Florida Medicaid Overview of the Florida Web Portal

Karen Mayden-Samanamud
Provider Field Services Representative

AHCA vs Gainwell

- AHCA (Agency for Health Care Administration)
- Policy Clarification
- Claims past timely filing deadline
- Information Resource
- Fee Schedules, Forms, Handbooks

- Gainwell Technology (formerly DXC Technology)
- Fiscal Agent for AHCA
- Claim Status
- Claims Processing
- Remittance Advice
- Provider Enrollment
- Provider File Maintenance

Public Web Portal

- System Messages
- Health Care Alerts
- Fee Schedule Look-Up Tool
- Training Presentations and Quick Reference Guides (QRG)
- Contact Us
- AHCA (Agency for Health Care Administration
- Secure Web Portal

System Messages

Accessing the Secure Web Portal

To successfully access the secure Web Portal, please ensure you are using the following direct Web address: https://home.flmmis.com/home/ and a compatible Internet browser.

...more

Urgent Provider Issues

Please review the Known Issues and Informational Items List for details listed related to the MMIS.

Holiday Office Closure

Please review the Holiday Office Closure document for a comprehensive list of 2021 scheduled holidays.

Scheduled Maintenance

Please review the Scheduled Maintenance document for a comprehensive list of 2021 scheduled maintenance dates.

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 Gainwell Technologies 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.
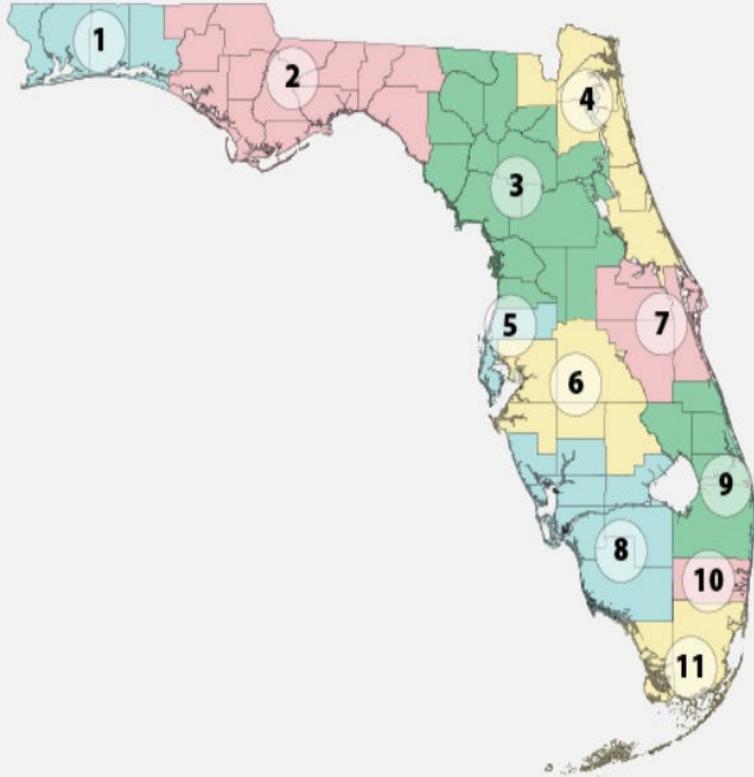
- **Please note that the field entry is:**

  - E-mail
  - First Name
  - Last Name

*Region

☐ All Regions
☐ Region 1
☐ Region 2
☐ Region 3
☐ Region 4

*Provider Type

☐ 00 - All Messages/Provider Types
☐ 01 - General Hospital
☐ 04 - State Mental Hospital
☐ 05 - Community Behavioral Health Services
☐ 06 - Ambulatory Surgical Center
☐ 07 - Mental Health Practitioner
☐ 08 - District Schools
☐ 09 - Skilled Nursing Unit
☐ 10 - Skilled Nursing Facility/Nursing

* = Required Field
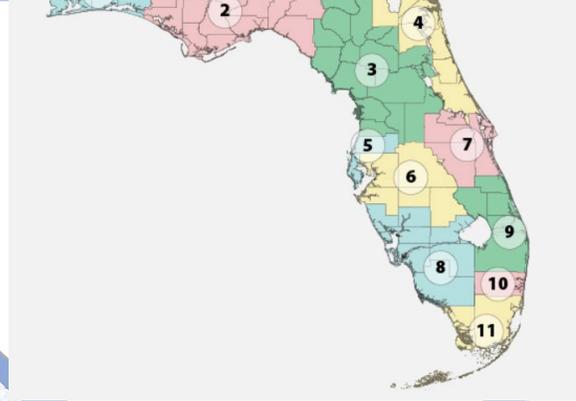
Submit

• The REGION to choose is based upon the school district where services are provided

• After you click SUBMIT an e-mail will be sent to the e-mail address provided in order to complete the set up. If you do not receive the e-mail, please check your junk or spam folder

• The Fee Schedule Look-Up Tool is a valuable resource to check reimbursement rates, allowed modifiers, and other service limitations. Note, this is only a tool and does not include all policy and restrictions

Fee Schedule Lookup

Information provided does not guarantee coverage or payment. Providers must reference provider manuals for specific coverage information or program limitations and verify if services are covered for their provider type and specialty, and the beneficiary.

