Mailroom Operations Procedures Manual

Florida Medicaid Management Information System/ Decision Support System/Fiscal Agent Operations

Version 8.0 | April 24, 2020

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Document Information Page

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Version History

Summary of Changes

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Version 1.0	December 11, 2007	Frank Maxwell	Approved document
Version 2.0	April 2, 2009	Frank Maxwell	Updates to reflect Operations phase procedures.
Version 3.0	February 12, 2010	Nathaniel Weinert	Transition from EDS to HP Enterprise Services
Version 4.0	March 2, 2011	Christina Donahue	Updates to reflect new OPEX system, audit procedures, and outgoing mail process. • Edited Courier delivery time to Fort Knox in "External Courier Service" on page 3-1; • Edited Courier delivery time for Montgomery Building and AHCA in "Internal Courier Services" on page 3-1; • Edited postage meter monitoring information in "Accounting Codes" on page 5-3; • Deleted text that is now obsolete with the addition of information regarding OPEX in "Mail Screening" on page 6-1; • Edited detail in steps 2 and 3 of "CMS Crossover Claims Additional Screening Procedures" on page 6-4; • Edited detail in steps 2 and 3 of "UB-04 Crossover Claims" on page 6-6; • Changed text in "RTP – Return to Provider" on page 6-14; • Added section called "" on page 7-1; • Added "OPEX Scanners" on page 7-5. • Added paragraph 3 to "Document Storage / Retrieval" on page 8-1; and • Edited detail in "File Room Layout" on page 8-2.
Version 4.1 Draft	December 5, 2011	Christina Donahue	MFAO 68897-11 approved v4.0 without further edits.
Version 4.2 Draft	March 2, 2017	Eli Bell & Kevin McFee	• Updates to "External Courier Service" on page 3-1; • Updates to "HP Enterprise Services Department Locations" on page 4-4;

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
			• Update to "Accounting Codes" on page 5-3; • Update to "UB-04 Claims" on page 6- 5; • Update to "Dental Claims" on page 6- 6; • Update to "Pharmacy Claims" on page 6-8; • Update to "Out-of-State Claims" on page 6-8; • Updates to "OPEX Scanners" on page 7-5; • Inserted "P.O. Box Listing" on page A- 1; and • Removal of Appendix images. Logging processes are now electronic.
Version 4.3 Draft	June 30, 2017	Eli Bell	Comprehensive revision of manual per MFAO letter # 80795-17.
Version 4.4 Draft	September 1, 2017	Eli Bell	Comprehensive revision of manual per MFAO letter #81646-17.
Version 4.5 Draft	October 3, 2017	Eli Bell	Comprehensive revision of manual per MFAO letter #81885-17.
Version 5.0	October 13, 2017	Eli Bell	Approved in MFAO Letter #82060-17.
Version 5.1 Draft	May 31, 2018	Eli Bell	Addition of Sections 3.5 and 5.14.9 for addition of Email Medical Foster Care Prior Authorization Processing per MFAO letter 83167-18.
Version 5.2 Draft	June 21, 2018	Eli Bell	Updated Section 3.5.1 to better reflect Email Medical Foster Care Prior Authorization Processing. Edits per MFAO letter 83661-18.
Version 6.0	July 5, 2018	Eli Bell	Approved per MFAO letter #83792-18
Version 6.1 Draft	February 4, 2019	Daniel Stewart	Addition of Section 4.1: PE RTP Documents.
Version 6.2 Draft	March 5, 2019	Daniel Stewart	Updates to section 1.6 due to staffing changes. Revisions to sections 2.1 and 3.1, to reflect Self-Service initiative. Updates to sections 5.2, 5.11, 5.12 and 5.14 in reference to OOS claim batching and claim attachments. Update to section 7.2 due to staffing changes. Edits requested per MFAO letter #84995-19.
Version 6.3 Draft	April 17, 2019	Daniel Stewart	Deleted entry on "PSN Claims" (former section 5.6). Revised information in section 5.13.8 to reflect process updates. Updated screenshots in sections 9.1 step 5 and step 8.

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
			Edits requested per MFAO letter # 85246-19.
Version 7.0 Version 7.1 Draft	April 30, 2019 February 24, 2020	Daniel Stewart Bhavin Chokshi	Approved per MFAO letter #85564-19. Changes made per CAP: • Added comment to Action 3 in Section 3.2; • Added section 3.2.1; and • Added Appendix F.
Version 7.1 Draft	March 5, 2020	Bhavin Chokshi	Approved per CAP MFAO letter #87423-20.
Version 7.2 Draft	April 2, 2020	Bhavin Chokshi and Toyianna Williams	Changes made per MFAO letter #87565-20.
Version 8.0	April 24, 2020	Bhavin Chokshi and Toyianna Williams	Approved per MFAO letter #87692-20.
	December 3, 2020	Wendy Bunce	Updated with Gainwell branding.

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Table of Contents

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1   Overview

1.1   Mailroom Operations Employee Procedures Manual

The Mailroom Operations Employee Procedures Manual provides information necessary for the clerks of the Mailroom to perform their duties. The standards and procedures in this document are applicable to the members of Mailroom Operations. It is also a reference point for the Agency for Health Care Administration (Agency) staff to assess procedures for handling operational responsibilities. This procedures manual includes appendices with commonly used reference material that will be updated on a recurring basis.

