

MIAMI CHILDREN'S
HEALTH PLANSM
Florida's Family Health Plan

Monthly Claims Training
February 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



Customer Service at 844-243-5187

Continuity of Care (COC)

Miami Children's Health Plan (MCHP) is required to ensure continuity of care (COC) during the transition period for Medicaid recipients enrolled in the SMMC program. MCHP will comply with the below COC provisions:

- **Health care providers should not cancel appointments with current patients.** MCHP will honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to 60 days after the roll-out date in each region. There must be no disruption of care for enrollees. Care may continue after the transition period with prior authorization.
- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. MCHP will pay for previously authorized services for up to 60 days after the roll-out date in each region and must pay providers at the rate previously received for up to 30 days.
- **Providers will be paid promptly.** During the continuity of care period, MCHP will follow all timely claims payment contractual requirements. The Agency will monitor complaints to ensure that any issues with delays in payment are resolved.
- **Prescriptions will be honored.** MCHP will allow recipients to continue to receive their prescriptions through their current provider, for up to 60 days after the roll-out date in each region, until their prescriptions can be transferred to a provider in the plan's network.

Region	Implementation Date	Transition Period End Date
9	12/1/2018	1/31/2019
11	12/1/2018	1/31/2019

Prior Authorization (PA) Guide

The Prior Authorization (PA) Guides including specialty drugs are available on our website, at:

<https://www.miamichildrenshealthplan.com/Providers/Prior-Authorization.aspx>

Providers can request prior authorizations for enrollees via Web Portal or fax using the MCHP Universal PA Form available on our website at:

<https://www.miamichildrenshealthplan.com/providers/Forms-Claims-Information.aspx>

Failure to submit a request for authorization may result in a claim denial.

Department	Phone Number	Fax Number
Initial Inpatient /Concurrent Review	844-243-5188	888-501-6256
Outpatient	844-243-5188	888-518-5333
Pharmacy	844-716-5413	866-265-5511
Home Health /DME/Home Infusion	888-481-0505	888-481-0606

Web Portal- Panel Roster

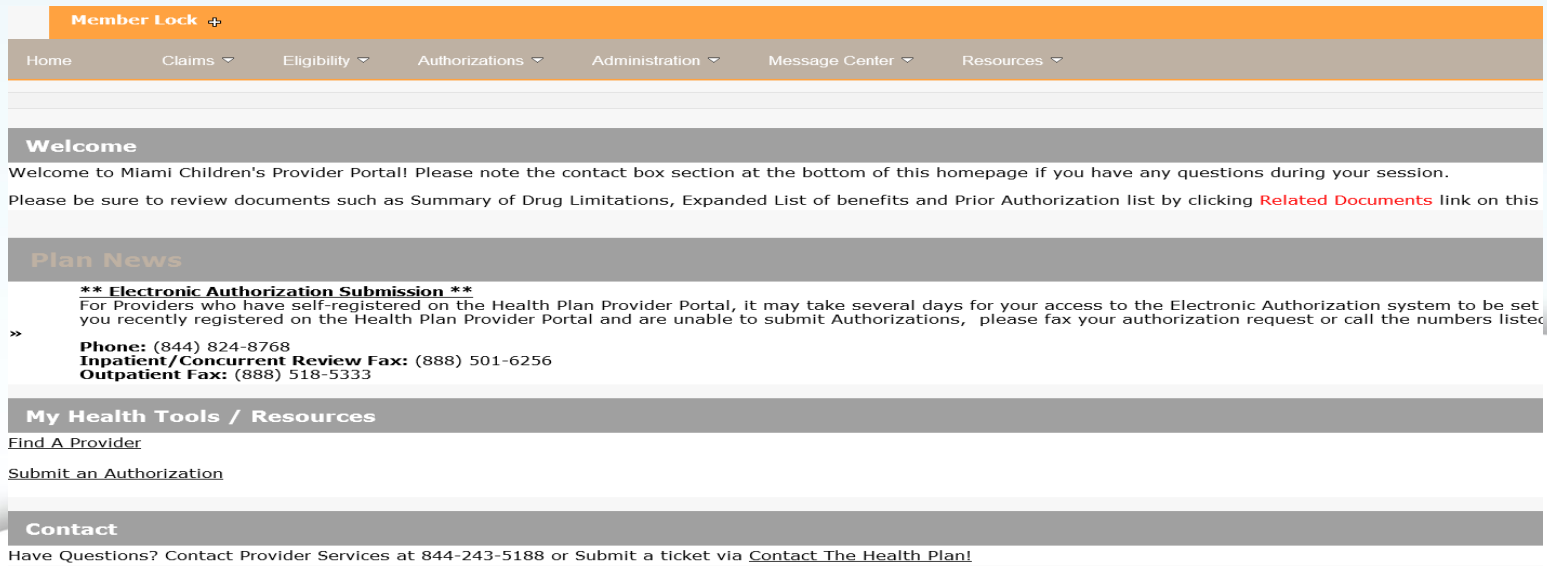
To view a full provider roster in the Portal

1. Log in to the Web Portal



The screenshot shows the login page for Miami Children's Health Plan. At the top, it says "MIAMI CHILDREN'S HEALTH PLAN" and "Florida's Family Health Plan". Below this are two input fields for username and password, followed by an orange "Login" button. At the bottom, there are links for "Click here to register" and "Forgot login info?".