Claim Type* PROFESSIONAL

Date of Service 11/17/2020

One of the following is required: Full or partial procedure code, procedure code range, or description:

Procedure Code 92508

Procedure Range ___ to ___

Procedure Description ___

search

clear

Note: Data is refreshed weekly and may not be available during the refresh.

export to Excel

Search Results

	Procedure	Service Category	Description	CMS Add Date	CMS Term Date
+	92508	MEDICAL	SPEECH/HEARING THERAPY	01/01/1964	12/31/2299

- Complete the fields:
- Claim Type: Professional
- Date of Service:
- Procedure Code and Search
- Then click on the + sign to expand

Procedure	Service Category	Description	CMS Add Date	CMS Term Date
92508	MEDICAL	SPEECH/HEARING THERAPY	01/01/1964	12/31/2299

-Rates-

Mod1	Mod2	Mod3	Mod4	Rate Type	Pricing Indicator	Date Of Service	Fee Schedule Amount
				FEE SCHEDULE	MAX FEE	11/17/2020	$13.49
				THERAPY	MAX FEE	11/17/2020	$3.47
				SCHOOL	MAX FEE	11/17/2020	$3.47
				HOME HEALTH	MAX FEE	11/17/2020	$6.60
				FEE SCHED INCREASE	MAX FEE	11/17/2020	$14.03
HM				FEE SCHEDULE	MAX FEE	11/17/2020	$2.74

-Contracts-

Contract	Min/Max Units	Allowed Modifiers	PA Required	Attachment Required	Gender	Min/Max Age	Allowed POS	Global Days (RBRVS)	Possible Adjustment Factor
GLOBAL RULES	0 - 999	22,99	NO	NO	BOTH	0 - 999		000	
HOME HEALTH SRVC	0 - 4		YES	NO	BOTH	0 - 20	03,11,12,18,19,22,24,62,99	000	
SIPP	0 - 999		YES	NO	BOTH	0 - 17	21	000	
SCHOOLS	0 - 4	HM	NO	NO	BOTH	0 - 20	03,11,12,18,19,22,24,62,99	000	
THERAPY SERVICES	0 - 4		YES	NO	BOTH	0 - 20	02,03,11,12,18,19,22,24,62,99	000	

- Here you will see that the reimbursement rate is $3.47 and then under Contracts will show you allowed modifiers, minimum-maximum units, and age restrictions; as well as, allowed
- Place of Service (POS)

	State providers only.
Enhanced Ambulatory Patient Grouping (EAPG) Presentations	Hospital (Provider Type 01) Training Presentation ASC (Provider Type 06) Training Presentation
Institutional Claim Form Presentations	Direct Data Entry (DDE) on the Web UB-04 Paper Claim Submission - Paper submissions applicable to Out-of-State providers only.
Long Term Care Claim Form Presentations	Direct Data Entry (DDE) on the Web Long Term Care UB-04 Paper Claim Submission - Paper submissions applicable to Out-of-State providers only.
Medicaid Behavior Analysis Enrollment Webinar	Medicaid Behavior Analysis (Provider Type 39) Enrollment Webinar
Professional Claim Form Presentations	Direct Data Entry (DDE) on the Web CMS-1500 Paper Claim Submission - Paper submissions applicable to Out-of-State providers only.
Professional Waiver Claim Form Presentations	Direct Data Entry (DDE) on the Web CMS-1500 Waiver Paper Claim Submission - Paper submissions applicable to Out-of-State providers only.
ROPA Enrollment Presentation	ROPA Provider Enrollment Initiative
Sandata Transition Webinar	Telephonic Home Health Services DMV Project: Transition Webinar
Streamlined Credentialing (Limited Enrollment)	Streamlined Credentialing (Limited Enrollment)

The Professional Claim Form Presentation is a step-by-step guide to the Web Portal

Quick Reference Guides

Self-Service

The following Quick Reference Guides (QRGs) provide helpful information on automation changes for providers. More Self-Service QRGs to come. Please visit this page periodically to stay up-to-date as changes occur.

Secure Web Portal Maintenance	Provides information on secure Web Portal user accounts that become locked due to inactivity and how to perform password resets.
Change of Address Wizard	Provides information on how to successfully perform a change of address via the secure Web Portal.
EFT Designation Wizard	Provides information on how to initiate an electronic funds transfer information change via the secure Web Portal.
Electronic EDI Agreements	Informs providers and billing agents on how to complete the EDI agreement via the secure Web Portal.
Electronic Exceptional Claim Submission	Informs providers and billing agents on how to submit a Medicaid exceptional claim through a secure Web Portal account.
Interactive Enrollment Checklist	Informs enrolling providers how to effectively use this new feature when enrolling with Florida Medicaid via the secure Web Portal.
Provider File Maintenance	Provides information on how to upload file maintenance documents successfully via the secure Web Portal.
Electronic IRS Form 1099	Provides information on how to access electronically delivered 1099 forms via the

- Finding your Provider Field Service Representative
- Provider Services, Support, Contact Us

Contact Us

The following is important contact information applicable to all Florida Medicaid providers:

Contact Information Sheet
Recipient and Provider Assistance (formerly Florida Medicaid Field Offices)
Gainwell Technologies Provider Services Field Representative Map

Questions?

If you have questions you would like a response to, please use the Contact Information form below to send us an e-mail.

Contact Information		?	≫

How can we help you?

Select an Item*   [▼]

Enter Category Details

How do you want to be contacted?

Contact Method*   [Telephone ▼]

Last Name, First Name*   [ ] [ ]

Phone Number, Ext*   [ ] [ ]

Provider Field Services Map

gainwell — AGENCY FOR HEALTH CARE ADMINISTRATION

Territories

1 Eric Anderson
Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun and Gulf.

2 Cedric Brown
Liberty, Franklin, Gadsden, Leon, Wakulla, Jefferson, Taylor and Madison.

3 Edwin Alexander
Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Levy, Lafayette, Putnam, Suwanee and Union.

Angie Brands
Citrus, Hernando, Lake, Marion and Sumter.

