

OVERVIEW OF THE FLORIDA MEDICAID WEB PORTAL

Karen Mayden-Samanamud
Provider Field Services Team Lead
Gainwell Technologies

DIFFERENCE BETWEEN AHCA AND GAINWELL

Gainwell Technologies

Fiscal Agent for AHCA

Claim Status

Claims Processing

Remittance Advice

Provider Enrollment

Provider File Maintenance

AHCA (Agency for Health Care Administration)

Policy Clarification

Claims past timely filing
deadline

Information Resource

Fee Schedules, Forms,
Handbooks

FLORIDA PUBLIC WEB PORTAL

System Messages

Health Care
Alerts

Fee Schedule
Look-Up Tool

Training
Presentations and
Quick Reference
Guides (QRG)

Provider
Enrollment

Contact Us

AHCA (Agency
for Health Care
Administration)

Secure Web
Portal

Secure Web Portal Login

Search



Florida Medicaid Web Portal



Home

Recipients

Managed Care ▾

Provider Services ▾

Agency Initiatives ▾

COVID-19

Important Information

System Messages

Current Topics

HOW TO SIGN UP FOR ALERTS

Go to Provider Services

- Support
 - Alerts
 - Florida Medicaid Health Care Alerts

The screenshot displays the Florida Medicaid Web Portal interface. At the top, there is a blue navigation bar with a search box and the text "Secure Web Portal Login". Below this is the header area featuring the Agency for Health Care Administration logo, the title "Florida Medicaid Web Portal", and the "gainwell" logo. A secondary navigation bar contains tabs for "Home", "Recipients", "Managed Care", "Provider Services" (which is highlighted in yellow), "Agency Initiatives", and "COVID-19".

The main content area is titled "Public Information for Providers" and is organized into a grid of categories:

- EDI**: Companion Guides, MEVS Vendor List, Registration Forms, Software and Manuals, Submission Information.
- ENROLLMENT**: Background Screening, Change of Ownership, Crossover-only Enrollment, Enrollment Status, Enrollment Forms, New Medicaid Providers, Provider Renewal, Out of State Enrollments.
- PHARMACY**: Counterfeit-proof Prescriptions, Drug Limitations, Pharmacy Ombudsman Pamphlets.
- SUPPORT** (highlighted in yellow): Alerts (highlighted in yellow), Bulletins, Contact Us, FAQ, Fee Schedules, Forms, Handbooks, Notices, NPI to Medicaid ID Search Engine, Reports on Demand NEW!
- TPL**: TPL Carriers.
- TRAINING**: Presentations, Quick Reference Guides, Web Based Trainings.

On the left side of the page, there is a vertical navigation menu with links for "Home", "Provider Services", "Contact Us", "Electronic Services", "Medicaid", "Reimbursement", "Enrollment", "Provider Services", "Billing", "Claims", "Coverage", "Enrollment", and "Network".

At the bottom left, the URL "https://www.flhca.gov/Public/Provider_ProviderServices/Default.aspx" is visible.



Home » Provider Services » Support » Alerts

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.

Provider Message Archive ? ⌵

Keyword

Year

Provider Type

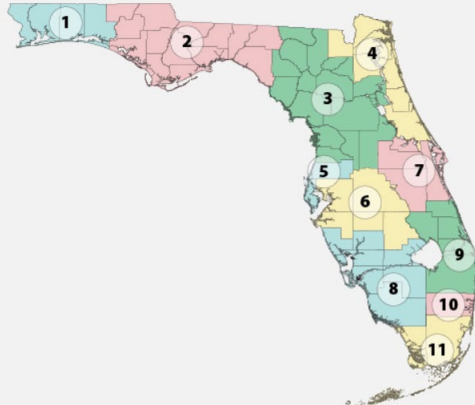
Specialty

Records 20

Field entry is:

- E-mail
- First Name
- Last Name

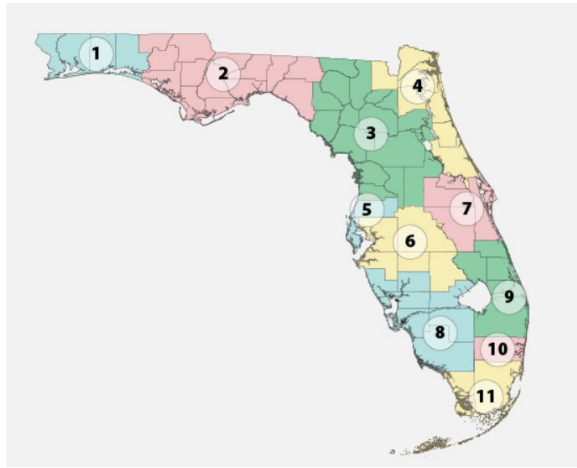
*Email



11 numbered regions on a map of Florida, each with a different color: 1 (light blue), 2 (pink), 3 (green), 4 (yellow), 5 (light blue), 6 (yellow), 7 (pink), 8 (light blue), 9 (green), 10 (pink), 11 (yellow).

