



Learning Objectives

- Share basic Florida Medicaid policy regarding Billing Agents
- Improve compliance with Florida Medicaid policy
- Inform Billing Agents on how to access resources and assistance

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What is a Billing Agent?

- A billing agent is an entity that offers claims submission services to providers.
- Providers may submit claims themselves or choose to have a billing agent.
- Billing agents must be enrolled in the Medicaid program.

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Direct Payment to Providers

- Medicaid issues direct payment to eligible Medicaid providers for services rendered to eligible Medicaid recipients upon submission of a payable claim to the Medicaid fiscal agent.

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Provider Responsibility

- When presenting a claim for payment under the Medicaid program, a provider has an affirmative duty to:
 - supervise the provision and be responsible for goods and services claimed to have been provided;
 - supervise and be responsible for preparation and submission of the claim; and
 - present a claim that is true and accurate.

Provider Responsibility

Providers are responsible for submitting claims for goods and services that:

- have actually been furnished to the recipient by the provider prior to submitting the claim.
- when required by federal or state law, the provider rendering the service is actively licensed or certified to provide the service.
- are Medicaid-covered and medically necessary.

Provider Responsibility

Providers are responsible for submitting claims for goods and services that:

- are of a quality comparable to those furnished to the general public by the provider's peers.
- have not been billed in whole or in part to a recipient or a recipient's responsible party, except for such co-payments, coinsurance, or deductibles as are authorized by AHCA.

Provider Responsibility

Providers are responsible for submitting claims for goods and services that:

- are provided in accord with applicable provisions of all Medicaid rules, regulations, handbooks, and policies and in accordance with federal, state and local law.

Provider Responsibility

Providers are responsible for submitting claims for goods and services that:

- are documented by records made at the time the goods or services were provided, demonstrating the medical necessity for the goods or services rendered.

Direct Payment to Providers

- Payments for Medicaid services must be made by direct payment to the provider, except in the following circumstances:
 - Payment may be made in accordance with a reassignment from the provider to a government agency or reassignment by court order.
 - Payment may be made in the name of the provider to the provider's Medicaid-enrolled Billing Agent's address.

Privacy of Recipient Information

- Medicaid providers, including their staff, contracted staff, volunteers and **Billing Agents** are required to safeguard the use and disclosure of information pertaining to Medicaid applicants and current and former Medicaid recipients as required by state and federal law and regulations.

Bill Agent Compensation

- A provider may retain a third party as a Billing Agent or clearinghouse to submit or transmit claims on the provider's behalf, if the third party's compensation for the service is:
 - Related to the cost of processing the billing
 - **Not related on a percentage or other basis to the amount that is billed or collected**
 - Not dependent upon the collection of the payment

Section 409.913, Florida Statutes

Payments for the services of Billing Agents or persons participating in the preparation of a Medicaid claim shall not be based on amounts for which they bill nor based on the amount a provider receives from the Medicaid program.

Medicaid Provider

- The Billing Agent or clearinghouse **must enroll** as a Medicaid provider.
- Medicaid and the Medicaid fiscal agent cannot give any information to a Billing Agent or clearinghouse that is not enrolled in the Medicaid program.

Medicaid Provider

- The requirement to enroll as a Billing Agent applies to contracted third parties.
- Employees of the provider who act as Billing Agents or clearinghouses are not required to also enroll as Medicaid Billing Agents.

Criminal History Check Requirements

Criminal history checks are required for both enrolling and re-enrolling Medicaid providers.

All Billing Agents are required to have criminal history checks.

Criminal History Check Requirements & Change of Ownerships

Criminal history checks are required on **all new** partners or shareholders with ownership interest of five percent or more and all new individual officers, directors, managers, **Billing Agents**, financial custodian of records and Electronic Funds Transfer (EFT) authorized individuals of the new company.

Enrollment for Electronic Billing Through a Billing Agent

- If a provider uses a Billing Agent to submit claims electronically, both the provider and the Billing Agent must complete and submit signed Electronic Data Interchange Agreements.



Electronic Data Interchange Agreement

- To notify Medicaid a billing agent is allowed to transact business on their behalf, a Medicaid provider must complete, sign, and date the Electronic Data Interchange (EDI) Agreement, Section 2.
- The EDI agreement must be completed regardless of whether the provider bills on paper or electronically.

Electronic Data Interchange Agreement

- The EDI Agreement is a contract that defines the liability for information transferred between the provider and the billing agent as reported to the state of Florida and the Medicaid fiscal agent.
- Under the agreement, both parties are responsible for adhering to claims filing policies and protection of confidential data.

Obtaining an EDI Agreement

EDI Agreements are available on the fiscal agent's Web site at www.mymedicaid-florida.com by selecting Public Information for Providers, then EDI, then Registration Forms; or, by calling Provider Relations at 1-800-289-7799, Option 4.