4 Ericka Durant
Nassau, Baker and Duval.
Karen Mayden-Samanamud
St. John's, Flagler, Volusia and Clay.

5 Cheryl Rizzo
Pasco County and Pinellas County.

6 Ranell Tillery Jr.
Hillsborough (providers with last names A-J) Manatee, Sarasota, Polk and Highlands.
Yen Keomany
Hillsborough (providers with last names K-Z) Hardee, DeSoto, Charlotte and Lee.

7/9 Jessica Barrios
Orange, Seminole, Brevard, Osceola, Indian River and Okeechobee

9 Sandy Hilbert
Glades, Hendry, Martin, Palm Beach and St. Lucie.

10 Patricia Casimir
Broward (providers with last names A-L).
Lynette Sisley
Collier and Broward (providers with last names M-Z).

11 Frank Milone
Miami-Dade (providers with last names A-K) and Monroe County (providers with the last names A-K).
Jerry Acosta
Miami-Dade (providers with the last names L-Z) and Monroe County (providers with last names L-Z).
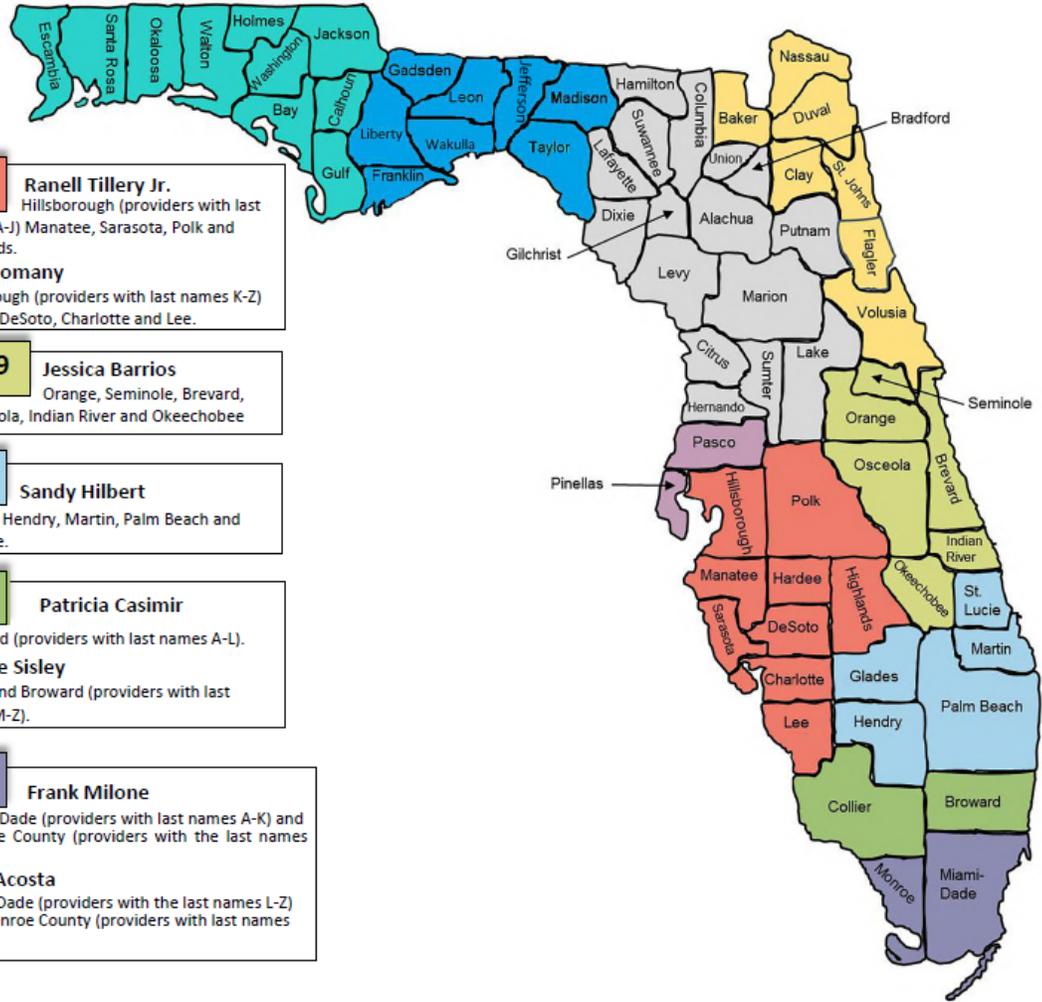
Updated: 9/16/2020

Accessing the AHCA (Agency for Health Care Administration) website
Click on the link (highlighted in yellow)

• Click on Medicaid to reach the Medicaid page or stay on the home page for all things related to Covid

Looking for information on:	Go to:
Accessing Long-Term Care Services	Statewide Medicaid Managed Care
Accessing Telehealth Through the Florida Medicaid Program	Telehealth
View Recent Medicaid Health Care Alerts	Medicaid Program Coordination
Behavior Analysis Services Information	Bureau of Medicaid Policy
Health Plan Contracts and Information	Statewide Medicaid Managed Care
Health Plan Enrollment	Bureau of Medicaid Data Analytics
Health Plan Rates	Bureau of Medicaid Data Analytics
HEDIS Performance Measures	Bureau of Medicaid Quality
Housing Assistance Pilot Program	Statewide Medicaid Managed Care
Institutional Rates	Bureau of Medicaid Program Finance
LIP/DSH/GME Operations	Bureau of Medicaid Program Finance
Medicaid Eligibles	Bureau of Medicaid Data Analytics
Pharmacy Policy	Bureau of Medicaid Policy
Provider Fee Schedules and Provider Handbooks	Bureau of Medicaid Policy
Quality Management and Research and Evaluation Contracts	Bureau of Medicaid Quality
Recent Presentations and Reports	Medicaid Program Coordination
Recipient Support and Provider Services	Bureau of Medicaid Recipient and Provider Assistance
State Plan	Bureau of Medicaid Policy

• Click on Provider Fee Schedules and Provider Handbooks to locate the Medicaid Certified School Match Program handbook.