1.2   Department Description

Mailroom Operations is the hub of the internal mail system for Gainwell and the interface with external mail processing. The mailroom uses high volume production scanners and a combination of manual data entry and automated form classification and data capture systems, to transform thousands of paper documents every day into useful digital information to be stored in OnBase, Gainwell's document imaging repository. The mailroom provides secure document scanning, mail sorting, screening, and indexing of mail documents. Then, the department routes mail to the correct internal and external recipients.

1.3   Department Responsibilities

Mailroom Operations' objective is to efficiently and effectively process incoming and outgoing Medicaid mail received for the State of Florida while upholding the standards set forth by our client. Mailroom Operations provides the following support:

- Mail sorting and distribution;
- Incoming/Outgoing mail processing;
- Internal/External Courier services;
- Document Imaging;
- Document Storage/Retrieval/Destruction;
- Deactivation of Plastic Medicaid Identification Cards (PMIC);
- Light Data Entry;
- Performance to agreed specified Service Level Agreement(s);
- Interaction with mail carriers and staying up to date on all postal regulations;
- Creation and monitoring of inventory, performance metrics, and cost tracking reports in required detail; and
- Support of Provider Enrollment in the data entry and processing of Enrollment Applications, New Service Type or Address Request Forms, and Out of State Enrollment Applications.

1.4   Mailroom Operations Quality Control

Each month, the Gainwell Quality Assurance (QA) team provides the Mailroom unit and the Agency with a report card of the unit's performance. This report card contains Service Level Agreements (SLAs), which are measured contractual obligations for the unit. Specifically, the Mailroom Operations unit is measured on the following items:

- Entering provider submitted file update requests into the work queue within three (3) workdays, unless the State grants another time frame (Complete imaging and creation of the Contact Tracking Number (CTN)).
- Ensuring entire (provider) application and supporting documentation are accurately imaged and viewable.

1.5   Mailroom Operations Management and Staff

The Mailroom is composed of the claims operations manager, mailroom supervisor, mailroom team lead, courier, and mailroom clerk(s). This section outlines the role responsibilities for the positions within the Mailroom.

Claims Manager

The claims manager is responsible for the management and supervision of the daily activities of Mailroom Operations, including productivity, quality, training, coaching, organizing, planning and staffing operations. The claims manager provides direction and oversight in department project managing, mailroom inventory management, and developing and updating department policies and procedures. The claims manager also provides technical and professional leadership to the department and to internal and external business partners.

Mailroom Supervisor

The mailroom supervisor oversees all mailroom activities, including the sorting and delivery of incoming mail, the preparation and sending of outgoing mail, and reports directly to the claims manager. The mailroom supervisor monitors inventory, as well as reorders mailroom supply items, as needed. The mailroom supervisor assists in the development and implementation of department policies and procedures in accordance with Agency policy, state and federal laws. The mailroom supervisor has thorough knowledge of the functional area under his/her supervision and acts as the subject matter expert for his/her unit. The supervisor provides direct leadership to mailroom staff to include training, coaching, organizing, planning and assisting with staffing operations in accordance with company policies and applicable laws.

Mailroom Team Lead

The mailroom team lead is responsible for the timely monitoring and processing of incoming and outgoing Medicaid mail that is received by Gainwell for the State of Florida, while upholding the standards set forth by our client in accordance with state laws, policy, and company procedures. The team lead serves as a mentor and trainer to the mailroom clerks. The mailroom team lead helps assign work to all associates in an accurate, timely manner. The mailroom team lead serves as a direct assistant to the mailroom supervisor to assist with quality assurance, mailroom requests, client research issues, metric/inventory reporting, and workload distribution.

Mailroom Courier

The mailroom courier is responsible for delivering and retrieving mail from the post office as well as the Medicaid Fiscal Agent Operations (MFAO) offices in Tallahassee. The courier is also responsible for the delivery of mail for all internal Gainwell departments. Mailroom Operations sends out a small amount of outgoing mail generated by other Gainwell departments, which is sorted and metered by mailroom clerks and delivered to the Post Office by the mailroom courier. The bulk of outgoing mail is generated by Gainwell Print Operations and delivered by the mailroom courier. The process for this operation is outlined in the Print Operations Procedures Manual.

Mailroom Clerk

The mailroom clerk is responsible for: opening, sorting, screening, scanning, and imaging daily incoming mail for distribution to all internal Gainwell departments, as well as MFAO offices. The mailroom clerk is also responsible for receiving outgoing mail and ensuring items are packaged properly for mailing. The mailroom clerk is responsible for ensuring secure storage and timely retrieval of confidential records, reports, and contents relating to the Fiscal Agent Operations for the Florida Medicaid Account. Additionally, the mailroom clerk is responsible for the deactivation of Plastic Medicaid Identification Cards (PMICs).

Mailroom Provider Enrollment (PE) Clerk

The mailroom provider enrollment clerk is responsible for the accurate entry of provider information for Florida Medicaid provider applications or provider documentation received through the mail. The mailroom provider enrollment clerk's duties consist of batching and preparing enrolled provider documentation for scanning, as well as the deactivation of PMICs.

