- Charges
- Non Covered Charges
- Status
- Allowed Amount

### Exceptional Claim Request
To request an exception, select the appropriate reason and submit a completed Exceptional Claims Processing form along with supporting documentation.

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

### Claim Status Information
- Claim Status: Not Submitted yet
Search Features
Web Portal DDE Institutional Claim

Certain fields allow for searches, such as Recipient ID. Click **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 (Example: Recipient Last Name, Total Charges).

All Required Fields are indicated with an Asterisk (*).
Condition, Procedure, Occurrence/Span, and Value Sections
Web Portal DDE Institutional Claim

Condition, Procedure, Occurrence/Span, and Value Sections

- If applicable, enter one section at a time by clicking the name of the section and then clicking add.
- All fields marked with an asterisk (*) are required.
Click the **add** button to activate this section of the claim, if applicable. Make sure to delete any blank line items. The **Diagnosis** section is now activated.

By Federal Mandate, **ICD-10 MUST be used for all claims with dates of service on or after 10/01/2015.**

Any claim submitted with an ICD-9 code with a date of service on or after 10/01/2015 will receive an error message and be denied.

Claims must be submitted with either ICD-9 or ICD-10 codes. Claims submitted with both ICD-9 and ICD-10 codes will be denied.

*Note: Do not enter a decimal point in the diagnosis code. You only need to click **add** once, unless you are entering multiple diagnosis codes.*
Third Party Liability (TPL)/Crossover
Web Portal DDE Institutional Claim

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

**TPL/Crossover Section**

- Complete if recipient has Third Party Liability (TPL) or Medicare. If a claim has BOTH TPL and Medicare, a Crossover with TPL Claim and/or Adjustment Form must be submitted. This form can be downloaded from the Web Portal by clicking Provider Support, then Forms.

- If the recipient’s TPL denied the claim, attach the denial letter or the Explanation of Benefits (EOB) showing denial. Medicare denied claims cannot be sent electronically. See the attachment section at the end of this presentation for more information.
Medicare Information

This Medicare section is only completed when submitting Medicare B or C claims.

- This panel will not activate until the TPL/Crossover section is completed.

### Medicare Information Table

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Paid Date</td>
<td></td>
</tr>
<tr>
<td>Medicare Paid Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Coinsurance Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Copay Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Deductible Amount</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Complete the TPL/Crossover section, select **HMO, MEDICARE RISK** in the Claim Filing field, then complete the Medicare Information panel.

The Explanation of Medicare Benefits (EOMB) from the Part C carrier and the Medicare Part C Crossover Claim Form must be attached to the claim. See the hard-copy attachment section of this presentation for more details.
Access the **Medicare Part C Crossover Claim** form by navigating to the Florida Medicaid Forms page on the Agency website at:

http://ahca.myflorida.com/medicaid/review/forms.shtml
Detail Line Item Information
Web Portal DDE Institutional Claim

Clicking **add** will add the first line item to the claim. A 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.

**Note:** In the Detail panel, a new field, Referring Provider, has been added. This field is searchable.

```
<table>
<thead>
<tr>
<th>Item</th>
<th>Revenue Code</th>
<th>HCPCS</th>
<th>Units</th>
<th>Charges</th>
<th>Non Covered Charges</th>
<th>Status</th>
<th>Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4 301</td>
<td>2.00</td>
<td>$78.26</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PAID</td>
<td>$0.00</td>
</tr>
<tr>
<td>A</td>
<td>3 900</td>
<td>5.00</td>
<td>$202.39</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PAID</td>
<td>$0.00</td>
</tr>
<tr>
<td>A</td>
<td>2 250</td>
<td>2.00</td>
<td>$245.20</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PAID</td>
<td>$0.00</td>
</tr>
<tr>
<td>A</td>
<td>1 170</td>
<td>2.00</td>
<td>$1,178.84</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PAID</td>
<td>$1,178.84</td>
</tr>
</tbody>
</table>
```

**Note:** All Required Fields are indicated with an Asterisk (*).
Multiple Detail Line Items
Web Portal DDE Institutional Claim

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

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 Institutional 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 Institutional 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 Institutional Claim

Claim Errors

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

Image:
```
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 Institutional Claim Handbook

Institutional Claim
```
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.
Inpatient

Web Portal DDE Institutional Claim

Inpatient

- Inpatient claims with dates of admission on or after 7/1/13 are priced using Diagnosis Related Groups (DRG).

- After submitting a claim, the DRG Pricing Information panel appears above the Claim Status Information at the bottom of the claim.

For more information about DRG, navigate to the public Web Portal and select **DRG Pricing** under the **Agency Initiatives** tab. DRG information can also be found on the Medicaid Institutional Provider Cost Reimbursement page on the Agency website at [http://ahca.myflorida.com/Medicaid/cost_reim/index.shtml](http://ahca.myflorida.com/Medicaid/cost_reim/index.shtml).
Adjusting, Voiding, and Copying Claims
Web Portal DDE Institutional 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.*

![Claim Status Information Table]

<table>
<thead>
<tr>
<th>Claim Status</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim ICN</td>
<td></td>
</tr>
<tr>
<td>Paid Date</td>
<td>01/16/2019</td>
</tr>
<tr>
<td>Paid Amount</td>
<td>$45.19</td>
</tr>
</tbody>
</table>
First, find the claim that needs adjusting or voiding by performing a Claim Search. Click **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 and 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) 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 Institutional Claims
  - Claims Search
  - Completing a Professional 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.