• This handbook is the written policy of AHCA

Rules

The Rules Unit is responsible for coordinating and providing support to Florida Medicaid staff related to administrative rules promulgated in the Florida Administrative Code.

Below you can access rule information about adopted rules and rules currently in the promulgation process including, any incorporated reference material such as coverage policies (formally handbooks), fee schedules, forms and drafts.

Rules in Process

- Draft Florida Medicaid rule reference materials, if available, for the public to access during the rule promulgation process. These documents are not final until they are adopted into rule. Agendas for the public meetings/workshops/hearings are available on this page.

Adopted Rules

- General Policies - Rules that are universally applicable to the Florida Medicaid program.
- Service-Specific Policies - Rules for individual Florida Medicaid covered services and waiver programs.
- Other Policies - Rules pertaining to other aspects of the Florida Medicaid program.
- Reimbursement Policies and Fee Schedules - Rules pertaining to submitting claims for reimbursement and reimbursement methodologies.
- Fee Schedules and Billing Codes - Florida Medicaid fee schedules and billing codes
- Florida Medicaid Forms - Forms pertaining to the Florida Medicaid program.

59G-13.075	Home and Community Based Services Settings	12/25/2018	FAR
59G-4.130	Home Health Services	11/17/2016	FAR
59G-4.132	Home Health Electronic Visit Verification Program	2/22/2017	FAR
59G-4.140	Hospice Services	6/2/2016	FAR
59G-4.150	Inpatient Hospital Services	7/11/2016	FAR
59G-4.032	Integumentary Services	6/29/2016	FAR
59G-4.170	Intermediate Care Facility for Individuals with Intellectual Disabilities Services	7/11/2016	FAR
59G-4.180	Intermediate Care Services	2/28/1995	FAR
59G-4.190	Laboratory Services	6/29/2016	FAR
59G-4.035	Medicaid Certified School Match Program [1.34MB]	1/10/2006	FAR
59G-4.058	Medicaid County Health Department Certified Match Program	12/25/2018	FAR
59G-4.197	Medical Foster Care	1/16/2020	FAR
59G-4.199	Mental Health Targeted Case Management [1.14MB]	1/2/2008	FAR
59G-4.201	Neurology Services	10/15/2018	FAR
59G-4.330	Non-Emergency Transportation Services	11/19/2019	FAR
59G-4.200	Nursing Facility Services	5/3/2016	FAR
59G-4.318	Occupational Therapy Services	11/29/2016	FAR

- To access the Secure Web Portal click on the red "Secure Web Portal Login" link

Secure Web Portal

- Log-In
- Reset Password
- Web Portal User Guide
- Provider Information-Demographic Maintenance
- Change of Address
- Eligibility
- Trade Files
- Claims
- Reports/Remittance Advice

Florida Medicaid

Sign in with your Florida Medicaid
account (use new password if you
recently completed a reset).

Password

Sign in

Reset password

Need help? Click here.

Disclaimer

- When logging in, it is IMPERATIVE
- to use the Username for the service and account that you want to bill for.

- You will have several different log in Usernames depending on the service.

- There will be a Username for
- Therapy, Behavioral, Transportation, Nursing, etc.

Florida Medicaid

Sign in with your Florida Medicaid account (use new password if you recently completed a reset).

▬▬▬▬▬

••••••••••

Sign in

Reset password

Need help? Click here.

Disclaimer

• On this page if you do not remember your password you can click the RESET PASSWORD link.

• This link will send you an e-mail to the e-mail on file and you can reset your password on your own. You will also need to remember your response to the security question that is on file.

- Once, logged in you will be taken to a page that looks similar. Please note, this is **my** log in page, and I have more applications than you will have. You should have three applications.

- **Account Management**-where you can change your password prior to it expiring OR if you are a Super Agent this is where you will add new agents.

- **Florida Web Portal**-this is the secure web portal where you will look at claims, check eligibility, obtain Remittance Advice (RA or a Remittance Voucher), and pull electronic eligibility

- **DCF Provider View**-which you should not have to utilize. Since, I do not have access to this I do not train on it.

- The Secure Web Portal User Guide found on the left-hand side (highlighted) is a user guide that will also take you through the entire web portal. Most importantly, you will find how to add agents in this handbook.

Florida Medicaid Home

Karen Mayden, Welcome to Florida Medicaid

State Staff ONLY
Password Resets
Monday - Friday
7:30 AM - 6 PM ET
850-298-7123

Providers and Agents
Refer to the Secure Web Portal Maintenance Quick Reference Guide for assistance.