1.6   Organization Chart

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                    ┌─────────────────────┐
                    │    Bhavin Chokshi    │
                    │    Claims Manager     │
                    └─────────────────────┘
                              │
                    ┌─────────────────────┐
                    │  Toyianna Williams   │
                    │  Mailroom Supervisor │
                    └─────────────────────┘
                              │
          ┌───────────────────┴───────────────────┐
┌─────────────────────┐               ┌─────────────────────┐
│ Janniel Angus Bayard │               │  Tricia Singletary  │
│      Team Lead       │               │     Team Lead        │
└─────────────────────┘               └─────────────────────┘
          │                                       │
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│ Provider Enrollment  │ │   Mailroom Clerks    │ │      Couriers        │
│       Clerks         │ │                      │ │                      │
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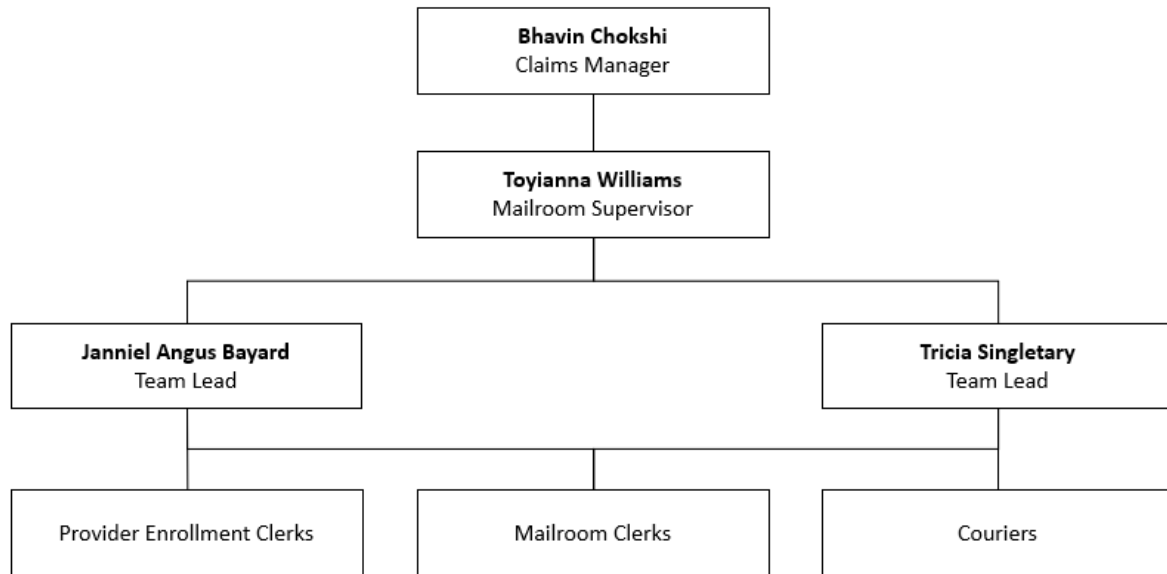
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2 Tools and Resources

This section provides a brief explanation of the tools and resources Mailroom Operations uses to perform daily job functions.

2.1 Florida interChange MMIS

Florida interChange Medicaid Management Information System (FMMIS) serves as a primary resource tool for mailroom to facilitate certain tasks, such as deactivation of PMICs. The FMMIS interChange provides timely communications, data exchange, and self-service tools for providers and health plans with both secure and public access areas. Once a Provider ID is established and a login is provided, providers can enter the secure Web Portal to access claims and remittance information, as well as check eligibility for beneficiaries.

2.2 HIPAA

Health Insurance Portability and Accountability Act of 1996 (HIPAA) is United States legislation that provides data privacy and security provisions for safeguarding medical information. HIPAA, also known as Public Law 104-191, has two main purposes: to provide continuous health insurance coverage for workers who lose or change their jobs, and to reduce the administrative burdens and cost of healthcare by standardizing the electronic transmission of administrative and financial transactions. Other goals include combating abuse, fraud and waste in health insurance and healthcare delivery and improving access to long-term care services and health insurance.

Title II of HIPAA establishes policies and procedures for maintaining the privacy and the security of individually identifiable health information, outlines numerous offenses relating to health care, and establishes civil and criminal penalties for violations. It also creates several programs to control fraud and abuse within the health-care system. Title II requires the Department of Health and Human Services (HHS) to increase the efficiency of the health-care system by creating standards for the use and dissemination of health-care information.

These rules apply to "covered entities" as defined by HIPAA and the HHS. Covered entities include health plans, health care clearinghouses, such as billing services and community health information systems, and health care providers that transmit health care data in a manner regulated by HIPAA.

All mail should be batched upon receipt. No claims are to be placed in the desk, under the desk, or in the overhead storage bins. All claims must be identified and dated. Each tub and tray of mail will include a tracking slip with the correct Julian date. Claims are received, screened for critical data, batched, and scanned upon receipt.

2.3 Gainwell Sensitive Mail Policy

Sensitive information must be appropriately safeguarded at all times and protected according to Gainwell policies, Gainwell information handling security requirements, and Gainwell's contractual or other legal obligations. The instructions below are essential to the protection of sensitive information when handling and shipping this kind of information on hardcopy, microfiche or microfilm, electronic media, or electronic devices.

When sending information internally to Gainwell, follow Gainwell security policies and standards.

It is preferable to transfer sensitive information electronically. When possible, the information should be encrypted, or the transfer performed using an encrypted network connection. If the client prefers the data to be shipped, client sign-off must be obtained through contractual terms or letter of agreement (MFAO Letter).

