Overview of the Web Portal and Submission of Long Term Care Claims

Provider Training
In this course, we will discuss:

- Overview of the Web Portal and Remittance Advice
- Submitting Long Term Care (LTC) Claims
  - Basic Field Requirements
  - Long Term Care (LTC) Roster and Billing List
  - Completing a Long Term Care (LTC) Claim
  - Third Party Liability (TPL)/Crossover/Medicare
  - Submission
- Common Revisions to the Billing List
- Billing an Individual Claim
  - Submission
  - Error Checks
  - Denial
  - Supporting Documentation
  - Adjustments and Voids
- Additional Resources
Florida Medicaid Online
Resources

- Florida Medicaid Provider General Handbook
- Coverage and Limitations Handbook
- 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

The **Home** page is updated regularly with current topics and system messages regarding technical issues, the Known Issues List, and holiday office closures.
The **Recipients** page contains links to Choice Counseling and DCF Access. Recipient notices are also posted to this page.
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.
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.
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.
Public Information: TPL

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

Third Party Liability (TPL) is the obligation of any entity other than Medicaid or the recipient to pay all or part of the cost of the recipient’s medical care. If the recipient has other coverage through a TPL insurer, the provider must bill the TPL insurer prior to billing Medicaid.

For more information regarding TPL, please reference the Florida Medicaid Provider General Handbook located on the Handbooks page.

TPL Carriers
The TPL Carriers listing is furnished for providers to use when Medicaid recipients have other insurance that should process a claim before Medicaid processes the claim. The listing is provided in Microsoft Excel format. You can use the search feature of your software to locate the carrier code and corresponding billing information.

To access the following documents, you must have Adobe Acrobat Reader installed. To save a document, right-click the link and select “Save Target As…”

<table>
<thead>
<tr>
<th>Title</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPL Carriers</td>
<td></td>
</tr>
<tr>
<td>TPL Carriers List</td>
<td>9</td>
</tr>
<tr>
<td>XLS 485.00K8</td>
<td></td>
</tr>
</tbody>
</table>
Public Information: Training

The **Training** section provides access to Training Presentations, Quick Reference Guides, and Web Based Training.

![Training Presentations](image)

- **Provider Electronic Solutions (PES)**: PES Software Training - Applicable to all providers using PES.
- **Dental Claim Form Presentations**: Direct Data Entry (DDF) on the Web
- **Enhanced Ambulatory Patient Grouping (EAPG) Presentations**: Hospital (Provider Type 01) Training Presentation
- **Institutional Claim Form Presentations**: Direct Data Entry (DDF) on the Web

To access the following documents, you must have Adobe Acrobat Reader installed on your machine.
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
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.fliimis.com/home/](http://home.fliimis.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.
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
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.

![Service Location Panel](image-url)
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.
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 **add** and then 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 **change ownership**, and follow the link to the Florida Medicaid General Provider Handbook.

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**Ownership Menu Item: Providers → Demographic Maintenance**

For more information regarding changing ownership, click **change ownership**, and follow the link to 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.
NPI
Menu Item: Providers → Demographic Maintenance

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 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 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.
Search
Menu Item: Prior Authorization

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 RAs via the secure Web Portal under **Reports**.

X12 835

Providers download electronic files via the secure Web Portal under **Trade Files**.
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>
<tr>
<td>Region</td>
<td>Year and day of the year</td>
<td>Internal use only</td>
<td>Internal use only</td>
</tr>
<tr>
<td></td>
<td>Ex: 01/09/19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

February 27, 2019
# Overview of the Web Portal and Submission of Long Term Care Claims

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

<table>
<thead>
<tr>
<th>REPORT</th>
<th>CLARIDIAN</th>
<th>AGENT FOR HEALTH CARE ADMINISTRATION</th>
<th>MEDICAID MANAGEMENT INFORMATION SYSTEM</th>
<th>PROVIDER REMITTANCE ADVICE</th>
<th>LONG TERM CARE CLAIMS PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSING HOME PROVIDER</td>
<td>123 W MAIN STREET</td>
<td>SUNNY ISLAND, FL 33513-1234</td>
<td>PROVIDER REMITTANCE ADVICE</td>
<td>02/27/2019</td>
<td>09/07/2019</td>
</tr>
</tbody>
</table>

**Sample Remittance Advice**

<table>
<thead>
<tr>
<th>DATE</th>
<th>RATE</th>
<th>AMOUNT</th>
<th>BILLING</th>
<th>ALLOWED</th>
<th>TPL</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2019</td>
<td>31.00</td>
<td>7,139.61</td>
<td>7,139.61</td>
<td>0.00</td>
<td>1,610.55</td>
<td>1,529.06</td>
</tr>
</tbody>
</table>

**Total Long Term Care Claims Paid:**

| 14,412.86 | 24,412.86 | 0.00 | 2,425.27 | 21,987.59 |
Submitting Long Term Care 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 the LTC Roster and Billing List

After logging into the secure section of the Web Portal, click on **LTC**. The LTC menu is used by Long Term Care providers only and allows them to submit monthly claims.

The **roster** is an organizational tool that allows the user to organize and maintain an electronic list of all recipients.

Selecting **billing** will allow access to the monthly billing list panel.
The LTC Roster panel allows the user to organize and maintain an electronic list of all recipients.

The use of this panel is optional.