Providers

- Home
- Area Offices
- Contact Us
- Provider Support
- Medicaid Electronic Health Record (EHR) Incentive Program
- Enrollment
- **EDI**
 - Companion Guides
 - MEVS Vendor List
 - **Registration Forms**
 - Software and Manuals
 - Submission Information
- Managed Care
- Pharmacy
- TPL

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Online at 866-966-7226
REPORTER FRAMES

Registration Forms and Agreements

In order to submit X12N transactions to Florida Medicaid, you must complete the appropriate enrollment form.

If you are not already enrolled with Florida Medicaid, you will find the enrollment forms available on the [Enrollment Forms](#) page. All trading partners, whether a provider, billing agent, or clearinghouse, must be enrolled as a provider in order to submit electronic transactions. An application must be submitted to HP and will be processed by Provider Enrollment. Please review the [Provider Enrollment](#) page for additional information on enrolling as a Medicaid provider.

If you are already enrolled and would like to make a change, or you wish to designate or change a billing agent to submit claims for reimbursement by Florida Medicaid on your behalf, please complete the Electronic Data Interchange Agreement available below.

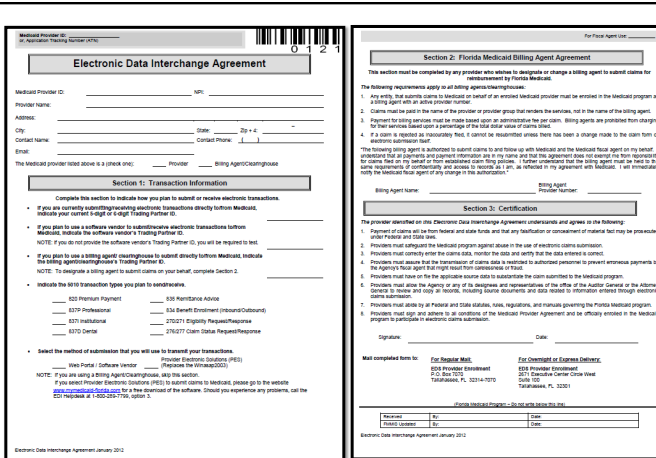
If you have questions regarding the Electronic Data Interchange Agreement form, or how to complete them, please call EDI at 1-866-586-0961.

To access the following documents, you must have [Adobe Acrobat Reader](#) installed on your machine.

To save a document from the list below, right-click the link and then select "Save Target As..."

Registration Forms

[Electronic Data Interchange Agreement](#)

Section 1: Transaction Information

Complete this section to indicate how you plan to submit or receive electronic transactions.

- If you are currently submitting/receiving electronic transactions directly to/from Medicaid, indicate your current to/from a valid Trading Partner ID.
- If you plan to use a software vendor to submit/receive electronic transactions to/from Medicaid, indicate the software vendor's Trading Partner ID.
- If you plan to use a billing agent/clearinghouse to submit directly to/from Medicaid, indicate the billing agent/clearinghouse's Trading Partner ID.
- NOTE: To designate a billing agent to submit claims on your behalf, complete Section 2.

Indicate the X12N transaction types you plan to participate:

<input type="checkbox"/> 820 Premium Payment	<input type="checkbox"/> 834 Remittance Advice
<input type="checkbox"/> 837P Professional	<input type="checkbox"/> 834 Benefit Enrollment/Insurance Outbound
<input type="checkbox"/> 837I Institutional	<input type="checkbox"/> 270/271 Eligible Resubmission
<input type="checkbox"/> 837C Dental	<input type="checkbox"/> 270/271 Claim Status Request/Response

Select the method of submission that you will use to transmit your transactions:

<input type="checkbox"/> Web Portal / Software Vendor	<input type="checkbox"/> Provider Electronic Submittal (PES)
<input type="checkbox"/> 837P Professional	<input type="checkbox"/> Provider Electronic Submittal (PES)

NOTE: If you are using a Billing Agent/Clearinghouse, skip this section.
If you are using a Billing Agent/Clearinghouse (PES) to submit claims to Medicaid, please go to the website www.mymedicaid-florida.com for a list of providers. Should you experience any problems, call the EDI Support at 1-800-289-7799, Option 4.

Submitting an EDI Agreement

- The completed and signed EDI Agreement may be:
 - Faxed to Medicaid Provider Enrollment at: 866-270-1497; or
 - Mailed to Medicaid Provider Enrollment at: PO Box 7070 Tallahassee, FL 32314-7070

Billing Agent Changes

- If a provider's Billing Agent changes, the provider must send a letter to the Medicaid fiscal agent that includes the following information:
 - Names and Medicaid provider IDs of the old and new billing agents
 - Effective date of the change in the Billing Agent
 - A completed and signed copy of the signed EDI agreement for the new Billing Agent

Accuracy of Information

- All statements or documents submitted to AHCA or the Medicaid fiscal agent by the Billing Agent must be true and accurate.
- Filing of false information is sufficient cause for termination from participation of the agent or denial of a Billing Agent's application for enrollment.