First Name

Last Name



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 to complete the setup. If you do not receive the e-mail, please check your junk or spam folder

*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

- 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

The screenshot displays the Florida Medicaid Web Portal interface. At the top, there is a blue navigation bar with a 'Secure Web Portal Login' button on the left and a search box on the right. Below this, the portal header includes the Florida Department of Health logo, the text 'Florida Medicaid Web Portal', and the 'gainwell' logo.

The main navigation menu is located below the header and includes: Home, Recipients, Managed Care, **Provider Services** (highlighted), Agency Initiatives, and COVID-19. The 'Provider Services' dropdown menu is open, showing a grid of categories:

- EDI**
 - Companion Guides
 - MEVS Vendor List
 - Registration Forms
 - Software and Manuals
 - Submission Information
- ENROLLMENT**
 - Background Screening
 - Change of Ownership
 - Crossover-only Enrollment
 - Enrollment Status
 - Enrollment Forms
 - New Medicaid Providers
 - Provider Renewal
 - Out of State Enrollments
- PHARMACY**
 - Counterfeit-proof Prescriptions
 - Drug Limitations
 - Pharmacy Ombudsman Pamphlets
- SUPPORT**
 - Alerts
 - Bulletins
 - Contact Us
 - FAQ
 - **Fee Schedules** (highlighted)
 - Forms
 - Handbooks
 - Notices
 - NPI to Medicaid ID Search Engine
 - Reports on Demand NEW
- TPL**
 - TPL Carriers
- TRAINING**
 - Presentations
 - Quick Reference Guides
 - Web Based Trainings

On the left side of the page, there is a vertical navigation menu with links for Home, Provider, Contact, and Electronic. At the bottom left, a URL is visible: https://www.flahhsr.com/Public/Provider_ProviderServices/feeschedule.aspx.

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

export to Excel

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

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

Service Category	Description
IEDICAL	SPEECH/HEARING THERAPY

Here you will see that the reimbursement rate is \$3.47 and then under

Contracts will display:

- Allowed Modifiers
- Minimum-Maximum Units
- Age Restrictions
- Place of Service (POS)

Rate Type	Pricing Indicator	Date Of Service	Fee Schedule Amount
FEE SCHEDULE	MAX FEE	04/26/2022	\$13.49
THERAPY	MAX FEE	04/26/2022	\$3.47
SCHOOL	MAX FEE	04/26/2022	\$3.47
HOME HEALTH	MAX FEE	04/26/2022	\$6.60
FEE SCHED INCREASE	MAX FEE	04/26/2022	\$14.03
FEE SCHEDULE	MAX FEE	04/26/2022	\$3.74

x	Allowed Modifiers	PA Required	Attachment Required	Gender	Min/Max Age	Allowed POS
9	22,99	NO	NO	BOTH	0 - 999	
4		YES	NO	BOTH	0 - 20	03,11,12,18,19
9		YES	NO	BOTH	0 - 17	21
4	HM	NO	NO	BOTH	0 - 20	03,11,12,18,19
4		YES	NO	BOTH	0 - 20	02,03,11,12,18

Secure Web Portal Login

Search



Florida Medicaid Web Portal



- Home
- Recipients
- Managed Care
- Provider Services**
- Agency Initiatives
- COVID-19

Home »

Public Information for Providers

- | EDI | ENROLLMENT | PHARMACY | SUPPORT |
|--|--|---|---|
| <ul style="list-style-type: none">→ Companion Guides→ MEVS Vendor List→ Registration Forms→ Software and Manuals→ Submission Information | <ul style="list-style-type: none">→ Background Screening→ Change of Ownership→ Crossover-only Enrollment→ Enrollment Status→ Enrollment Forms→ New Medicaid Providers→ Provider Renewal→ Out of State Enrollments | <ul style="list-style-type: none">→ Counterfeit-proof Prescriptions→ Drug Limitations→ Pharmacy Ombudsman Pamphlets | <ul style="list-style-type: none">→ Alerts→ Bulletins→ Contact Us→ FAQ→ Fee Schedules→ Forms→ Handbooks→ Notices→ NPI to Medicaid ID Search Engine→ Reports on Demand NEW! |
| TPL | TRAINING | | |
| <ul style="list-style-type: none">→ TPL Carriers | <ul style="list-style-type: none">→ Presentations→ Quick Reference Guides→ Web Based Trainings | | |

Provider

Contact
Electron
C
M
R
E
S
Provide
B
C
C
E
E
N

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

	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)

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.
Address Maintenance 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 secure Web Portal.
Fee Schedule Lookup Tool	Informs providers on how to effectively use this new, user friendly feature to search for current rates and fee schedules via the secure Web Portal.