If you must send sensitive information physically, using internal mail, external mail, or other courier services, the information must be encrypted, or the media and/or device must be appropriately protected and have your supervisor's approval before being sent.

When shipping sensitive information including PHI and PII, in the U.S., the information must be hand-delivered by authorized personnel or sent by a courier service that provides origination-to-destination tracking and proof of delivery.

- FedEx is the U.S. domestic supplier for PHI and PII information, excluding State Remittance Advices. The sender will need to select an express air service to avoid delays in transit.
- DHL is the preferred supplier for U.S. export shipments.
- A bonded and insured local courier service should be used for intra-city deliveries.
- United States Postal Service (USPS) and United Parcel Service (UPS) are not preferred.
- If the client prefers the use of their own carrier other than the Gainwell carriers and service levels listed above, and provides an account number for shipping, client sign-off must be obtained through contractual terms or letter of agreement (MFAO Letter).

2.4   File Room

There is limited access to the file room and only authorized personnel are to be admitted. All authorized persons who wish files to be manually retrieved, must provide a written request to Mailroom leadership. No records or equipment will be removed without approval. File room inventory consists of claims forms, reports, provider files that are scanned and imaged, and equipment (computer hardware, office furniture).

Note: The majority of Florida Medicaid files are now available electronically, and only on very rare occasions are physical files requested.

2.5   MEUPS

Medicaid Enterprise User Provisioning System (MEUPS) provides secure access to the secure Web Portal, interChange, iTRACE, FMMIS Helpdesk application, OnBase, Learning Management System (LMS), Letter Generator, and DSS (not all of these applications will be referenced in this manual as the Mailroom Operations unit does not utilize all of them).

2.6   OnBase

OnBase is the document image repository which houses all paper claim and correspondence documents submitted to Gainwell Technologies by Florida Medicaid health care providers. OnBase is housed in and accessed with FMMIS.

2.7   FormWorks

Mailroom clerks use FormWorks, formerly Recognition Research Incorporated (RRI), Health Insurance software, for imaging documents and data capture resolution. The keying software is modified to support the Florida Medicaid Management Information System (FMMIS), which houses the information used to provide service and support to our client. The SunGard software utilizes Intelligent Character Recognition / Optical Character Recognition (ICR/OCR) and red dropout on red forms, when possible, to automatically capture as much data as possible and to improve accuracy. The mailroom clerks primarily work within the Inventory Client and Scan applications, which provide a way to create and enter documents into the FormWorks system, and to track the status of those documents.

2.8   Kodak Scanner

The Kodak scanner is used to scan all types of claim documents and attachments, as well as all other types of documents that are processed on the Florida Medicaid account. The scanner is used to create digital images so they can be viewed or processed electronically within OnBase or FMMIS.

2.9   OPEX Scanner

The OPEX Scanner is used to scan claim documents, claim attachments, and RTP claims only. This scanner is used to process the high volume of incoming mail claims that are received. The OPEX scanner is unable to scan Medicaid Part-C claims, other specialty claims, or any documentation that requires additional information for processing.

2.10 Julian Date

A Julian date is a calendar notation in which the date is represented by a whole number. Each day of the year is assigned a numerical value. For example, January 1, 2017 would be assigned a Julian date value of 001 as it is the first day of the calendar year, each subsequent day is then incremented by one (1). Gainwell utilizes Julian dates to track all incoming claims and correspondence.

2.11 Internal Control Number

The Internal Control Number (ICN) is a thirteen (13) digit numeric code assigned to each claim, which uniquely identifies the source from which the claim was received and the date the claim record was received for processing. Each record is also assigned a claim type to further distinguish the type of record.

10	16210	999	999
Region	**Julian Year & Date**	**Batch**	**Sequence**

2.12 Mavro

The OPEX system utilizes Mavro software to classify, sort, and batch the claims/attachments. After the scanning process is completed, the batches are sent to the Mavro Keying Stations to be verified. This software releases claim batches into the FormWorks software to be keyed by the Data Capture department.

Mavro is an imaging software program used on a scanning station within the mailroom. The software ensures that documents are properly translated into Gainwell's image repository, OnBase. The Mavro tracking information (ICN) is printed on the back of the batch in red ink on the edge of the claim.

The identification number on Mavro batches are comprised as follows:

- The first number (ex. 20170106) is the scan date of the claim;
- The next series of numbers (ex. 00226585) use the 8-digit Mavro Batch number that will be on the cover sheet of the Mavro batch; and
- The next two numbers identify the claim sequence within the batch (ex. 03- third claim in the batch).

2.13 Batches

Documents are separated into groups of fifty (50) or fewer and are separated by document type and classification type to prepare for the imaging process. This allows like documents—either those that are of the same claim or the same provider type—to be imaged together, to keep images sorted throughout the imaging process, and to be directed to the correct location for the next step in their processing.

2.14 Batch Release

Batch release is a process in which either the mailroom supervisor or team lead reviews claim batches that have been scanned with the OPEX scanner into the Mavro software for Julian date integrity and then releases them into FormWorks so that Data Capture Department can complete the next steps in the process for the claims. Batch release is performed daily.

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3 Incoming Mail Process

3.1 Carrier Mail

In addition to receiving mail from the US Postal Service, we also receive deliveries from national carriers. When packages from the carriers are received, they should be logged, sorted, and delivered as soon as possible.