Health Plan Portal User Manual

Secure Web Portal User Guide

Reset an Account Password Quick Reference Guide

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application
Florida Web Portal	Florida Web Portal for Health Plans and Providers
Help Desk	This is the Medicaid Enterprise User Provisioning System Help Desk application
interChange	Florida interChange MMIS
iTRACE	iTRACE
LMS	Learning Management System
OnBase	Document management system

Messages

Date	Message

Online Enrollment Wizard Enhancements

Florida Medicaid Home

Karen Mayden, Welcome to Florida Medicaid

Applications

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LMS	Learning Management System
OnBase	Document management system

Messages

Date	Message
	Online Enrollment Wizard Enhancements

- Click on the Application Florida Web Portal

- For the purpose of this training presentation, I am going to use Leon County's Medicaid Provider Id.
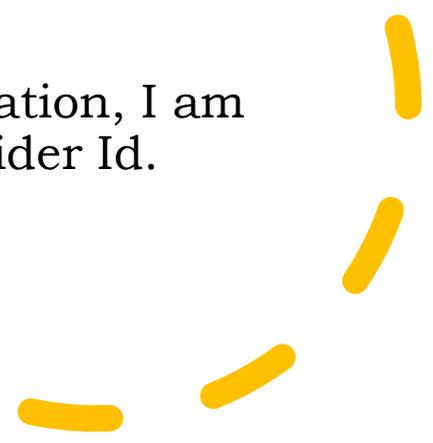
- You will **never** have to use the LTC, Newborn Activation, or Super User applications.

PROVIDERS   ACCOUNT   CLAIMS   ELIGIBILITY   LTC   NEWBORN ACTIVATION   PRIOR AUTHORIZATION   REPORTS   TRADE FILES   CONTACT US   SUPER USER

Demographic Maintenance

Name SCHOOL DISTRICT-LEON COUNTY

Provider ID 008002101   07/01/1995-12/31/2299

Provider Screening Category LIMITED

Your R.A.s are being sent to: Reports menu.

Your 835 transactions are being sent to: the Download page on the Trade Files menu.

Quick Links

- Clicking on Demographic Maintenance will show you the information including practice type for the Medicaid Provider ID that you are in

- The information here is important to know.

- Medicaid Provider ID, NPI (National Provider Identifier), Specialty, and Taxonomy

- Provider Type-School District

- Medicaid Effective and End Dates

Demographic Maintenance

Service Location > **Location Name Address** > EFT Account > Service Language > Ownership > Group Membership > ERA Enrollment > EDI Agreement > NPI

• Under the Demographic Maintenance Application you will see several sub-tabs. Today, we will look at Location Name Address

Provider Information

Medicaid Provider ID	008002101 MCD	Address Type	SERVICE LOCATION
National Provider ID	1740366467 NPI	Address	THERAPY SERVICES
Practice Type	INDIVIDUAL PRACTICE		2757 W PENSACOLA ST
Provider Entity Type	ORGANIZATION	City	TALLAHASSEE
Provider Type	08 - SCHOOL DISTRICT	County	LEON
Ownership	NO	State/Zip	FL 32304-2907
Medicaid Effective Date	07/01/1995	Phone	850-414-5108
Medicaid End Date	01/10/2025		

Specialties

Primary	Provider Specialty	Specialty Description	Effective Date	End Date	Taxonomy
Yes	908	SCHOOL DISTRICT	07/01/1995	12/31/2299	251300000X

Location Name Address

Address Type	Name/DBA	Address 1	City	State	Zip	Zip + 4	Phone
HOME/CORP OFFICE	SCHOOL DISTRICT-LEON COUNTY	THERAPY SERVICES	TALLAHASSE	FL	32304	2907	(850)414-5108
MAIL TO/CORRESPOND	SCHOOL DISTRICT-LEON COUNTY	KAREN THOMAS ADMIN. EAST	TALLAHASSE	FL	32304	2907	(850)414-5108
PAY TO ADDRESS	SCHOOL DISTRICT-LEON COUNTY	KAREN THOMAS ADMIN EAST THER	TALLAHASSE	FL	32304	2907	(850)414-5108
SVC LOCATION	SCHOOL DISTRICT-LEON COUNTY	THERAPY SERVICES	TALLAHASSE	FL	32304	2907	(850)414-5108

Select a row above to update.

- As you can see there are four different locations: Home/Corporate Office, Mail To/Correspondence, Pay To Address, and Service Location. All of these addresses do not have to be the same.

• If an address or name needs to be updated you will click on the Location that you need to update, and then on the bottom click Change Address and follow the prompts. The system will go through each location and you can mark no change or make an update. At the end, you will be e-mailed a passcode and have 10 minutes to enter the passcode to finalize the changes.

Eligibility

This is where you will check a student's Medicaid eligibility

PROVIDERS　**ACCOUNT**　**CLAIMS**　**ELIGIBILITY**　**LTC**　**NEWBORN ACTIVATION**　**PRIOR AUTHORIZATION**　**REPORTS**　**TRADE FILES**　**CONTACT US**　**SUPER USER**

Eligibility Verification Request　　[?] [≫]

Recipient ID		Birth Date	
Card Control #		SSN	
Last Name		From DOS	
First Name		To DOS	
Gender			

search

clear

- When checking a student/recipient's Medicaid eligibility, keep in mind that our system will **not** go into the future, and you can only pull 12 months in the past. You can only check a single month at a time; for example, 01/01/2021-01/31/2021. If you do not enter a date in the From DOS (date of service) To DOS, the system will look at eligibility for the current date only.

- Due to HIPAA and PHI laws, I cannot demonstrate an actual eligibility check.

- If you know the recipient's Medicaid ID enter that in the Recipient ID field and press search. If you do not have the Medicaid ID you can enter the other demographical information.

- Last Name, First Name, Gender, Birthdate and or Social Security Number (SSN)

- PLEASE NOTE: Gender is determined by what is listed on a recipient's birth certificate or state issued identification not what one identifies as.