Prohibition Against Reassignment of Provider Claims

- Medicaid payments cannot be reassigned to a factor.
- A factor is an individual or organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold or transferred to the individual organization for an added fee or a deduction of a portion of the accounts receivable.
- A factor does not include a Billing Agent as previously described.

Privacy of Recipient Information

- Billing agents, including their staff and contracted staff are required to safeguard the use and disclosure of information pertaining to Medicaid applicants and current and former Medicaid recipients as required by state and federal law and regulations.
- These regulations include the Medicaid regulations on safeguarding information and the HIPAA privacy regulations.

Receipt of Medicaid Reimbursement

Billing agencies cannot be Medicaid pay-to providers.

Medicaid will not issue reimbursement checks to billing agencies.

Any Billing Agent attempting to receive Medicaid reimbursement in its own name or to enroll as a pay-to provider will be terminated from the Medicaid program.


Receipt of Medicaid Reimbursement

- Payment may be issued in the name of the provider to the billing agent's address if designated in writing by the provider.
- The letter must contain an original signature.
- Faxed letters will not be accepted.




Requesting Help by Website

- The Medicaid fiscal agent Web site, known as the portal, provides communication, data exchange, and self-service tools to the provider community.
- The Portal consists of both public and secure areas (Web pages requiring a username and password).
- The public area contains general information, such as program awareness, notices, and forms, and allows users to respond to surveys.




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<http://www.mymedicaid-florida.com/>



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Recipients

Public Information for Recipients

- [Medicaid Options](#)
- [Help](#) COMING SOON
- [Provider Directory Search](#) COMING SOON
- [Recipient Notices](#) COMING SOON
- [DCF ACCESS](#)

Secure Information for Recipients COMING SOON

- [Recipient Messages](#)
- [Child Health Check-up \(CHCUP\) Informing Letter](#)
- [Child Health Check-up \(CHCUP\) Recommendations](#)
- [Explanation of Medicaid Benefits \(EOMB\)](#)
- [Prior Authorization Status](#)
- [Referral Authorizations](#)
- [Proof of Insurance](#)
- [Replacement Medicaid Identification Card](#)
- [Medicaid Options Online Enrollment](#)

Providers

Public Information for Providers

- [Contact Us](#)
- [Bulletins](#)
- [Handbooks](#)
- [Fee Schedules](#)
- [Forms](#)
- [Training](#)
- [Provider Enrollment](#)
- [Out-of-State Provider Enrollment](#)

Secure Information for Providers

- [Provider Demographic Maintenance](#)
- [Prior Authorization Search](#)
- [Recipient Eligibility](#)
- [Claims Status](#)
- [Claims Submission - Dental, Institutional, and Professional](#)
- [Provider Reports](#)
- [Trade Files Area](#)
- [Third Party Liability](#)

Area Offices

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- [Area Office 2a](#)
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- [Area Office 11](#)

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REPORTAR FRAUDE

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Secure Information for Providers

- In the Portal's secure area, providers can access their personal information using their provider numbers and personal identification numbers (PINs). Providers can:
 - update information on the provider number
 - generate the change of address form
 - request eligibility verifications
 - request and track prior authorization and referrals
 - submit and track claims
 - receive alerts and notices
 - receive Medicaid policy updates



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Requesting Help by Telephone

- The Medicaid fiscal agent's associates will handle basic claim or enrollment inquiries for all providers.
- For provider claims inquiries, call the Provider Contact Center at 800-289-7799 and select Option 7. The telephone lines are open Monday through Friday from 7 a.m. to 6 p.m. eastern time.
- For provider enrollment inquiries, call 800-289-7799 and select Option 4. Enrollment telephone lines are open Monday through Friday from 8 a.m. to 5 p.m. eastern time.