Note: Occasionally, carriers will deliver mail we cannot deliver—for example, a package that is not for Gainwell/Agency, or for an employee who no longer works at Gainwell—and is deemed undeliverable. In such a case, the package is returned to the carrier at its next delivery time.

Gainwell receives packages throughout the day from the most common carriers including:

- DHL;
- UPS;
- FedEx;
- FedEx Ground;
- USPS;
- Pony Express; and
- Any other delivery service or vendor.

3.2 USPS Mail

Both the courier and mailroom clerks are involved in the incoming mail process. The courier begins the process, but the clerks and courier work closely together throughout the day to continue processing incoming mail. In the table below, note the interaction between courier and clerks.

Step	Action	Results	Comment
1	The mailroom courier retrieves incoming mail from local post offices twice each business day.	Mail retrieved from local post offices is delivered to the Gainwelll Mailroom by the Mailroom Courier.	• The incoming mail is segregated by the use of nine (9) different post office box numbers (See Appendix B).
2	The courier pre-screens the mail, reviewing each item's P.O. box and contents to identify its appropriate distribution path.	Each item is moved to the next step in its individual path, whether directly to a department or to a clerk for scanning. For example, correspondence directed to an individual, would, at this point, be distributed to that person's department.	• Pre-screening is done with mailroom clerks' assistance. • For more information regarding screening, refer to the Screening section of this manual.
3	The mail is then distributed multiple times a day to the required Agency offices in Tallahassee, as well as all internal Gainwell departments.		• MFAO mail is placed in a separate container by the mailroom screeners. The Team Lead verifies the mail is sorted correctly and sends the MFAO-designated mail to MFAO via inter-office envelope daily. See Section 3.2.1.

Step	Action	Results	Comment
			• Any interoffice envelope sent to MFAO from Gainwell must have clear indication that it is from the Gainwell mailroom.

3.2.1 MFAO Recipient Services Mail

MFAO Recipient Services incoming mail is received throughout the day from various sources. This includes mail brought in by the mailroom courier and mail brought in by outside carriers. Mailroom staff pre-screens, sorts, and delivers Recipient Services mail, via courier, at least daily. It is necessary to ensure mail is delivered daily to MFAO, as many documents are time sensitive. The table below outlines the process that the Mailroom staff follows to deliver incoming MFAO Recipient Services mail after it has been pre-screened by the courier.

- Mail that is determined to be for MFAO is placed in a separate mail container located on the Team Lead's desk labelled Recipient Services.

- Daily, a Mailroom Team Lead will verify that the mailroom pre-screeners (clerks sorting the mail) are placing MFAO mail in the correct location.

- Daily, the Team Lead will place all MFAO mail in an inter-office envelope noting the number of pieces that are to be sent to MFAO and indicate on the envelope that the mail is from Gainwell's Mailroom.

- Daily, the Mailroom courier will retrieve the inter-office envelope labelled Recipient Services. If there is no mail, the courier will confirm this with the Team Lead.

- Daily, the Team Lead and the Mailroom Courier will complete the MFAO Recipient Services Mail Log located next to the Recipient Services mail container. Even if there is no mail, the log should be completed each day. See Appendix F.

MFAO Recipient Services Mail Log

DATE	# of MAIL PIECES	TEAM LEAD SIGNATURE	PICK-UP TIME	COURIER SIGNATURE

MFAO Recipient Services Mail Log

- Daily, the Mailroom Courier will deliver the inter-office envelope to the AHCA Receptionist's office located on the first floor of the Montgomery building. The inter-office envelope should be placed in the cubby labelled Recipient Services.

- If there is no mail for MFAO, the Team Lead will email Mailroom Management informing them that the Mailroom received no mail for MFAO for the workday.

3.3 Mail Screening for Document Preparation

Prior to opening the mail, the mailroom clerks sort through the tubs and trays to direct misdirected mail to the appropriate departments (See Section 3.4).

Step	Action	Results	Comment
1	The courier opens the mail using an Omation automated envelope opener		• The mail should be jogged or tapped down to make sure the

Step	Action	Results	Comment
	by placing each mail item in a tray slot.		opener does not cut or damage the mail inside.
2	To maintain Julian date integrity, mailroom clerks will place a claim workflow sheet in each incoming tub or tray that has been identified as claim mail items. All other mail that is identified is distributed to the correct department or process within the mailroom.		• See sample of Workflow sheet below.

FILE LOCATION: K:\Procedures\Labels & Signs

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1	7			

TUB # _____   **TRAY #** _____

Prescreening 1 🕐	Prescreening 2 🕐	Prescreening 3 🕐
PRESCREEN INITIALS_____	PRESCREEN INITIALS_____	PRESCREEN INITIALS_____
START TIME_____	START TIME_____	START TIME_____
STOP TIME_____	STOP TIME_____	STOP TIME_____

Scanner 1 🕐	Scanner 2 🕐	Scanner 3 🕐
PRESCREEN INITIALS_____	PRESCREEN INITIALS_____	PRESCREEN INITIALS_____
START TIME_____	START TIME_____	START TIME_____
STOP TIME_____	STOP TIME_____	STOP TIME_____

Sample Workflow Sheet

Step	Action	Results	Comment
3	Upon completion of each tub and/or tray of mail, the clerk in charge of screening is to record the date and time on the claim workflow sheet and submit it to the team lead. (See below example).	Once all of the mail for each Julian date has been completed, the claim workflow sheets can be discarded.	