226305 EOB'S PHARM REMOVED PDF.PDF (FLMMIS.COM)

EOB Message Codes and
Descriptions

The screenshot shows the top navigation bar of the FLMMIS website with the following items: Home, Recipients, Managed Care, Provider Services (highlighted), and Agency Initiatives. Below the navigation bar is the 'Public Information for Providers' section, which is organized into several columns:

- EDI**
 - Companion Guides
 - MEVS Vendor List
 - Registration Forms
 - Software and Manuals
 - Submission Information
- ENROLLMENT**
 - Background Screening
 - Change of Ownership
 - Crossover-only Enrollment
 - Enrollment Status
 - Enrollment Forms
 - New Medicaid Providers
 - Provider Renewal
 - Out of State Enrollments
- PHARMACY**
 - Counterfeit-proof Prescriptions
 - Drug Limitations
 - Pharmacy Ombudsman Pamphlets
- SUPPORT**
 - Alerts
 - Bulletins
 - Contact Us
 - FAQ
 - Fee Schedules
 - Forms
 - Handbooks
 - Notices
 - NPI to Medicaid ID Search Engine
 - Reports on Demand NEW!
- TPL**
 - TPL Carriers
- TRAINING**
 - Presentations
 - Quick Reference Guides (highlighted in yellow)
 - Web Based Trainings

EOB Message Codes and Descriptions

Provides a current version of the Explanation of Benefits (EOB) codes and associated messages that are used in the new FMMIS. These codes are provided as a reference and may periodically be revised.

Finding your Provider Field
Service Representative

Provider Services Support Contact Us

Managed Care	Provider Services	Agency Initiatives	CC
--------------	--------------------------	--------------------	----

IDENT	PHARMACY	SUPPORT
and Screening	→ Counterfeit-proof	→ Alerts
of Ownership	Prescriptions	→ Bulletins
er-only	→ Drug Limitations	→ Contact Us
ent	→ Pharmacy Ombudsman	→ FAQ
ent Status	Pamphlets	→ Fee Schedules
ent Forms		→ Forms
icaid Providers		→ Handbooks
Renewal		→ Notices
ate Enrollments		→ NPI to Medicaid ID Search Engine
		→ Reports on Dem and NEW!

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* ▼

Last Name, First Name*

Phone Number, Ext*

Provider Field Services Map

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 **Brandy Dudley**
Nassau, Baker and Duval.
Karen Mayden-Samanamud
St. John's, Flagler, Volusia and Clay.

5 **Cheryl Rizzo**
Pasco County and Pinellas County.

6 **Lucinda Wagner**
Hillsborough (providers with last names A-J) Manatee, Sarasota, Polk and Highlands.

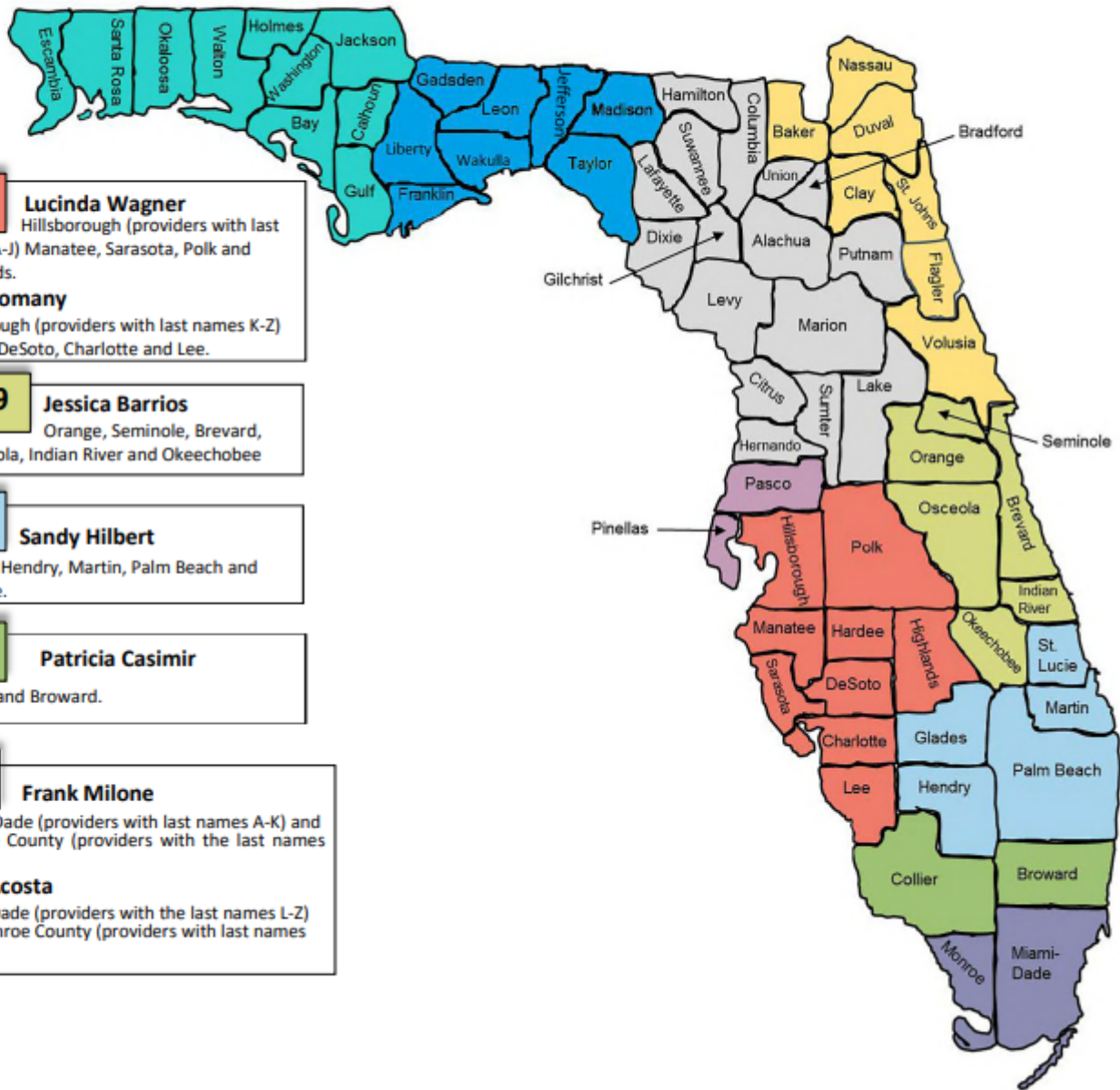
Yen Keomany
Hillsborough (providers with last names K-Z) Hardee, DeSoto, Charlotte and Lee.