2. Once you are logged in, you will view the provider landing page



The screenshot shows the provider landing page. At the top, there is a navigation bar with "Member Lock" and a plus sign. Below this is a menu with "Home", "Claims", "Eligibility", "Authorizations", "Administration", "Message Center", and "Resources". The main content area starts with a "Welcome" section, followed by a "Plan News" section with a notice about electronic authorization submission. Below that is a "My Health Tools / Resources" section with links for "Find A Provider" and "Submit an Authorization". The page ends with a "Contact" section providing contact information for Provider Services.

Web Portal- Panel Roster

3. Go to Eligibility/Panel Roster tab

The screenshot displays the Miami Children's Health Plan Provider Portal. The browser address bar shows the URL: <https://mchfportal.valence-care.com/Router.jsp?source=UserList&component=HPU&action=GhostLogin&rowNumber=1>. The page features a navigation menu with tabs for Home, Claims, Eligibility (selected), Authorizations, Administration, Message Center, and Resources. A search bar is located at the top, with fields for First Name, Last Name, DOB (mm/dd/yyyy), and Vivida ID# (123456). Below the navigation, there is a 'Member Eligibility Search' section with a 'Panel Roster' dropdown menu. The main content area includes a 'Welcome' message, a 'Plan News' section with an 'Electronic Authorization Submission' notice, and a 'My Health Tools / Resources' section with links for 'Find A Provider' and 'Submit an Authorization'. A 'Contact' section provides information for provider services. On the right side, there is a photo of two healthcare professionals and links for 'Event Calendar' and 'Related Documents'. The footer contains copyright information for 2019 and a link to download the latest version of Adobe Reader.

Web Portal- Panel Roster

4. Select to Show Full Roster. Once selected, a check mark with appear then search.

Panel Roster
page enables you to view a list of members currently assigned to a provider as primary care physician (PCP).

Select a Provider

Provider

Show Full Roster

Assigned as of Date (mm/dd/yyyy)

Member Information

To Search for a specific member, enter the Member information in any of the fields provided.

Last Name **First Name**

Miami ID# (123456)

Line of Business **Intervention Code**

Member(s) as of 01/10/2019

PCP Effective Dates	Member	Miami ID#	Line Of Business Name
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5. The members will display on the bottom. The provider can export and print.

4 Member(s) as of 01/10/2019 [Download File](#) [Printer Friendly Format](#)

Provider	PCP Effective Dates	Member	Miami ID#	Line Of Business Name	DOB	Gender	Policy Benefit Name	Language Code	Address	Home Phone
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Claims

MCHP encourages all providers to submit claims electronically.

For those interested in electronic claim filing, contact your EDI software vendor or the Change Healthcare (formerly Emdeon) Provider Support Line at (800) 845-6592 to arrange transmission.

Miami Children's Electronic Payer ID: 82832

For paper claims, please submit to MCHP at the following address:

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

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.

Modifier 25- Helpful Hints

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

- Providers must use modifier 25 to describe circumstances in which an acute care E/M visit was provided at the same time as a checkup.
- Providers must submit modifier 25 with the E/M procedure code when the rendered services are distinct and provided for a different diagnosis.

Vaccine Administration

- When an evaluation and management service (other than a preventive medicine service) is provided on the same date as a prophylactic immunization, modifier -25 must be appended to the code for the evaluation and management service to indicate that this service was significant and separately identifiable from the physician's work of the vaccine counseling/administration.
- Example: A patient presents for a visit to evaluate the control of his/her diabetes and at the same visit receives an influenza vaccine administration. A physician might report code 99213-25 with diagnosis code E11.9 in addition to the appropriate flu vaccine and administration codes.

Early Intervention Services (EIS) and Targeted Case Management (TCM)

Authorizations

- MCHP does not require authorization for Early Intervention Services or Targeted Case Management, regardless of the providers participation status, during the continuity of care period and after.
- Providers may render EIS and TCM services without authorization even if non-participating within MCHP.

Claims Payment

- Non-participating providers will be paid at 100% of the Agency's fee schedule for EIS and TCM services.
- Single case agreements are not required.
- Participating providers will be paid at the contracted rate for EIS and TCM services.

Claims Filing and Processing Timeframes

- MCHP will process clean claims submitted electronically within 15 days and paper claims within 20 days.

Balance Billing

As a MCHP participating provider, your office is responsible for verifying eligibility and obtaining approval for services that require authorization (refer to the PA Guide).

Participating providers shall accept MCHP's payments as payment in full for covered services. Providers may not balance bill the enrollee for any covered benefit.

If a denied claim occurs, provider shall look solely to MCHP for compensation for services rendered.

Timely Filing Requirements

Claims must be submitted to Miami Children's within 180 calendar days from the date of service or date of discharge (inpatient) or the timeframe specified in the provider agreement for services rendered or compensable items provided.

Resubmission of previously processed claims with corrections and/or requests for adjustments must be submitted within ninety (90) days of notification of payment/denial.

Claims originally rejected for missing or invalid data elements must be corrected and resubmitted within 180 of the date of service or the timeframe identified in the provider agreement.

Rejected claims are not registered as received in the claims processing system.

Electronic Funds Transfer (EFT)

MCHP has partnered with InstaMed to deliver claim payments via electronic remittance advice (ERA) and electronic funds transfer (EFT).

The below information is needed for Online Registration includes:

- Tax ID
- Email Address
- Legal Business Name
- Business Address/Phone
- Principal Name (primary decision maker)
- Billing NPI Number
- Bank Name
- Bank Routing Number

To register for InstaMed Payer Payments, visit www.instamed.com/eraeft.

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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