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MAILROOM SCREENING SIGN OUT – TUBS AND TRAYS

JULIAN DATE:

TUB #	SCREENER NAME	SIGN OUT DATE	SIGN OUT TIME	SCREENER INITIALS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

TRAY #	SCREENER NAME	SIGN OUT DATE	SIGN OUT TIME	SCREENER INITIALS
1				
2				
3				
4				
5				
6				
7				
8				
9				

Mailroom Screening Sign-Out Sheet

3.4   Secondary Review in Preparation for Scanning

Once the mail has been screened, separated, and distributed, the items are further reviewed by mailroom clerks in preparation for scanning.

Step	Action	Results	Comment
1	Mailroom clerks sort incoming mail in tubs or trays.	Items that belong to other departments or MFAO are distributed to the corresponding area. Items that are determined to be processed within Mailroom Operations are distributed to mailroom clerks, who process the mail item.	• The mailroom clerk sorts incoming mail from post office based on P.O Boxes to determine what process or department the mail item is forwarded to.
2	Mail items identified as incoming claim documents are forwarded to mailroom clerks, who complete the pre-screening process for claims.		
3	Mail items identified as incoming provider documentation are forwarded to provider		

Step	Action	Results	Comment
	enrollment mailroom clerks, who complete the provider documentation processing.		
4	Mail identified as addressed to Gainwell with no other name. The mailroom clerk opens this mail to determine its destination.		• If the receiver of the mail is unknown, the mailroom clerk gives the mail to the mailroom supervisor for further investigation.
5	The mailroom clerk places misdirected mail in the outgoing mail area for re-delivery by the mailroom courier.		• Misdirected mail is mail sent to the wrong department that needs to be redistributed.
6	Mailroom clerks should give all **Unidentifiable** mail to the mailroom supervisor for further research. If the mail is determined to be undeliverable, the mailroom clerk will log the mail and place it in a dead file located in the Document Storage area.	The mailroom supervisor will further investigate the unidentifiable mail to try to obtain a valid address for the mail contents.	• **Dead File:** Is a log for mail determined to be undeliverable due to the contents, or condition of the package or envelope it was received in causing the correct destination to be undetermined.
7	The mailroom clerk will log mail identified as **Certified/Restricted** into a database with the date, tracking number, office or department, and type of carrier.		• See: <u>Certified Mail/Restricted Mail Examples in Appendix A.</u>
8	The mailroom courier will have the addressee or designated recipient sign for each piece of mail delivered as proof of receipt.		

3.5 Medical Foster Care Prior Authorization

Gainwell accepts supporting documentation for Medical Foster Care Prior Authorization (PA) requests via a processing mailbox at the email address <u>medfostercarepa@dxc.com</u>. Documents received via the processing mailbox are printed and imaged into Gainwell's document image repository, OnBase. The Agency receives an auto-reply email confirming receipt for all inbound document processing requests submitted to the mailbox (see image below).

All documents submitted to the processing mailbox must be encrypted and include a Prior Authorization Scanning coversheet. Documents submitted without a Prior Authorization Scanning coversheet will be returned to the Agency email address on the document submission request.

Thank you for contacting the **Florida Medical Foster Care Prior Authorization** mailbox. This mailbox is for the submission of Medical Foster Care Prior Authorization documents for image processing. All document submissions must be sent securely and include a **Prior Authorization Scanning** coversheet. Documents submitted to the mailbox without a **Prior Authorization Scanning** coversheet will be returned to the email address contained within the request.

This email is confirmation that your document(s) has been received for processing. Please **do not reply** to this message. Replies to this message are routed to an unmonitored mailbox.

Medical Foster Care Prior Authorization Support Team
medfostercarepa@dxc.com

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2562 Executive Center Circle, Suite 200
Tallahassee, FL 32301

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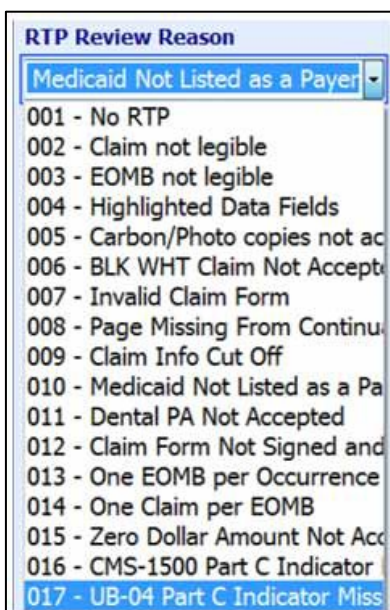
Medical Foster Care Prior Authorization Submission Email Confirmation

3.5.1 Provider Emails

The Gainwell Medical Foster Care Prior Authorization mailbox provides an online method for the Agency to submit supporting documentation for imaging. The online process provides a cost savings to the Agency by reducing the need to mail documents to Gainwell.

The steps below outline the verification process for all inbound email submissions to the mailbox.