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**
Collier and Broward.

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).

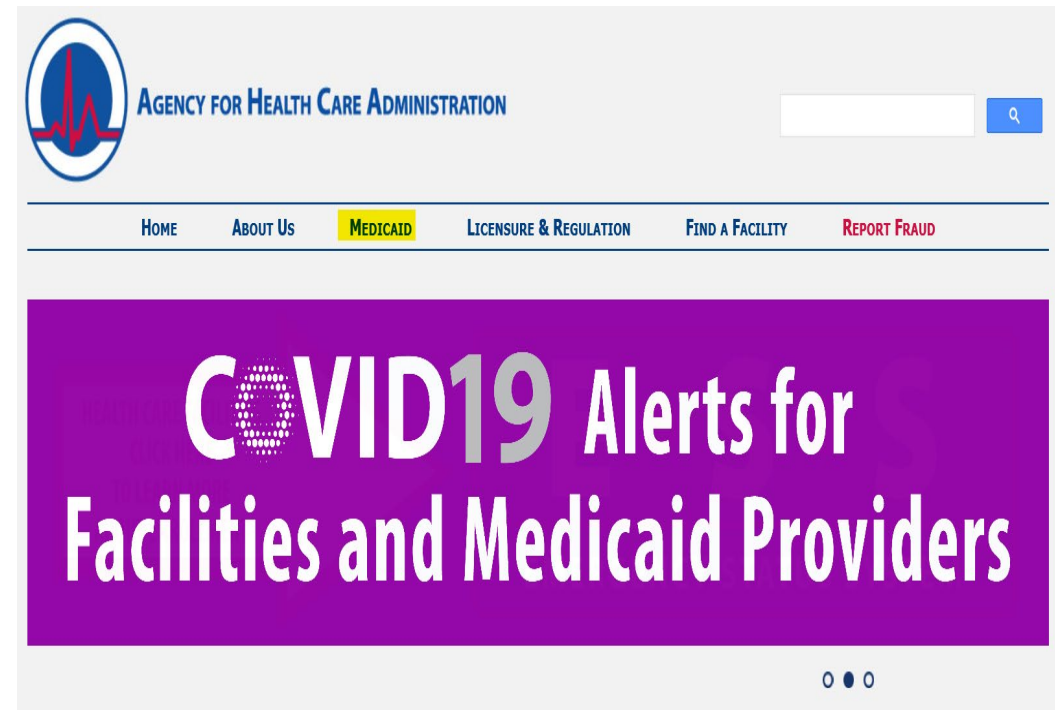


ACCESSING THE AHCA WEBSITE

Click on the link
(highlighted in yellow)



Click on Medicaid to reach the
Medicaid page



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

Secure Web Portal Login

Search



Florida Medicaid Web Portal



ACCESSING THE SECURE WEB PORTAL

Click on the red “Secure Web Portal” link

SECURE WEB PORTAL

USE INTERNET EXPLORER/MICROSOFT EDGE

Log-In

Reset Password

Web Portal User
Guide

Provider
Information-
Demographic
Maintenance

Address
Maintenance

Eligibility

Trade Files

Claims

Reports/Remittance
Advice

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).

Password

Sign in

[Reset password](#)

[Need help? Click here.](#)

[Disclaimer](#)

© 2021 Gainwell Technologies.
All rights reserved.

- 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.

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](#)

© 2021 Gainwell Technologies.
All rights reserved.

Reset Password

If you are a provider or billing agent and do not know your Florida Medicaid username or email address: [reset password](#).

Please enter your Florida Medicaid username and email address to start the password recovery process.

Username	<input type="text"/>
Email	<input type="text"/>
Submit	

IF YOU DO NOT KNOW YOUR USERNAME AND EMAIL,
CLICK **RESET PASSWORD**

[Florida Medicaid - Reset
Password \(flmmis.com\)](https://flmmis.com)

Provider Reset Password

To verify your identity, please enter your Medicaid Provider ID and your Tax ID.

Provider Identity

Provider ID	<input type="text"/>
Tax ID	<input type="text"/>

Next

THIS WILL RESET ONLY THE
ADMINISTRATOR ACCOUNT

You will need the Medicaid
Provider Id for the account
and the TIN (Tax Id
Number) used to enroll

RESETTING E-MAIL ADDRESS ON FILE SECURITY QUESTION AND ANSWER

Once logged into the secure web portal, if you need to update the e-mail or Security Question click **Account Management**

Florida Medicaid Home

School District Leon County, Welcome to Florida Medicaid

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.
Florida Web Portal	Florida Web Portal for Health Plans and Providers

Then click on **My Information** and from here you can update the **Name** on account, **E-mail address**, **Security Question** and **Answer**. Then click **Save**

[Account Home](#) [My Information](#)

My Information

Use this page to modify your account information. When finished, click 'Save'.

General User Details

First Name	<input type="text" value="Karen"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Mayden-Samanamud"/>
Email Address	<input type="text" value="kmayden@gainwelltechnologic"/> ?
Phone	<input type="text"/> ?

Internal User Details

Organization	<input type="text" value="FLTXIX"/> ▼
Department	<input type="text" value="B... M... FL..."/> ▼

Security Question

Select a security question from the list below and provide an answer you will remember. This question and answer will help verify your identity if you forget your password.

Question	<input type="text" value="What was the name of your first pet?"/> ▼
Answer	<input type="text" value=""/>

Applications

Application

[Account Management](#)

[DCF Provider View](#)

[Florida Web Portal](#)

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](#)

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. This is where you will update your E-mail and Security Question and Answer

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. Gainwell Technologies does not maintain this site and I cannot train on it.

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

- **Setting up multiple locations under one Username**

-

- After the portal is set up and you are logged in with your **Administrator Account**

- Go to: **Account Management**

- **Add Agent**

- Type in a **new** Username

- **Search**

- **Add Agent**

- **Select**

- **Yes, I agree**

- **Manage Roles**

-

- Log into Florida Web Portal using the username, **Accounts**, toggle between locations.

- Each location will have its Login, and you will add agents from this point. You must go into each portal (location) that you want to add to the log-in.



ADD AGENT TYPE IN A NEW USERNAME SEARCH

Account Home

My Information

View Agent Roles

Add Agent

Reports

Use this screen to add access to an agent for your application.

Enter all or part of one of the following: first name, last name, logon, phone number, or email address of the agent you are adding access to your application and click search.



You will then enter the user's information and Manage Roles

Account Management:
Super Agent and Save Changes

DCF Provider View:
"DCF All" and Save Changes

2 Select the system you want to modify access.

System

Select Account Management

3 Modify the permissions for Account Management

Roles

SSL VPN User

Super Agent

Save Changes

Select DCF Provider View

Modify the permissions for DCF Provider View

Roles

DCF_all

Save Changes

1 Select the system to modify access

System	
Select	Account Management
Select	DCF Provider View
Select	Florida Web Portal

