
Submit the completed Payer Request Form to:

Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms **WILL BE RETURNED**.

If you have more than ten payers to enroll, please make additional copies of this form.

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

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INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: New Request Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: () Fax: () Email:

Group/Provider Name:

Please check for designation: Professional Institutional

Billing Tax ID: Indicate TIN/EIN SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

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INSTRUCTIONS

Process 1 (DXC Technology pages)

1. Navigate to: <http://home.flmmis.com>
2. Log into secure Portal (if you do not have your log in info, please contact FL Medicaid directly. Inovalon cannot obtain that information for you).
3. Select Providers, Demographic Maintenance
4. Select EDI Agreement
5. Complete the EDI Agreement/Certification & Florida Medicaid Billing Agent/Certification updates as per the Instruction pages which follow. **Be sure to select “Link to billing agent/clearinghouse”**

6. **DO NOT CHOOSE: OUR RECORDS INDICATE YOU DO NOT HAVE A TRADING PARTNER ID**

You will need this additional information to complete the forms.

Trading Partner ID: 89562

Trading Partner Name: Medical Claim Corp

Billing Agent Provider Number: 992274100

Billing Agent Name: Medical Claim Corp

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com



Electronic EDI Agreements

Quick Reference Guide

The Agency for Health Care Administration (Agency) and DXC Technology (DXC) are moving towards an automated, self-service environment. This means promoting a paperless, self-service culture designed specifically for our provider community. The features available in the new Electronic Data Interchange (EDI) Agreement panel will allow providers to have more direct control over their Web Portal accounts, which provides an efficient solution to commonly encountered errors.

Effective **November 2, 2018**, Florida Medicaid providers are able to submit EDI agreements electronically via the secure Web Portal. Providers seeking more information about submitting EDI agreements electronically, associated with the implementation of the new self-service environment, may refer to this quick reference guide (QRG).

Submitting EDI Agreements

Users are now able to complete an EDI agreement in real-time and submit it via their secure Web Portal account. To access the new EDI Agreement, visit <http://home.flmmis.com> and log into the secure Web Portal using your account credentials. From the secure Web Portal landing page, select **Providers**, then below the Providers option, select **demographic maintenance**. From the Provider Informational panel, select **EDI Agreement**.

Welcome, [username] [Refresh session] You have app

Providers Account Claims Prior Authorization Referral LTC Reports Trade Files

demographic maintenance

Service Location > Location Name Address > EFT Account > Service Language > Ownership > EDI Agreement > NPI

Provider Information	
Medicaid Provider ID	XXXXXXXXXX MCD
National Provider ID	XXXXXXXXXX
Practice Type	INDIVIDUAL PRACTICE
Provider Type	99 - TRADING PARTNER
Ownership	NO
Medicaid Effective Date	03/23/2012
Medicaid End Date	03/22/2022
Address Type	SERVICE LOCATION
Address	1100 N. GUNN STREET
City	PARRISH
County	MANATEE
State/Zip	FL 34219-7504
Phone	(813) 776-0888

Providers without an existing Trading Partner ID (TPID) will see the below option defaulted, indicating that there is no TPID on file for the Provider ID. Users will indicate the transaction types they plan to send or receive under their TPID by selecting the check box next to the appropriate transaction.

Service Location > Location Name Address > EFT Account > Service Language > Ownership > EDI Agreement > NPI

Provider Information

Medicaid Provider ID	MCD	Address Type	SERVICE LOCATION
National Provider ID		Address	
Practice Type	INDIVIDUAL PRACTICE	City	PARRISH
Provider Type	99 - TRADING PARTNER	County	MANATEE
Ownership	NO	State/Zip	FL 34219-7504
Medicaid Effective Date	03/23/2012	Phone	
Medicaid End Date	03/22/2022		

EDI Agreement

Transaction Information

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

Choose one of the following:

Our records indicate that you do not have a Trading Partner ID: Choose this option if you want to submit or receive electronic transactions to/from Medicaid.
NOTE: New Trading Partners are encouraged to utilize Edifecs Ramp Manager, and test files prior to submitting files to Florida Medicaid. Please contact the EDI Helpdesk at 1-866-586-0961 for more information on Edifecs Ramp Manager.

Link to billing agent/clearinghouse: Choose this option to identify a billing agent/clearinghouse to submit directly to/from Medicaid.
NOTE: If you do not provide the billing agent/clearinghouse Trading Partner ID, you will be required to test.

