

**MIAMI CHILDREN'S**  
**HEALTH PLAN**<sup>SM</sup>  
Florida's Family Health Plan

Monthly Claims Training  
July 2019

# Verifying Enrollee Eligibility

Participating providers are responsible for verifying enrollee eligibility before providing services as eligibility may vary per month.

Providers may verify eligibility using the following methods:



Online at [www.miamchildrenshealthplan.com](http://www.miamchildrenshealthplan.com)



Customer Service at 844-243-5187

# Claim Billing Trends

- Authorizations
- Medicaid Provider Number
- Corrected Claims
- Modifiers

# Claim Submission

MCHP encourages all providers to submit claims electronically.

- Providers interested in electronic claim filing may contact your EDI (Electronic Data Interchange) software vendor or the Change Healthcare (formerly Emdeon) Provider Support Line at (800) 845-6592 to arrange transmission.
- Providers may also self-register to our MCHP Web Connect Live Portal at <https://office.emdeon.com/vendorfiles/MCHP.html>. Once registered, providers can utilize the same link contained within our website to submit claims.

Miami Children's Electronic Payer ID: **82832**

# Medicaid Provider Number

Providers must ensure that their Medicaid number is active and up to date before submitting a claim.

- Claims cannot be processed or paid for providers that have their Medicaid number inactive or expired.
- Providers' Medicaid number are verified using the ProviderMasterList (PML) from the Agency Website.

For more information on provider enrollment and the PML, visit

[http://portal.flmmis.com/FLPublic/Provider\\_ManagedCare/Provider\\_ManagedCare\\_Registration/tabId/77/Default.aspx?linkid=pml](http://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabId/77/Default.aspx?linkid=pml)

# Corrected Claims

Corrected claims can be sent electronically or via paper to:

Miami Children's Health Plan  
PO BOX 211241  
Eagan, MN 55121

All corrected claims should have the corrected claim indicator (7) on the claim and the original claim number that you are correcting.

Claims originally denied for missing/invalid information for inappropriate coding should be submitted as corrected claims.

# Modifiers Billing Reminders

To ensure proper reimbursement, please follow the guidelines below:

- Modifier 25 is defined as a significant, separately identifiable E/M (evaluation and management) service by the same physician or other health qualified health care professional on the same day of a procedure or other service.
  - Preventive Visits
  - Vaccine Administration

## Other services with modifiers

- The service or procedure has both a professional and technical component. An example would be radiological procedures: One provider (the facility) owns the equipment and bears the cost of maintenance and other things, but the physician must interpret the findings of the radiological procedure.
- The service or procedure was performed by more than one physician and/or in more than one location. For a complex procedure that requires more than two hands, an assistant surgeon may be used.
- The service or procedure has been increased or reduced. For example, a procedure that normally takes an hour requires two hours because of scar tissue, or the description of a procedure notes that another procedure is included but that other procedure wasn't necessary and therefore wasn't performed.
- The service was performed for a procedure that is bilateral by definition (that is, it is performed on both sides).
- The service or procedure was provided more than once. An example would be excising lesions on different areas of one body part through separate incisions.

Interested in Joining our Network?

Speak to a Provider Relations  
Representative or contact Provider  
Services at 844-243-5188



Q & A



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