Step	Action	Results	Comment
1	Verify the subject line reads: **Medical Foster Care Prior Authorization**.		
2	Verify the body of the email requesting processing of medical foster care prior authorization includes the provider ID for the associated documents.		• The provider ID is required to ensure the clerk attaches the document to the correct Provider file in OnBase.
3	Verify the Agency has attached a completed Prior Authorization Scanning coversheet with each email submission.		• If the email is submitted without a completed Prior Authorization Scanning coversheet or invalid data that prevents processing, the documents are RTPed via the email address within the request.

Thank you for contacting the **Florida Medical Foster Care Prior Authorization** mailbox. The processing request for **Provider ID: 000000000** is being returned to you for corrective action. Please see the attached notification.

Please correct the error(s) indicated in the attached notification and resubmit the document(s) to medfostercarepa@dxc.com. All document submissions must be sent securely and include a **Prior Authorization Scanning** coversheet.

Please **do not reply** to this message. Replies to this message are routed to an unmonitored mailbox.

Medical Foster Care Prior Authorization Support Team
medfostercarepa@dxc.com

DXC.technology

DXC Technology
2562 Executive Center Circle, Suite 200
Tallahassee, FL 32301

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Sample RTP email

Step	Action	Results	Comment
4	All PHI submitted to Gainwell *should be* submitted via an encrypted email. Verify that email containing PHI has been encrypted. Emails containing unsecured information may still be processed.		• If the email is not sent securely, but contains all the pertinent information, reply to the Agency email—removing the attachment and all sensitive information—notifying the Agency that all documents must be sent securely.
5	Go to Section 5.14.9 to process Medical Foster Care Prior Authorization requests.		• See Section 4 for image of RTP letter.

4   RTP – Return to Provider

Some claims received by Gainwell cannot be processed as received. Critical information may be missing, or the incorrect form may have been submitted. Gainwell is required to return the documents to the submitter. After the claims are scanned into the OPEX system, they are verified in the Mavro Keying Station by a clerk. Use the following instructions to process RTPs directly from the Mavro program:

Step	Action	Results	Comment
1	Identify problems that need to be corrected and select all items from the drop-down boxes in the Mavro system.	Example see below:	• Multiple reasons may be selected and indicated on the same RTP letter if there are multiple errors.

RTP Review Reason Drop-down Box

Step	Action	Results	Comment
2	The RTP template on the Mailroom drive may be used when we need to RTP for a reason not listed in the Mavro system and the claims cannot be imaged, such as damaged claims.	Example see below:	• Consult your supervisor or team lead for direction if an RTP must be created outside of the normal process listed above. For example, documents over 200 pages attached to the same image cannot be scanned.

DXC.technology

P. O. BOX 7060
Tallahassee, Florida 32314-7060

8/30/2017

0 6 0 3

Dear Provider:
The attached claim(s) is being returned for the following reason(s). These items require correction before the claim(s) can be processed. The claim reference number can be found printed in red in the box below. All resubmissions must be on official red and white claim forms.

☐ **PROVIDER NUMBER:**
*Field 33A must have 10 digits AND/OR
*Field 33B must have 9 digits with a "1D" prefix.
   ☐ Missing
   ☐ Incorrect
   ☐ Not legible
   ☐ Not in correct field
*Federal Tax ID number is not the same as Medicaid Provider number.

☐ **TYPE OF BILL (UB-04):**
   ☐ Missing
   ☐ Invalid
   ☐ Not legible
*Refer to Provider Manual for valid Medicaid Type of Bill codes.

☐ **UNABLE TO IMAGE:**
   ☐ Claim
   ☐ EOMB
   Due to:
   ☐ Print too light
   ☐ Print too dark
   ☐ Print too small
   ☐ Highlighted data fields
   ☐ Unclear print/unclean paper/Dark tint on paper
   ☐ Not legible
   ☐ Do not use correction fluid
   ☐ All information must stay within the designated fields
   ☐ Carbon copies are not accepted
   ☐ Photo copies not accepted. Please resubmit on official red and white claim form.

☐ **CLAIM FORM IS NO LONGER ACCEPTED. RESUBMIT CHARGES ON VALID CLAIM FORM.**

☐ **BLACK AND WHITE CLAIM FORM NOT ACCEPTED.**
*Photo copies not accepted. Please resubmit on official red and white claim form.

☐ **EOMB INFORMATION DIFFERENT FROM CLAIM INFORMATION**
   ☐ Dates of Service
   ☐ Recipient Name
   ☐ Procedure Code
   ☐ Billed Amount

☐ **EOMB INCORRECT**
   ☐ Necessary information is cut off
   ☐ EOMB headings missing
   ☐ Date paid is missing/cut off/not legible
   *Must be on same page as EOMB occurrence
   ☐ All required information must be on same page
   ☐ Only one EOMB occurrence per claim form

☐ **CLAIM FILING INSTRUCTOINS**
   ☐ Resubmit on UB04 claim form
   ☐ Claim form/Claim Attachment form needed
   *Claim Attachment form must include a control number
   ☐ Cannot accept claim with $0.00 total charge
   ☐ Page missing from continuation
   ☐ Medicaid must be listed as a payer (Refer to Medicaid Provider Reimbursement Handbook, UB-04, pg. 1-35).
   ☐ Only one total charge per continuation
   *Total charge must be only on the final page of the claim.