NOTE: Providers who wish to manage access for Clearinghouse or Billing Agents should refer to the Secure Web Portal User Guide on mymedicaid-florida.com for instructions on adding or removing Agent Roles. Please contact the EDI Helpdesk at 1-866-586-0961 for assistance.

Indicate the transaction types you plan to send or receive.

270/271 Health Care Eligibility Benefit Inquiry and Response
 276/277 Health Care Claim Status Request and Response
 837 Health Care Claim: Dental
 837 Health Care Claim: Institutional
 837 Health Care Claim: Professional

NOTE: All Trading Partners will automatically be enrolled to receive Acknowledgement Files such as 999, TA1, and 277U.

Contact Name*
 Contact Phone* 555
 Contact Email*

Note: The 835 transaction type will be visible for billing agents and Clearinghouse only.

Logging into the secure Web Portal account will also serve as the authorization when submitting an EDI agreement electronically. Users must select **I agree** in the Certification section of the EDI Agreement panel, prior to submitting the agreement electronically.

Certification

The provider identified on this Electronic Data Interchange Agreement understands and agrees to the following:

1. Payment of claims will be from federal and state funds and that any falsification or concealment of material fact may be prosecuted under Federal and State laws.
2. Providers must safeguard the Medicaid program against abuse in the use of electronic claims submission.
3. Providers must correctly enter the claims data, monitor the data and certify that the data entered is correct.
4. Providers must assure that the transmission of claims data is restricted to authorized personnel to prevent erroneous payments by the Agency's fiscal agent that might result from carelessness or fraud.
5. Providers must have on file the applicable source data to substantiate the claim submitted to the Medicaid program.
6. Providers must allow the Agency or any of its designees and representatives of the office of the Auditor General or the Attorney General to review and copy all records, including source documents and data related to information entered through electronic claims submission.
7. Providers must abide by all Federal and State statutes, rules, regulations, and manuals governing the Florida Medicaid program.
8. Providers must sign and adhere to all conditions of the Medicaid Provider Agreement and be officially enrolled in the Medicaid program to participate in electronic claims submission.

Signature* I agree
 Date 09/18/2018

save cancel

Click **save**. A successful submission will produce the following message, which displays the user's new TPID.

The following messages were generated:

Trading Partner ID 301687 has been created and linked to your provider ID
 Save was Successful

Updating Transaction Types for Existing TPIDs

If a TPID currently exists for the Provider ID, users will see the below option defaulted and must select the TPID they intend to update by selecting from the drop down menu. Users can then make updates to their transaction types.

The screenshot shows a web form titled "EDI Agreement" with two main sections:

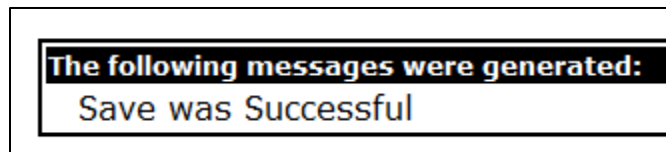
- Provider Information:** Contains fields for Medicaid Provider ID (MCD), National Provider ID (NPI), Practice Type (GENERAL HOSPITAL), Provider Type (01 - GENERAL HOSPITAL), Ownership (NO), Medicaid Effective Date (02/27/2018), Medicaid End Date (11/01/2020), Address Type (SERVICE LOCATION), Address, City (MIAMI LAKES), County (DADE), State/Zip (FL 33014-6852), and Phone.
- Transaction Information:** Includes instructions to complete the section and choose one of the following options:
 - Our records indicate that Trading Partner ID link(s) already exist for your account. Choose this option and the Trading Partner ID along with the transaction types to submit or receive electronic transaction to/from Medicaid.
 - Link to billing agent/clearinghouse: Choose this option to identify a billing agent/clearinghouse to submit directly to/from Medicaid. (NOTE: If you do not provide the billing agent/clearinghouse Trading Partner ID, you will be required to test.)

Additional fields include "Select Trading Partner ID" (a dropdown menu), "Indicate the transaction types you plan to send or receive" (checkboxes for 270/271 Health Care Eligibility Benefit Inquiry and Response, 276/277 Health Care Claim Status Request and Response, 837 Health Care Claims: Dental, 837 Health Care Claims: Institutional, and 837 Health Care Claims: Professional), and contact information fields (Contact Name, Contact Phone, Contact Email). A note at the bottom states: "NOTE: All Trading Partners will automatically be enrolled to receive Acknowledgement Files such as 999, TAI, and 277U."