2 Modify the permissions for FLPortalProd

Roles	
<input checked="" type="checkbox"/> Claims	
<input checked="" type="checkbox"/> Clerk	
<input checked="" type="checkbox"/> Download 271	
<input checked="" type="checkbox"/> Download 277	
<input checked="" type="checkbox"/> Download 277U	
<input checked="" type="checkbox"/> Download 277U_E	
<input checked="" type="checkbox"/> Download 820	
<input checked="" type="checkbox"/> Download 834	
<input checked="" type="checkbox"/> Download 834 Process Summary	
<input checked="" type="checkbox"/> Download 834R	
<input checked="" type="checkbox"/> Download 835	
<input checked="" type="checkbox"/> Download 997	
<input checked="" type="checkbox"/> Download 999	
<input checked="" type="checkbox"/> Download CLM PMHP	
<input checked="" type="checkbox"/> Download PSN	
<input checked="" type="checkbox"/> Download TA1	
<input checked="" type="checkbox"/> EFT Designation	
<input checked="" type="checkbox"/> Eligibility	
<input type="checkbox"/> Long Term Care	
<input type="checkbox"/> Newborn Activation	
<input type="checkbox"/> Prior Authorization	
<input checked="" type="checkbox"/> Provider Maintenance	
<input checked="" type="checkbox"/> Referrals	
<input checked="" type="checkbox"/> Reports	
<input checked="" type="checkbox"/> Trade Files	

Save Changes

FLORIDA WEB PORTAL

Check all boxes except
 Long Term Care
 Newborn Activation
 Prior Authorization

YOU WILL LOG INTO YOUR NEXT PROVIDER ID

Click **Add Agent**

Enter the same username that you created in the previous step

Search

Select

Repeat these steps for each Medicaid Provider Id that you have

Account Home My Information View Agent Roles **Add Agent** Reports

Use this screen to add access to an agent for your application.

Enter all or part of one of the following: first name, last name, logon, phone number, or email address of the agent you are adding access to your application and click search.

lcsmsm1 Search

Select the agent below. If the intended agent is not listed below, enter different search criteria and click search again.

<u>Username</u>	<u>Last Name</u>	<u>First Name</u>	<u>Email</u>	<u>Phone</u>
	Thomas	Karen	thomask4@leonschools.net	

Select

If you are sure the agent does not exist in the system, you can add a new agent. Add New Agent



ACCOUNT



CONTACT
Us

Messages | [Switch Provider](#)

Switch Provider



National Provider ID	Medicaid Provider ID ^A	Address	City	State	Zip	Zip + 4	Taxonomy	Provider Type	Default Provider ID
	008002100	BASE NUMBER-MAIL LIST ONLY	TALLAHASSEE	FL	32304	2907		SCHOOL DISTRICT	<input type="checkbox"/>
1740366467	008002101	THERAPY SERVICES	TALLAHASSEE	FL	32304	2907	251300000X	SCHOOL DISTRICT	<input type="checkbox"/>
	008002112	TRANSPORTATION SERVICES	TALLAHASSEE	FL	32304	2907		SCHOOL DISTRICT	<input type="checkbox"/>
1295800332	008002115	NURSING SERVICES	TALLAHASSEE	FL	32304	2907	251300000X	SCHOOL DISTRICT	<input type="checkbox"/>
	008002116	ADMINISTRATIVE CASE MGMNT	TALLAHASSEE	FL	32304	2907		SCHOOL DISTRICT	<input type="checkbox"/>
1013082155	008002117	PSYCHOLOGY SERVICES	TALLAHASSEE	FL	32304	2907	251300000X	SCHOOL DISTRICT	<input type="checkbox"/>
1427123850	008002118	SOCIAL WORK	TALLAHASSEE	FL	32304	2907	251300000X	SCHOOL DISTRICT	<input type="checkbox"/>

YOU WILL LOG IN WITH THE
NEW USERNAME CREATED AND
THE VIEW WILL LOOK LIKE THIS

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.

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

You will **never** have to use the LTC, Newborn Activation, or Super User applications

Welcome, SCHOOL DISTRICT-LEON COUNTY [Karen Mayden] [Your session expires in 19 minutes.] Refresh Session | Close

 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.As 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 the practice type for the Medicaid Provider ID that you are in

Welcome, SCHOOL DISTRICT-LEON COUNTY [Karen Mayden] [Your session expires in 19 minutes.] Refresh Session | Close

 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

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

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

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

Demographic Maintenance

[Service Location](#) > **[Location Name Address](#)** > [EFT Account](#) > [Service Language](#) > [Ownership](#) > [Group Membership](#) > [ERA Enrollment](#) > [EDI Agreement](#) > [NPI](#)

There are four different locations:
 Home/Corporate Office
 Mail To/Correspondence
 Pay To Address
 Service Location.
 All these addresses do not have to be
 the same.

Home > Ownership > Group Membership > ERA Enrollment > EDI Agreement > NPI

Address Type SERVICE LOCATION
Address THERAPY SERVICES
 2757 W PENSACOLA ST
City TALLAHASSEE
County LEON
State/Zip FL 32304-2907
Phone 850-414-5108

Specialties

Start Date	End Date	Taxonomy
01/01/1995	12/31/2299	251300000X

Address 1	City	State	Zip	Zip+4
THERAPY SERVICES	TALLAHASSEE	FL	32304	2907
KAREN THOMAS ADMIN. EAST	TALLAHASSEE	FL	32304	2907
KAREN THOMAS ADMIN EAST THER	TALLAHASSEE	FL	32304	2907
THERAPY SERVICES	TALLAHASSEE	FL	32304	2907

Select your phone to update

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 row above to update.