PROVIDERS   ACCOUNT   CLAIMS   ELIGIBILITY   LTC   NEWBORN ACTIVATION   PRIOR AUTHORIZATION   REPORTS   TRADE FILES   CONTACT US   SUPER USER

Download | Upload

File Download Search   ? ⌃

Document Type

Date Available Range

271
277
277U
820
834
834 Process Summary
834R
835
997
999
Financial PSN Files
Health Stats Attestation Report

...hru) is blank, search results will not include previously downloaded files.

search

clear

Records

Please note the followi... ...ading files from the secure Web Portal:

The select all button... ...ided

- Under Trade Files and Download you can download the electronic batch files to check for

- Recipient eligibility. You can discuss further with your system administrator when and how ro complete this task

Hint: For faster searches, please include Recipient ID, Claim Type, and Date of Service.

Claim / Encounter Search   ? ⌃

Search Type	⦿ Fee-For-Service ○ Encounter
ICN/TCN/HSID	
Billing Provider ID	008002101 ▾
Rendering Provider ID	[Search]
Recipient ID	
Claim Type	▾
Status	▾

RA Date	▾
Date of Service	Last 30 days ▾
Date Range (limited to 12 month range)	
Records	20 ▾

search

clear

• To check a claim, you will need to enter the claim ICN and Search. If you do not have the claim ICN, enter the Recipient ID, Claim Type (Professional), Date Range, and Search

Professional Claim

Billing Information

Field	Value
HIPAA Version	00501
ICN/TCN	████████████
Provider ID	008002101 MCD
Recipient ID	████████████
Last Name	████████
First Name, MI	████████ S
Date of Birth	07/07/2009
Patient Account #	████████
Referring Provider	
Patient Responsibility	$0.00
Medicare Assignment	ASSIGNED

Service Information

Field	Value
Release of Information	SIGNED STMT PERMITTING RELEASE
Signature Source	
Accident Related To	
Accident State	
Accident Country	
Accident Date	
CHCUP Referral	
PA Number	
Referral Number	

Charges

Field	Value
Total Charges	$105.12
Total TPL Amount	$0.00
CoPay Amount	$0.00

Diagnosis

Version: ○ ICD-9 ● ICD-10

Sequence ▽	Qualifier	Diagnosis	Description
1	ABK	F8089	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE

Select row above to update -or- click Add button below.

Sequence [▽] Diagnosis [ ] [Search]

delete   add

- This is an actual claim that is redacted. The Medicare Assignment should always be NOT ASSIGNED, having it marked as Assigned *could* create billing issues.

- Diagnosis is always alpha-numeric and does not include the decimal

TPL/Crossover

Select row above to update -or- click Add button below.

Carrier

Plan Name

Policy Number

Member ID

Payer Resp

Claim Filing

• Do not complete this panel as it is not applicable to school services

Detail

Item ▾	From DOS	Procedure	M1	M2	M3	M4	Units	Charges	Status	Allowed Amount
11	12/15/2020	92508					2.00	$6.94	PAID	$4.73
10	11/24/2020	92508					2.00	$6.94	PAID	$4.73
9	11/04/2020	92507					2.00	$35.72	PAID	$24.35
8	12/08/2020	92508					2.00	$6.94	PAID	$4.73
7	11/03/2020	92508					2.00	$6.94	PAID	$4.73
6	11/05/2020	92508					2.00	$6.94	PAID	$4.73
5	11/18/2020	92508					2.00	$6.94	PAID	$4.73
4	12/09/2020	92508					2.00	$6.94	PAID	$4.73
3	11/10/2020	92508					2.00	$6.94	PAID	$4.73
2	11/12/2020	92508					2.00	$6.94	PAID	$4.73

1 2 Next >

Detail

Item ▾	From DOS	Procedure	M1	M2	M3	M4	Units	Charges	Status	Allowed Amount
1	11/17/2020	92508					2.00	$6.94	PAID	$4.73

< Previous 1 2

- Detail Panel is where the services are entered. Each line will show whether it is paid or denied; in this instance each line is paid. You can also see the date of service, units billed, and charge; as well as the allowed amount that was paid

1	11/17/2020	92508	2.00	$6.94 PAID	$4.73

< Previous 1 **2**

Type changes below.

Item   1

Line Control Number [▮▮▮▮]

Drug Rebate Information

Rendering Provider 008002101 MCD

NDC [ ]

From DOS 11/17/2020

To DOS 11/17/2020

Medicare Information

POS* 03

Paid Date [ ]

Procedure* 92508

Paid Amount $0.00

Modifiers [ ] [ ]

Allowed Amount $0.00

[ ] [ ]

Coinsurance Amount $0.00

Diagnosis Pointer* 1 [v] [v] [v] [v]

Deductible Amount $0.00

Units 2.00

Copay Amount $0.00

Charges $6.94

TPL Amount [ ]

Medicaid Information

TPL Paid Date [ ]

Status PAID

Emergency [v]

Allowed Amount $4.73

CHCUP/Fam Plan [v]

Copay Amount $0.00

Ordering Provider [ ]

Referring Provider [ ]

delete   add   copy

- The information highlighted in the previous screen must be completed.

- **Rendering Provider**: who is providing the services
- **From DOS** (Date of Service)
- **To DOS**
- **POS** (Place of Service)-where the services were provided
- **Procedure Code**-code for service
- **Modifier**-provides additional information regarding service. Only certain modifiers are allowable
- **Diagnosis Pointer**-which diagnosis code points to that procedure
- **Units**-how much time spent providing the services
- **Charge**-You do the Math, multiply your units by the unit charge. The system will not do the math.

Exceptional Claim Request

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

Delay Reason [v]

Supporting Documentation

*** No rows found ***

Select row above to update -or- click Add button below.