Logging into the secure Web Portal account will also serve as the authorization when submitting an EDI agreement electronically. Users must select I agree in the Certification section of the EDI Agreement panel, prior to submitting the agreement electronically.

The screenshot shows the "Certification" section of the form, which includes a list of eight terms and conditions that the provider must agree to. At the bottom, there is a "Signature" field with a radio button for "I agree" (which is selected) and a "Date" field containing "09/18/2018". "save" and "cancel" buttons are visible at the bottom right.

Click **save**. A successful submission will produce the following message.



Billing Agents

The Florida Medicaid Billing Agent section of the EDI Agreement must be completed when the **Link to Billing Agent/Clearinghouse** option is selected in the Transaction Information section.

Florida Medicaid Billing Agent

This section must be completed by any provider who wishes to designate or change a billing agent to submit claims for reimbursement by Florida Medicaid.

The following requirements apply to all billing agents/clearinghouses:

1. Any entity, which submits claims to Florida Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active provider ID.
2. Claims must be paid in the name of the provider or provider group that renders the services, not in the name of the billing agent/clearinghouse.
3. Payment for billing services must be made based upon an administrative fee per claim. Billing agents are prohibited from charging for their services based upon a percentage of the total dollar value of claims billed.
4. If a claim is rejected as inaccurately filed, it cannot be resubmitted unless there has been a change made to the claim form or electronic submission itself.

"The following billing agent is authorized to submit claims to and follow up with Medicaid and the Medicaid fiscal agent on my behalf. I understand that all payments and payment information are in my name and that this agreement does not exempt me from responsibility for claims filed on my behalf from established claim filing policies. I further understand that the billing agent must be held to the same requirements of confidentiality and access to records as I am, as reflected in my agreement with Medicaid. I will immediately notify the Medicaid fiscal agent of any change in this authorization."

Billing Agent Provider Number

Billing Agent Name

Acknowledgement* I agree

Certification

The provider identified on this Electronic Data Interchange Agreement understands and agrees to the following:

1. Payment of claims will be from federal and state funds and that any falsification or concealment of material fact may be prosecuted under Federal and State laws.
2. Providers must safeguard the Medicaid program against abuse in the use of electronic claims submission.
3. Providers must correctly enter the claims data, monitor the data and certify that the data entered is correct.
4. Providers must assure that the transmission of claims data is restricted to authorized personnel to prevent erroneous payments by the Agency's fiscal agent that might result from carelessness or fraud.
5. Providers must have on file the applicable source data to substantiate the claim submitted to the Medicaid program.
6. Providers must allow the Agency or any of its designees and representatives of the office of the Auditor General or the Attorney General to review and copy all records, including source documents and data related to information entered through electronic claims submission.
7. Providers must abide by all Federal and State statutes, rules, regulations, and manuals governing the Florida Medicaid program.
8. Providers must sign and adhere to all conditions of the Medicaid Provider Agreement and be officially enrolled in the Medicaid program to participate in electronic claims submission.

Signature* I agree

Date 09/19/2018

Users must select **I agree** in the Certification section of the EDI Agreement panel, prior to submitting the agreement. Then, click **save**.

We're here to help!

Users that require more assistance with submitting EDI agreements electronically may call the EDI Helpdesk at 1-866-586-0961.

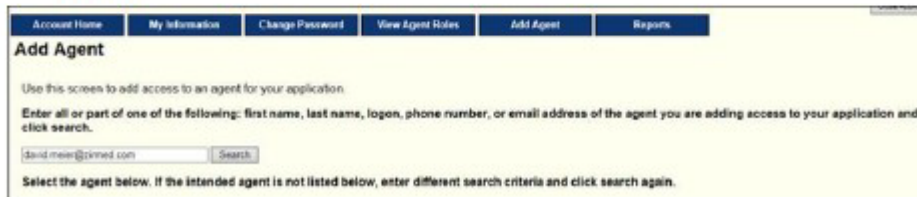
3.4.1 Delegate Roles to an Existing Account

To delegate roles on an existing account, use the following steps:

Step	Action	Results	Comment
1	Log into the web portal account and select the account management application.		

Applications	
Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application.
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system.
Florida Web Portal	Florida Web Portal.
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.

Step	Action	Results	Comment
2	After selecting the add agent button, enter the email address listed on the account that you will be granting access and click search.		