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Requesting Help In Writing

- The provider may prefer to write for help to obtain more detailed information about a claim.
- A written response can be kept as a permanent record for future reference.
- A provider may use the Medicaid fiscal agent's [Provider Inquiry Form](#), MLF 07/08, for written inquiries found at: <http://portal.flmmis.com/FLPublic/%20inquiry%20form%200302.pdf>



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STATE OF FLORIDA PROVIDER INQUIRY FORM FLORIDA MEDICAID PROGRAM P.O. BOX 7054, TALLAHASSEE, FL 32314-7054				
1. PROVIDER NAME AND ADDRESS		2. PROVIDER NUMBER	3. TELEPHONE NUMBER	
		4. PERSON TO CONTACT IN PROVIDER'S OFFICE	5. DATE OF INQUIRY	
1 6A. RECIPIENT NAME: LAST, FIRST, MI		7A. MEDICAID ID NUMBER	8A. DATES OF SERVICE	
9A. PROC. CODE	10A. CHARGE	11A. REMITTANCE ADVICE DATE	12A. MED. RECORD NUMBER	13A. INTERNAL CONTROL NUMBER (ICN)
14A. NATURE OF INQUIRY				
15A. FISCAL AGENT RESPONSE				
2 6B. RECIPIENT NAME: LAST, FIRST, MI		7B. MEDICAID ID NUMBER	8B. DATES OF SERVICE	
9B. PROC. CODE	10B. CHARGE	11B. REMITTANCE ADVICE DATE	12B. MED. RECORD NUMBER	13B. INTERNAL CONTROL NUMBER (ICN)
14B. NATURE OF INQUIRY				
15B. FISCAL AGENT RESPONSE				

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Routine Inquiries

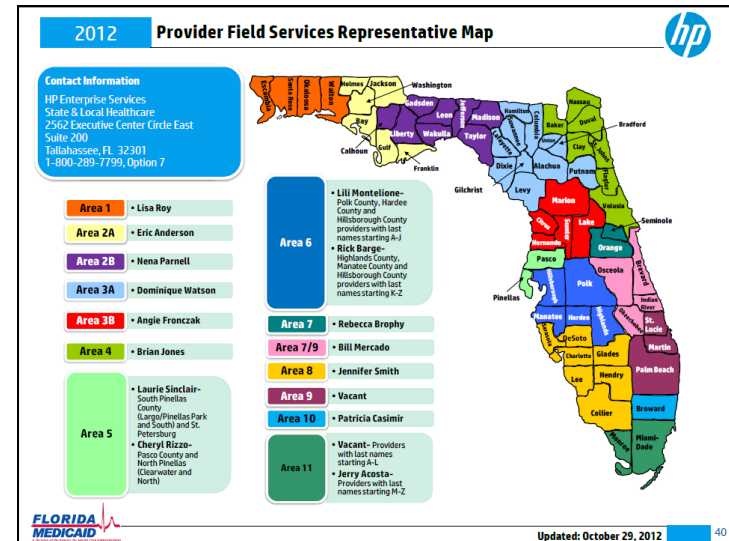
- Routine claim and eligibility inquiries should be sent to the Medicaid fiscal agent in Tallahassee at:
 - Provider Contact Center
 - Written Correspondence
 - P.O. Box 7054
 - Tallahassee, Florida 32314-7070
- Or by calling the Provider Contact Center at 800-289-7799 and select Option 7.

Getting Help On-Site

- The fiscal agent's provider field representatives are located in 17 different areas throughout the state to help providers with billing questions and concerns. Field representatives are responsible for:
 - training newly-enrolled providers;
 - training new staff members at established offices;
 - installing and training on electronic claims submission software; and
 - assisting the provider with troublesome claims.
- Providers who encounter problems that cannot be handled by telephone or in writing can call to make an on-site appointment with a field representative.

Fiscal Agent Regional Divisions

- Each field area consists of one or more counties. At least one field representative is assigned to each area.
- The Miami area representatives are bilingual and will assist English and Spanish speaking providers.
- To schedule an appointment with your field representative, call the field representative that represents your area or call Provider Enrollment at 800-289-7799 and selecting Option 4.



Billing Questions

- For questions and training opportunities on how to complete a CMS-1500 Claim Form, you can also contact your Medicaid area office.



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<http://www.mymedicaid-florida.com/>

The Agency has thirteen Medicaid Area Offices in eleven areas throughout the state that serve as the local liaisons to providers and recipients. The area offices help with:

- Provider relations and training.
- Consumer relations.
- Conducting site visits to providers and potential providers.
- Handling exceptional claims processing.



Area Offices

- [Area Office Map](#)
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Florida Health Finder - Consumer Information | Florida Medicaid Health Care Alerts Subscription | Florida Medicaid - Agency for Health Care Administration

Summary

- The Billing Agent or clearinghouse must enroll as a Medicaid provider.
- All Billing Agents are required to have criminal history checks.
- The compensation of a Billing Agent cannot be related to the cost of processing the billing; not related on a percentage or other basis to the amount that is billed or collected; and not dependent upon the collection of the payment.

Summary

- Billing agents, including their staff and contracted staff are required to safeguard the use and disclosure of information pertaining to Medicaid applicants and current and former Medicaid recipients as required by state and federal law and regulations.
- Keep in mind these regulations include the Medicaid regulations on safeguarding information and the HIPAA privacy regulations.



Thank you for your participation