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## Medicaid – FLORIDA (77027) Enrollment Instructions – Professional Claims & ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Check to make sure provider IDs are valid. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the request, in case you should need to follow up.

**MAIL COMPLETED EDI ENROLLMENT FORMS TO-**  
EDS Provider Enrollment  
P.O. Box 7070  
Tallahassee, FL 32314-7070

**FOR 835-ERA Request - See Steps to Complete Online Enrollment**

### 837-CLAIMS Provider Enrollment - (New) or (Change of Service)

If the billing provider has NOT SUBMITTED claims electronically to this payer -Or- if the provider is CURRENTLY SUBMITTING electronic claims, either directly or through another service company, and would like to authorize Practice Insight as the submitter of their electronic claims, the following form must be completed.

#### Electronic Data Interchange Agreement (2 pages)

**Page 1** - Complete top section with Billing Provider Information.

**Optional for 835/ERA** - Put ✓ next to "5010 - 835 Remittance Advice", ONLY if you want to authorize Practice Insight to retrieve Medicaid Florida electronic remits for this provider.

**Page 2** - Provider's signature and date required.

### 835-ERAs Electronic Remits - (New) or (Change of Service)

If the billing provider is requesting ERAs for the FIRST time or if the billing provider is currently receiving ERAs from this payer and wants to authorize Practice Insight to retrieve their ERAs, the billing provider must log onto their account on the Florida Medicaid Secure Web Portal and complete online authorization to add Practice Insight as Agent with the role "Download 835".

**NOTE: Billing provider can contact Medicaid Florida at 1-800-289-7799 Option 5 to receive help with logging onto the web portal or for technical assistance in completing the online enrollment.**

1. Go to Web Portal URL: <https://home.flmmis.com/home/>
2. Log onto Billing Provider's account with Medicaid Florida
3. Select **Account Management**
4. Select **Add Agent**, You will be prompted to input the email address of your Agent/clearinghouse  
\*\*\*Agent = Practice Insight
5. Enter or select **Username = pinsight** (Practice Insight LLC)
6. Select "**Provider Portal**", select, "**Download 835**", select "**Trade Files**"
7. Click [**Save Changes**]

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### ALLOW 2-4 WEEKS FOR PROCESSING

*If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call Medicaid FL at 1-800-289-7799 Option 5 for assistance.*



# Electronic Data Interchange Agreement

Medicaid Provider ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

The Medicaid provider listed above is a (check one):  
 Provider       Billing Agent/Clearinghouse

## 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 5-digit or 6-digit 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.** \_\_\_\_\_

NOTE: If you do not provide the software vendor's Trading Partner ID, you will be required to test. \_\_\_\_\_

- **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 transaction and version types you plan to send/receive.**

- |                                  |  |
|----------------------------------|--|
| _____ 4010 - 820 Premium Payment | _____ 4010 - 835 Remittance Advice                     |
| _____ 5010 - 820 Premium Payment | _____ 5010 - 835 Remittance Advice                     |
| _____ 4010 - 837P Professional   | _____ 4010 - 834 Benefit Enrollment (Inbound/Outbound) |
| _____ 5010 - 837P Professional   | _____ 5010 - 834 Benefit Enrollment (Inbound/Outbound) |
| _____ 4010 - 837I Institutional  | _____ 4010 - 270/271 Eligibility Request/Response      |
| _____ 5010 - 837I Institutional  | _____ 5010 - 270/271 Eligibility Request/Response      |
| _____ 4010 - 837D Dental         | _____ 4010 - 276/277 Claim Status Request/Response     |
| _____ 5010 - 837D Dental         | _____ 5010 - 276/277 Claim Status Request/Response     |

- **Select the method of submission that you will use to transmit your transactions.**

\_\_\_\_\_ Web Portal / Software Vendor      \_\_\_\_\_ Provider Electronic Solutions (PES) (Replaces Winasap2003)

NOTE: If you are using a Billing Agent/Clearinghouse, skip this section.

If you select Provider Electronic Solutions (PES) to submit claims to Medicaid, please go to the website [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com) for a free download of the software. Should you experience any problems, call the EDI Helpdesk at 1-866-586-0961.



## Section 2: Florida Medicaid Billing Agent Agreement

**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, that submits claims to Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active provider number.
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.
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 or 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 Name: \_\_\_\_\_ Billing Agent  
Provider Number: \_\_\_\_\_

## Section 3: 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: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form to:**

**For Regular Mail:**

**HP Provider Enrollment**  
P.O. Box 7070  
Tallahassee, FL 32314-7070

**For Overnight or Express Delivery:**

**HP Provider Enrollment**  
2671 Executive Center Circle West  
Suite 100  
Tallahassee, FL 32301

(Florida Medicaid Program – Do not write below this line)

Received	By:	Date:
FMMIS Updated	By:	Date:

