Overview of the Web Portal and Submission of Professional Claims

Provider Training
Agenda

In this course, we will discuss:

• Overview of the Web Portal and Remittance Advice

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

• Additional Resources
Florida Medicaid Online Resources

- Florida Medicaid Provider General Handbook
- Coverage and Limitations Handbooks
- Florida Medicaid Provider Reimbursement CMS-1500 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 (Statewide Medicaid Managed Care) 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
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.
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 following information is available on this page:

- Counterfeit-proof Prescriptions
- Drug Limitations
- Fee For Service Specifications
- Pharmacy Ombudsman Pamphlets
- Referring, Ordering, Prescribing, and Attending (SOPA)
- 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**.
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.
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.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**.
Secure Information: DCF Provider View

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
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.

**Menu Item: Providers → Demographic Maintenance**
Location Name Address
Menu Item: Providers → Demographic Maintenance

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 add/update bank button and then follow the instructions displayed in the panel.
Service Language
Menu Item: Providers → Demographic Maintenance

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.

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Per section 409.006(6) 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.
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 a specific Internal Control Number (ICN)/Transaction Control Number (TCN), Recipient ID, Claim Status, Remittance Advice (RA) Date, and Date of Service (DOS).

Click 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.
Newborn Activation
Menu Item: Newborn Activation

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.
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 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.
Sample Remittance Advice

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

<table>
<thead>
<tr>
<th>ICN</th>
<th>SERVICE DATES</th>
<th>BILLED</th>
<th>ALLOWED</th>
<th>TPL</th>
<th>CO-PAY</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>071216</td>
<td>071216</td>
<td>222</td>
<td>93.31</td>
<td>0.00</td>
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<td></td>
<td></td>
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<td></td>
<td>0.00</td>
<td>93.31</td>
</tr>
<tr>
<td>PL SERV PROC CD MODIFIERS</td>
<td>UNITS</td>
<td>FROM</td>
<td>THRU</td>
<td>PROVIDER</td>
<td>AMOUNT</td>
<td>ALLOWED</td>
</tr>
<tr>
<td>11 99213 25</td>
<td>1.00</td>
<td>071216</td>
<td>071216</td>
<td>MCD 00101234</td>
<td>111.00</td>
<td>26.61</td>
</tr>
<tr>
<td>11 76830</td>
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<td>071216</td>
<td>MCD 00101234</td>
<td>111.00</td>
<td>66.70</td>
</tr>
<tr>
<td>MEDICAID ID: 17777777777</td>
<td>BENEFICIARY NAME: PATIENT, KATELYN N</td>
<td>033016</td>
<td>061716</td>
<td>60.00</td>
<td>19.64</td>
<td>0.00</td>
</tr>
<tr>
<td>PL SERV PROC CD MODIFIERS</td>
<td>UNITS</td>
<td>FROM</td>
<td>THRU</td>
<td>PROVIDER</td>
<td>AMOUNT</td>
<td>ALLOWED</td>
</tr>
<tr>
<td>11 99211 FP</td>
<td>1.00</td>
<td>033016</td>
<td>033016</td>
<td>MCD 123123123</td>
<td>30.00</td>
<td>9.82</td>
</tr>
<tr>
<td>11 99211 FP</td>
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<td>061716</td>
<td>MCD 123123123</td>
<td>30.00</td>
<td>9.82</td>
</tr>
<tr>
<td>TOTAL CMS 1500 CLAIMS PAID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>282.00</td>
<td>112.95</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>

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

Internal use only

Internal use only
Submitting Professional 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 Professional Claim

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

<table>
<thead>
<tr>
<th>Item</th>
<th>From DDS</th>
<th>Procedure</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
<th>M4</th>
<th>Units</th>
<th>Charges</th>
<th>Status</th>
<th>Allowed Amount</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Detail**

- Line Control Number
- Rendering Provider
- From DDS
- To DDS
- Procedure
- Modifiers
- Diagnosis
- Golf
- TLP Amount
- TPL Paid Date
- Emergency
- Exceptional Claim Request

**Exceptional Claim Request**

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

**Supporting Documentation**

- OAKY Reason

**Claim Status**

- Not Submitted yet

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Overview of the Web Portal and Submission of Professional Claims

February 27, 2019
Search Features
Web Portal DDE Professional Claim

Certain fields allow for searches, such as the Recipient ID. Click **Search**, and a new search window appears.
Header Information
Web Portal DDE Professional Claim

Note: 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 (*).

1. Choose ASSIGNED if billing a Medicare crossover claim.

2. Enter Prior Authorization (PA) Number here, if required.

3. CHCUP Referral Code Indicators:
   - V – Patient Refused Referral/Available Not Used.
   - U – Patient Not Referred/Not Used.
   - 2 – Under Treatment.
   - T – New Services Requested.
**Diagnosis Section**

**Web Portal DDE Professional 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.

**Note:** This section allows providers to indicate whether they are billing with an ICD-9 or ICD-10 code.

![Diagnosis Section Example]

Providers are required to indicate whether ICD-9 or ICD-10 diagnosis codes are being submitted on a claim entered via the Web Portal. The image above shows an example of how the diagnosis section may change to accommodate ICD-9 and ICD-10 indicators.

**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 Professional 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 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.
To file a Medicare Part C claim, providers choose **ASSIGNED** in the header under **Medicare Assignment**.

Complete the TPL/Crossover section, selecting **HMO, MEDICARE RISK** in the **Claim Filing** field.

Enter the **copay amount** on the **Detail** section of the claim.

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.
**Detail Line Item Information**

**Web Portal DDE Professional Claim**

**NDC** is required if billing a J, Q, or S code.

Complete the **Medicare Information** if billing a Crossover claim.

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

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

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

Complete the **TPL Amount** and **TPL Paid Date** if billing a TPL claim.

Complete **CHCUP/Fam Plan** if billing a Child Health Check-up (CHCUP) claim or to indicate services related to pregnancy or family planning.

<table>
<thead>
<tr>
<th>Item</th>
<th>From DOS</th>
<th>Procedure</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
<th>M4</th>
<th>Units</th>
<th>Charges</th>
<th>Status</th>
<th>Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02/01/2019</td>
<td>13501</td>
<td>1.00</td>
<td>$521.50</td>
<td>PAID</td>
<td>$487.89</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>02/02/2019</td>
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<td>1.00</td>
<td>$1031.00</td>
<td>PAID</td>
<td>$50.00</td>
<td></td>
<td></td>
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<td>3</td>
<td>02/03/2019</td>
<td>13501</td>
<td>1.00</td>
<td>$521.50</td>
<td>PAID</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>02/04/2019</td>
<td>13501</td>
<td>1.00</td>
<td>$721.50</td>
<td>PAID</td>
<td>$1,982.49</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Professional 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 Professional 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.

<table>
<thead>
<tr>
<th>Claim Status Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Status</td>
</tr>
</tbody>
</table>

| submit | cancel |
Errors
Web Portal DDE Professional 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.

![Error Messages]

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 Professional 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 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 **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
Provider Field Services

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) 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

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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.