Control Number [   ]

Transmission [v]

Report Type [v]

delete   add   upload

• To file an Exceptional Claim for whatever reason, the purple hyperlink "Exceptional Claims Form" highlighted above will send you to the PDF link for the Exceptional Claims Form. The form must be completed and uploaded.

• An Exceptional Claim is requested when needing a system override for various reasons.

Request for Exceptional Claims Processing

Provider Name: _____

Contact: _____ Phone number: _____

Provider Number: _____

I am requesting an exception to the timely filing limit. The claim meets the exception criteria checked below:

Section I (Claim more than 12 months old.)

___(1) Eligibility file was not updated timely. Claim is within 12 months from the date of the recipient's file update.

___(2) Eligibility is the result of an administrative hearing or court decision. A copy of that decision is attached.

___(3) This claim is within 12 months of the Medicare payment or denial dated ___ ___ ___. A copy of the Medicare EOMB is attached.

___(4) This claim is within 6 months of a third party insurance payment or denial, dated ___ ___ ___. Documentation is attached.

___(5) Fiscal agent error caused my claim to deny erroneously, and my claim is submitted within 12 months of the adjudication date.

___(6) This claim was voided on ___ ___ ___. This claim is over 12 months from the date of service and within 6 months of the void date. Documentation is attached.

Section II (Claim less than 12 months old.)

___(1) Medicare does not cover the procedure listed on the claim, and Medicaid does cover this procedure. Medicare EOMB is attached.

___(2) Claim is approaching the 12 month timely filing limit.

___(3) Service limit exception is requested. (Examples: Recipient went to two hospitals or multiple pregnancies within one year.)

Section III

Other reason: _____

_____   _____

Signature   **Date**

A separate completed Request for Exceptional Claims Processing form is required for each claim.

1/13/2020

Claim Status Information

Claim Status PAID

Claim ICN ███████████

Paid Date 01/27/2021

Paid Amount $71.65

EOB Information

Detail Number	Code	Description
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
3	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
4	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
5	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
6	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
7	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
8	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
9	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
10	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
11	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

cancel   adjust   void   copy claim

- This claim has a status of Paid, the paid date, and the paid amount. If the claim had any denial reasons the denial code and description would be listed under EOB Information

- This EOB code will align with the Remittance Advice later in this presentation

• If a claim has a detail line that needs to be adjusted, click on the detail line adjust the information and scroll to the bottom of the screen and click Adjust

Claim Status Information

Claim Status PAID

Claim ICN ██████████

Paid Date 01/27/2021

Paid Amount $71.65

EOB Information

Detail Number	Code	Description
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
3	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
4	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
5	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
6	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
7	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
8	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
9	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
10	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
11	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

cancel   adjust   void   copy claim

If the entire claim needs to be voided then scroll down to the bottom of the claim and click Void.

If there is not the option to Adjust or Void that means this claim has already been adjusted or voided. You can check by doing a claim search

- Make an adjustment if you need to make minor corrections to the claim

- Providers have 12 months from the payment date to make an adjustment

- Payment is made based on the adjustment

- Voiding a claim "kills" the claim, it is a full return.

- The money will be recouped

- Replacement for a void must be submitted by Exceptional Claim within 6 months from the date of void IF the void is over 12 months from date of service

Adjustment vs. Void

Remittance Advice (RA)

- Go to
- Reports, Go, (choose date needed) Date, View
- The RA will pull up in a PDF format. I recommend saving to your desktop or on a flash drive.
- Remits only stay on your system for 90 days, if you have to order an RA, they cost $.55/page, are not double sided nor are face sheets removed and can take up to 6 weeks to get.

Remittance Advice-page 1

- On the top left- is the Remittance Advice number

- As you can see underlined in blue on the left side is the school address and that this is addressed to Karen Thomas.

- On the right underlined in blue is the date the money is actually paid into the account. These dates usually differ by a few days

```
ICN                     SERVICE DATES         BILLED          ALLOWED           TPL         CO-PAY            PAID
PATIENT NUMBER          FROM     THRU         AMOUNT          AMOUNT          AMOUNT        AMOUNT           AMOUNT
MEDICAID ID: ██████     BENEFICIARY NAME: ████████████
████████7759            011221   011321       13.88           9.46             0.00          0.00            9.46
206074
```

PL SERV	PROC CD	MODIFIERS	EAPG CODE	EAPG WEIG	DISC PERC	UNITS	SERVICE DATES FROM	THRU	RENDERING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOBS
03	92508					2.00	011221	011221	MCD 008002101	6.94	4.73	0.00	4.73	9918
03	92508					2.00	011321	011321	MCD 008002101	6.94	4.73	0.00	4.73	9918

• This segment of an RA provides all the information that is billed.

• The recipient's Medicaid ID, Name, ICN (underlined in blue), Claim Billed Amount, Claim Allowed Amount, Claim Paid Amount, Detail Procedure code, Modifier(s), Units billed, Service Dates, Billed Amount, Paid Amount per line item, EOB (Explanation of Benefit) Codes

```
REPORT:    CRA-TRAN-R                          AGENCY FOR HEALTH CARE ADMINISTRATION                        DATE:  01/29/2021
RA#:          67167317                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       PAGE:     25
                                                     PROVIDER REMITTANCE ADVICE
                                                     FINANCIAL TRANSACTIONS


SCHOOL DISTRICT-LEON COUNTY                                                              PAYEE ID:              008002101
KAREN THOMAS ADMIN. EAST                                                                 NPI ID:                1740366467
2757 W PENSACOLA ST                                                                      CHECK/EFT NUMBER:       061346829
TALLAHASSEE, FL 32304-2907                                                               ISSUE DATE:            02/03/2021

   ----------------------------------------ACCOUNTS RECEIVABLE----------------------------------------
     AR NUMBER/        SETUP          RECOUPED        ORIGINAL         TOTAL                       REASON
       ICN             DATE          THIS CYCLE        AMOUNT        RECOUPED        BALANCE        CODE


                                        NO OUTSTANDING ACCOUNTS RECEIVABLE
```

- Near the end of the RA there is a page that will show if there are recoupments set up.