Note: LTC Roster is not used for billing purposes.
Each month, enter the appropriate billing period in MMYYYY format (Ex: 072011). Click **build** and a billing list will automatically populate based on the previous month’s paid and suspended claims.

Users will need to carefully check the billing list for changes. To update, highlight a claim from the list and make appropriate corrections.

Click **add** to add a new claim to the billing list.
Once a claim is saved, it appears in the Long Term Care (LTC) Billing List.

The submit button is accessible at the first of each month. Once claims are submitted, a confirmation message containing a tracking number will appear in the Messages panel.

**Note:** The day of submission must be later than the last day of service on the billing list.
Common Revisions to the Billing List
Deleting Claims from the Billing List

To delete a claim from the pre-populated monthly Billing List, highlight the claim and double-click. Once the claim is opened, scroll to the bottom of the page and click delete.

This will remove the claim from the current Billing List.
There can be no overlapping dates of service at the line item level. Each line item must have dates of service that are unique to that line item’s revenue center code. For example:

Item 1: 07/01/2016-07/14/2016
Revenue Code: 0101
Units: 14

Item 2: 07/15/2016-07/18/2016
Revenue Code: 0185
Units: 4

For Home Days, use Revenue Code 0182.
For Hospital Days, use Revenue Code 0185.
Patient Status and Discharge Time should be entered on discharge claims.

Per State policy, the day of discharge is not a covered day. Subtract the day of discharge from the total covered days.

Please be sure to modify the dates of service and corresponding units related to the discharge.
Billing an Individual Claim
Creating Individual Long Term Care (LTC) Claims on the Web Portal

You can create a Long Term Care (LTC) claim by submitting your monthly claims all together in your monthly billing list.

You can also create an individual claim by clicking on Claims and selecting Institutional. Individual claims are generally submitted for claims with Third Party Liability (TPL) payments, Medicare Part B Crossovers, and other similar claims.
Complete the required information for your claim as instructed in the Long Term Care (LTC) claim section of this presentation.

Common individual claims are for Medicare Part B and Third-Party Liability (TPL) claims.
Complete the required information for your claim as instructed in the Long Term Care (LTC) claim section of this presentation.

Common individual claims are for Medicare Part B and Third-Party Liability (TPL) claims.
If billing Level of Care (LOC) X claims, choose LOC X for Level of Care, and add the Medicare per diem rate. Leave blank for Medicare Part B claims.

After selecting a pre-populated claim for modification or clicking add to add a new claim on the LTC Billing panel, the Institutional Claim panel will open.

Certain fields are auto-populated in the Billing Information and Service Information Sections based on data entered in the detail panels. Example: Recipient Last Name, Total Charges.
Diagnosis Section
Web Portal DDE LTC Claim

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 Long Term Care (LTC) Claim

Click **add** 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
Web Portal DDE Long Term Care (LTC) Claim

Medicare Information

- This Medicare section is only completed when submitting Medicare B or C claims.
- LTC Users will skip this section if they are using monthly billing.
- Medicare Part A Level of Care X is NOT indicated under the Medicare Information section. The Medicare Per Diem rate should be used in the billing section.

Note: This panel will not activate until the TPL/Crossover section is completed.
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 Supporting Documentation section of this presentation for more details.
Medicare Part C Crossover Claim Form
Web Portal DDE Long Term Care (LTC) Claim

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
Overview of the Web Portal and Submission of Long Term Care Claims

Detail Line Item Information
Web Portal DDE Long Term Care (LTC) 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.

Enter a line item for each revenue code that applies to the claim:

- 0101: Regular Nursing Home Days
- 0182: Bed Hold Home Days
- 0185: Bed Hold hospital Days

![Image of detail line item information]

**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>A</td>
<td>4 301</td>
<td>2.00</td>
<td>$76.36</td>
<td>$0.00</td>
<td>PAID</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>3 300</td>
<td>5.00</td>
<td>$301.29</td>
<td>$0.00</td>
<td>PAID</td>
<td>$0.00</td>
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</tr>
<tr>
<td>A</td>
<td>2 250</td>
<td>2.00</td>
<td>$245.20</td>
<td>$0.00</td>
<td>PAID</td>
<td>$0.00</td>
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</tr>
<tr>
<td>A</td>
<td>1 170</td>
<td>2.00</td>
<td>$1,178.84</td>
<td>$0.00</td>
<td>PAID</td>
<td>$2,828.84</td>
<td></td>
</tr>
</tbody>
</table>

Type data below for new record.

- Item 1
- Revenue Code: 170
- HCPCS: [Search]
- Modifiers: [Search]
- Units: 2.00
- Charges: $1,178.84
- Status: PAID
- Allowed Amount: $2,828.84

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

All Required Fields are indicated with an Asterisk (*).
Multiple Detail Line Items Information
Web Portal DDE Long Term Care (LTC) Claim

To delete a line 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.
Supporting Documentation
Web Portal DDE Long Term Care (LTC) 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 Long Term Care (LTC) Claim

Submission
- After reviewing the claim, click the **submit** button.
- After you click submit, if the claim status displays **Not Submitted Yet**, scroll up to the top of the screen to see any error messages.
Errors
Web Portal DDE Long Term Care (LTC) 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.
Denial
Web Portal DDE Long Term Care (LTC) Claim

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 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 Long Term Care (LTC) Claim

Claim Status Information

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

To adjust a claim, open the claim, make any 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

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 Long Term Care (LTC) Claims
  • Basic Field Requirements
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• 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.