Name/DBA

Title

Address Type

Country

Address 1

Address 2

International Address

City

State

Zip

Latitude

Longitude

E-Mail

Phone

Fax

International Phone

International Fax

Handicap Accessible?

- The Maintain Address in the bottom-right will direct you through changing and address. You will click on Maintain Address and follow the prompts. The system will go through each location, and you can mark no change or make an update. In the end, you will be e-mailed a passcode and have 10 minutes to enter the passcode to finalize the changes.

save cancel maintain address



PROVIDERS



ACCOUNT



CLAIMS



ELIGIBILITY



LTC



NEWBORN
ACTIVATION



PRIOR
AUTHORIZATION



REPORTS



TRADE
FILES



CONTACT
US



SUPER
USER

Eligibility Verification Request



Recipient ID	<input type="text"/>	Birth Date	<input type="text"/>
Card Control #	<input type="text"/>	SSN	<input type="text"/>
Last Name	<input type="text"/>	From DOS	<input type="text"/>
First Name	<input type="text"/>	To DOS	<input type="text"/>
Gender	<input type="text"/>		

search

clear

Eligibility

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

When checking a student/recipient's Medicaid eligibility, keep in mind:

- The system will not go into the future
- You can check 12 months into the past
- You can only check a single month at a time; for example, 08/01/2021-08/31/2021
- 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.

Welcome, SCHOOL DISTRICT-LEON COUNTY [Karen Mayden] [Your session expires in 19 minutes.] Refresh Session | 0

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

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)

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

Welcome, SCHOOL DISTRICT-LEON COUNTY [Karen Mayden] [Your session expires in 19 minutes.] Refresh Session |

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

Eligibility Verification Request ? 🔍

Recipient ID <input type="text"/>	Birth Date <input type="text"/>
Card Control # <input type="text"/>	SSN <input type="text"/>
Last Name <input type="text"/>	From DOS <input type="text"/>
First Name <input type="text"/>	To DOS <input type="text"/>
Gender <input type="text" value=""/>	

Navigation menu with icons and labels:

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

Download | Upload

File Download Search [?] [✖]

Document Type	271	
Date Available Range	277	
	277U	
	820	
	834	
	834 Process Summary	
	834R	
Records	835	
	997	
	999	

Please note the following:

- The select all button is disabled.
- File download is disabled for the following document types:
 - Financial PSN Files
 - Health Plan Attestation Response
 - Medically Needy Ad Hoc
 - MMA Extract
 - PMHP Therapeutic Drug
 - Provider Mass Registration Reports

When the search criteria (thru) is blank, search results will not include previously downloaded files.

When loading files from the secure Web Portal: files are not included in previously downloaded.

Buttons: search, clear

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 to 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 RA Date

Rendering Provider ID [Search]

Recipient ID

Claim Type Date of Service

Status Date Range *(limited to 12 month range)*

Records

- 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

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

Professional Claim

Billing Information	Service Information
HIPAA Version 00501	Release of Information SIGNED STMT PERMITTING RELEASE
ICN/TCN [REDACTED]	Signature Source [REDACTED]
Provider ID 008002101 MCD	Accident Related To [REDACTED]
Recipient ID [REDACTED]	Accident State [REDACTED]
Last Name [REDACTED]	Accident Country [REDACTED]
First Name, MI [REDACTED] S	Accident Date [REDACTED]
Date of Birth 07/07/2009	CHCUP Referral [REDACTED]
Patient Account # [REDACTED]	PA Number [REDACTED]
Referring Provider [REDACTED]	Referral Number [REDACTED]
Patient Responsibility [REDACTED] \$0.00	Charges
Medicare Assignment ASSIGNED	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 [REDACTED] Diagnosis [REDACTED] [Search]

delete add

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

TPL/Crossover	
Select row above to update -or- click Add button below.	
<input type="text"/>	Carrier <input type="text"/>
<input type="text"/>	Plan Name <input type="text"/>
<input type="text"/>	Policy Number <input type="text"/>
<input type="text"/>	Member ID <input type="text"/>
<input type="text"/>	Payer Resp <input type="text"/>
<input type="text"/>	Claim Filing <input type="text"/>

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 [Redacted]

Drug Rebate Information

Rendering Provider 008002101 MCD

NDC []

From DOS 11/17/2020

To DOS 11/17/2020

POS* 03

Procedure* 92508

Modifiers [] []

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

Units 2.00

Charges \$6.94

TPL Amount []

TPL Paid Date []

Emergency []

CHCUP/Fam Plan []

Ordering Provider []

Referring Provider []

Medicare Information

Paid Date []

Paid Amount \$0.00

Allowed Amount \$0.00

Coinsurance Amount \$0.00

Deductible Amount \$0.00

Copay Amount \$0.00

Medicaid Information

Status PAID

Allowed Amount \$4.73

Copay Amount \$0.00

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.