Step 2 Note: email address is: doreen.cap@ABILITYNetwork.com

Step	Action	Results	Comment
3	After the results populate, select the appropriate record.		

Username	Last Name	First Name	Email	Phone	
da7p04th	Moler	David	david.meier@zmed.com		Select
wstar01	Zmed		david.meier@zmed.com	502-238-9231	Select

Step	Action	Results	Comment
4	Agree to the terms and conditions.		

Terms of Service

You must agree to the terms below before delegating permissions.

FLORIDA MEDICAID: PROVIDER WEB PORTAL USER AGREEMENT

This User Account Agreement is made by and between the State of Florida Agency for Health Care Administration, ("Agency"), and a licensed health care provider, or an entity who acts on behalf of a licensed health care provider, who has signed up for an account on this website ("User").

This Agreement becomes effective today, and shall remain in effect until 06/30/2018, or until terminated with or without cause by either party.

Pursuant to the terms of this Agreement, User is authorized to access confidential Medicaid data through the use of computer-related media (system inquiry, on-line update, printed reports, ad hoc reporting, CD reports, etc.), commonly known as the Florida Medicaid Management Information System ("FMMIS").

User is responsible for complying with all applicable federal and state laws, rules, and regulations when creating, receiving, maintaining, or transmitting information within the FMMIS.

User agrees to use appropriate administrative, technical, and physical safeguards to prevent any use or disclosure of information retrieved from the FMMIS that is not permitted or provided for by this Agreement.

User shall only use and/or disclose information retrieved from the FMMIS to perform obligations and responsibilities as authorized by the Agency and this Agreement.

User understands that, in accordance with state and federal law, information retrieved from the FMMIS may be used solely for the following purposes:

Do you agree to the Terms of Service as stated above?

Step	Action	Results	Comment
5	You must then enter the provider ID associated with your account in the Select Provider or Billing Agent field and click the search button. Once your record populates, click the select button. This will allow you to delegate roles for the newly added account.		

3.4.2 View an Agent Role

Use the following steps to view an agent role:

Step	Action	Results	Comment
1	On the Account Management page, click View Agent Roles.		
2	Click Manage next to the desired Agent.		

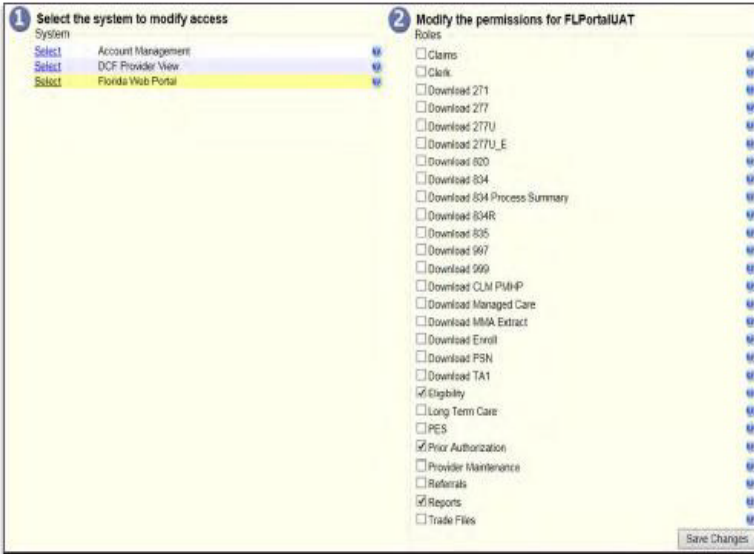
Step	Action	Results	Comment
3	Click Select next to the desired system to view the agent's roles.		

3.4.3 Change an Agent Role

Use the following steps to change an agent role:

Step	Action	Results	Comment
1	On the Account Management page, click View Agent Roles.		
2	Click Manage next to the desired agent.		

Step	Action	Results	Comment
3	Click Select next to the desired system.		
4	To add or remove one or more Agent roles, check or uncheck the box next to the desired roles. Click Remove All Roles if the Agent will no longer have permissions on the account.		



Step	Action	Results	Comment
5	Click Save Change to finish.		

- Select:
1. Select Claims
 2. Select Download 277
 3. Select Download 277U
 3. Select Download 999
 3. Select Download 835 (if you would like to receive ERAs)
 4. Select Trade Files

If you need additional assistance, please contact FL Medicaid EDI at: 866-586-0961