- It will display the impacted ICN, amount recouped, the total recouped, and the balance left; as well as the reason code

```
REPORT:   CRA-SUMM-R                    AGENCY FOR HEALTH CARE ADMINISTRATION              DATE:  01/29/2021
RA#:        67167317                    MEDICAID MANAGEMENT INFORMATION SYSTEM            PAGE:        26
                                               PROVIDER REMITTANCE ADVICE
                                               REMITTANCE ADVICE SUMMARY
```

```
SCHOOL DISTRICT-LEON COUNTY                                               PAYEE ID:            008002101
KAREN THOMAS ADMIN. EAST                                                  NPI ID:             170366467
2757 W PENSACOLA ST                                                       CHECK/EFT NUMBER:    061346829
TALLAHASSEE, FL 32304-2907                                               ISSUE DATE:          02/03/2021
```

```
                        ------------------------CLAIMS DATA--------------------------

                              CURRENT              CURRENT
                              NUMBER               AMOUNT
        CLAIMS PAID              134               1,835.98
        CLAIM ADJUSTMENTS          0                   0.00
           TOTAL CLAIMS PAYMENTS 134               1,835.98
        CLAIMS DENIED             2
        CLAIMS IN PROCESS         0

                        ------------------------EARNINGS DATA------------------------
        PAYMENTS:
           CLAIMS PAYMENTS                         1,835.98

           SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)         0.00
           ACCOUNTS RECEIVABLE (OFFSETS):
              CLAIM SPECIFIC:
                 CURRENT CYCLE                        (0.00)
                 OUTSTANDING FROM PREVIOUS CYCLES     (0.00)
              NON-CLAIM SPECIFIC OFFSETS             (-0.00)

           NET PAYMENT                              1,835.98

        REFUNDS:
           CLAIM SPECIFIC ADJUSTMENT REFUNDS         (0.00)
           NON-CLAIM SPECIFIC REFUNDS                (0.00)

        OTHER FINANCIAL:
           MANUAL PAYOUTS (NON-CLAIM SPECIFIC)         0.00
           VOIDS                                      (0.00)

        NET EARNINGS                                1,835.98
```

ICN		SERVICE DATES		BILLED	ALLOWED	TPL		CO-PAY		PAID	
PATIENT NUMBER		FROM	THRU	AMOUNT	AMOUNT	AMOUNT		AMOUNT		AMOUNT	
MEDICAID ID: ▮▮▮▮▮		BENEFICIARY NAME: ▮▮▮▮▮									
▮▮▮7759		011221	011321	13.88	9.46	0.00		0.00		9.46	
206074											

				EAPG	EAPG	DISC		SERVICE DATES		RENDERING	BILLED	ALLOWED	TPL	PAID	
PL	SERV	PROC CD	MODIFIERS	CODE	WEIG	PERC	UNITS	FROM	THRU	PROVIDER	AMOUNT	AMOUNT	AMOUNT	AMOUNT	DETAIL EOBS
03		92508					2.00	011221	011221	MCD 008002101	6.94	4.73	0.00	4.73	9918
03		92508					2.00	011321	011321	MCD 008002101	6.94	4.73	0.00	4.73	9918

REPORT: CRA-EOBM-R   AGENCY FOR HEALTH CARE ADMINISTRATION   DATE: 01/29/2021
RA#:   67167317   MEDICAID MANAGEMENT INFORMATION SYSTEM   PAGE: 27
                                        PROVIDER REMITTANCE ADVICE
                                        EOB CODE DESCRIPTIONS

SCHOOL DISTRICT-LEON COUNTY   PAYEE ID: 008002101
KAREN THOMAS ADMIN. EAST   NPI ID: 1740366467
2757 W PENSACOLA ST   CHECK/EFT NUMBER: 061346829
TALLAHASSEE, FL 32304-2907   ISSUE DATE: 02/03/2021

REASON CODE/   REASON CODE DESCRIPTION/
   EOB CODE   EOB CODE DESCRIPTION
      4257   INVALID PROCEDURE CODE MODIFIER
      9918   PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

- The last page of an RA displays the EOB Codes. I highlighted the code that matched the below segment. EOB code 9918, shows the Max Fee Schedule Paid

- This EOB code matches what was shown previously in the claim

Resources

Public Web Portal

www.mymedicaid-florida.com

Call Center contact

- (800)289-7799
  - Option 4-Provider Enrollment
  - Option 5-Password Reset
  - Option 7-Provider Field Services Contact Call Center and Field Services Representative

Agency for Health Care Administration

- (877)254-1055

- www.ahca.myflorida.com

Useful Information

- Even though you are a school administrator you are also a Medicaid Provider, this is another of the many hats you wear

- When signing into the web portal, your username is SERVICE SPECIFIC. You will need to sign in using the username for the service you want to bill, check the claim, review a Remittance Advice

- If you do not find what you are looking for change your account, you may be in the wrong provider

- Contact your Field Service Representative, we are all here to help.

My Information

- Karen Mayden-Samanamud
  - Area 4-St. Johns, Flagler, Volusia, and Clay, counties

  - kmayden@dxc.com

  - Feel free to contact me for any of your questions, I am available to help in all regions

  - I schedule virtual trainings Tuesday-Thursdays

Questions???