- To file an Exceptional Claim for whatever reason, the purple hyperlink “Exceptional Claims Processing” (highlighted) will send you to the PDF link for the Exceptional Claim Form
- The form must be completed and uploaded.
- An Exceptional Claim is requested when needing a system override for various reasons like timely filing

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

Supporting Documentation

*** No rows found ***

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

Control Number

Transmission

Report Type

delete

add

upload

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.)

___(4) A Full or Limited provider, Referring, Ordering, or Attending provider enrolled after claim date of service.

___(5) Referring, Ordering, or Attending provider not on file. Order/referral prior to recipient eligibility, submit written referral.

Section III

Other reason: _____

Signature

Date

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

10/01/2021

- 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

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 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	[REDACTED]	
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

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

If there is no option to Adjust or Void that means this claim has already been adjusted or voided. You can check by doing a claim search

ADJUSTMENT VS. VOID

Adjustment

Only a paid claim can be adjusted

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

Void

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 the date of service

REMITTANCE ADVICE (RA)

Reports, Go, (choose date needed) **Date, View**

The RA will pull up in a PDF format. I recommend saving it to your desktop or on a flash drive.

RAs are posted in your portal for 90 days, if you must 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.

Welcome, SCHOOL DISTRICT-LEON COUNTY (Karen Mayden) [Your session expires in 19 minutes.] Refresh Session

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

Reports Select Report from drop down list and then click the "go" button to see available dates

Report [dropdown]
Date [dropdown]
Download Format [dropdown]

go

REPORT: CRA-BANN-R
RA#: 67167317

AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
BANNER MESSAGES

DATE: 01/29/2021
PAGE: 1

SCHOOL DISTRICT-LEON COUNTY
KAREN THOMAS ADMIN. EAST
2757 W PENSACOLA ST
TALLAHASSEE, FL 32304-2907

PAYEE ID: 008002101
NPI ID: 1740366467
CHECK/EFT NUMBER: 061346829
ISSUE DATE: 02/03/2021

Medicaid messages pertinent to your provider type are posted on the fiscal agent (DXC) Web Portal site, <http://portal.flmnis.com/flpublic>. To view your messages simply click on "Provider Support" and then "Provider Alerts". Messages are posted to this site as directed by Medicaid Headquarters staff, so please check this site each week for up-to-date information about Medicaid and any changes or news that may affect your provider type.

- 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

Remittance Advice-_{page 1}

ICN	PATIENT NUMBER	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PAID AMOUNT					
		FROM THRU										
	MEDICAID ID: ██████████	BENEFICIARY NAME: ██████████										
	██████████7759	011221 011321	13.88	9.46	0.00	0.00	9.46					
<u>206074</u>												
PL SERV	PROC CD MODIFIERS	EAPG CODE	EAPG WEIG	DISC PERC	UNITS	SERVICE DATES	RENDERING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOB5
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
RA#: 67167317

AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 01/29/2021
PAGE: 25

SCHOOL DISTRICT-LEON COUNTY
KAREN THOMAS ADMIN. EAST
2757 W PENSACOLA ST
TALLAHASSEE, FL 32304-2907

PAYEE ID: 008002101
NPI ID: 1740366467
CHECK/EFT NUMBER: 061346829
ISSUE DATE: 02/03/2021

AR NUMBER/ ICN	SETUP DATE	RECOUPED THIS CYCLE	ACCOUNTS RECEIVABLE ORIGINAL AMOUNT	TOTAL RECOUPED	BALANCE	REASON 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
RA#: 67167317

AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
REMITTANCE ADVICE SUMMARY

DATE: 01/29/2021
PAGE: 26

SCHOOL DISTRICT-LEON COUNTY
KAREN THOMAS ADMIN. EAST
2757 W PENSACOLA ST
TALLAHASSEE, FL 32304-2907

PAYEE ID: 008002101
NPI ID: 1740366467
CHECK/EFT NUMBER: 061346829
ISSUE DATE: 02/03/2021

-----CLAIMS DATA-----

	CURRENT NUMBER	CURRENT 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	PATIENT NUMBER	SERVICE DATES FROM	SERVICE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PAID AMOUNT						
	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	SERVICE DATES THRU	RENDERING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOB
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

- 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

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	

RESOURCES

Public Web Portal

www.mymedicaid-florida.com

Call Center contact

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

AHCA
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 (switch to) the portal 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 account

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@gainwelltechnologies.com
- Feel free to contact me for any of your questions; I am available to help in all regions
- I schedule trainings Tuesday-Thursdays

WHAT
QUESTIONS
DO YOU
HAVE?