Appeals for Medicare denials must be submitted to your area office

☒ **OTHER:**

Claim Reference Number

Operator ID

Please make the necessary corrections and resubmit for processing. If you have any questions, please contact our Provider Services Group, open Monday through Friday, 7am to 6pm at 800-289-7799 and refer to the reference number printed in red in the box above. Out of State Providers, please call 800-955-7799.
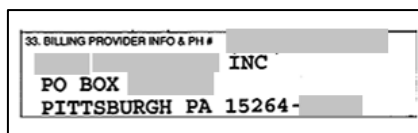
RTP Template

Step	Action	Results	Comment
3	Supervisor places the RTPs in a folder on the Print Ops drive to be printed every Tuesday and Thursday. If this falls on a holiday, the RTPs are printed the following business day.	The RTP letter, claim forms, and all attachments are delivered to the Mailroom. They are placed in the appropriate envelopes (PO Box 7060) and put in the outgoing mail bin.	**Best Practices:** When possible, insert the documents so the provider address indicated on the claim form appears in the address window of the envelope.

Step	Action	Results	Comment
4	When typing the provider address on the RTP form, verify that the address matches the provider's address as indicated on the claim form.	See examples below: • RTP Letter Form for the address • Mailing address on the Claim Form	**Best Practices:** When in doubt, contact your team lead or supervisor for assistance.

P. O. BOX ▮
Tallahassee, Florida 32314-▮

▮ ▮ INC
PO BOX ▮
PITTSBURGH   PA   15264

RTP Letter Form (Address)

33. BILLING PROVIDER INFO & PH # ▮
▮ ▮ INC
PO BOX ▮
PITTSBURGH PA 15264-▮

Mailing Address on Claim Form

4.1   PE RTP Documents

As of February 4, 2019, all Medicaid provider file change requests must be submitted electronically via the Florida Medicaid Secure Web Portal at http://home.flmmis.com. Providers should visit the secure Web Portal to complete the requested changes. Providers can enter changes to their address, group membership, Electronic Funds Transfer (EFT) account, and Electronic Data Interchange Agreement on the secure Web portal. All other change request types must be submitted using the Trade Files Upload panel on the secure Web portal. As a result of this change, provider file change requests received by mail must be returned to the provider, accompanied by a letter reminding the provider of the new submission method.

Step	Action	Results	Comment
1	Generate the RTP letter through the RTP Letter tool that is located in the Provider Maintenance panel in FMMIS.		
2	The RTP Letters are printed by Print Operations and delivered to the mailroom staff each morning.		
3	The Mailroom PE staff batches the printed RTP letters with the documents to be returned to the provider.		
4	The batches are imaged by the Imaging unit.		

4.2   Damaged Mail

The department may receive mail from the Post Office that has been damaged prior to arrival. The following directions must be followed:

Step	Action	Results	Comment
1	The damaged mail is to remain in the envelope from the Post Office.		
2	Place the damaged mail in a large envelope to return to the provider.		
3	Address the envelope to the correct address that appears on the damaged mail envelope.		
4	Place in outgoing mail.		

If there are any questions, consult your team lead or supervisor for assistance.

5   Document Preparation

Mailroom clerks perform document preparation, which consists of two (2) different functions; mail screening and document imaging. The purpose of document preparation is to identify incoming mail and direct it to the correct department and process so that the mail can be processed correctly.

5.1   Batching for Kodak and OPEX

5.1.1 Kodak Batching

Batching for the Kodak requires mailroom clerks to separate claims and other documents by their batch type and document type to ensure that each document is imaged under the correct classification.

For batches of claims with no attachments, the Kodak scanner automatically increments the sequence number by one until the desired batch size is reached, then the batch number range is incremented by one to allow for maximum speed in processing. For batches of claims with no attachments the normal batch size is fifty claims (document numbers 0-49). Batches that consist of documents that are not claims require a Patch-2 sheet for separation so that documents are not merged together, and each receives a document control number (DCN).

Example of Patch-2 Sheet

For batches with attachments, a patch sheet will be inserted into the bundle of screened claims. The 'Type-2' patch sheet is inserted before each claim, with attachments, and automatically increments the document number.

Claims that are classified as Multi Claims with attachments requires not only a Patch–2 sheet for separation, but an additional Patch–1 sheet for separating the attachment from the claims. This must be inserted after the last claim and before the attachments begin.

Example of Patch-1 Sheet

5.1.2 OPEX Batching

Batching on the OPEX does not require any Patch separation; claims must be batched together based on their claim type and classification as listed below, in batches of 50 or fewer. Mavro scanning software separates the image automatically.

Claim Type:

- UB-04
- CMS-1500
- Dental Claim Form

Classification:

- Single Form
- Claims with Attachments
- Multi Claims
- Multi Claims with Attachments

5.2 Sorting and Screening

The priority for the mailroom clerks each morning is to sort the daily incoming mail in preparation for scanning. Tubs and trays of mail are pre-screened for paperclips, staples, out-of-state claims, dental claims, claims attachments, and miscellaneous mail for other departments. The claims are then taken to the scanners. The clerks scan the mail through the OPEX scanner. The OPEX scanners will look at each claim for required information.

Step	Action	Results	Comment
1	Remove the contents of each envelope, unfold the contents and remove all paper clips, staples, or other fasteners, ensuring the claim remains with its associated attachments.		• Removing all fasteners prevents any damage to the Kodak and OPEX scanner during the scanning process.

Step	Action	Results	Comment
2	Check the contents of each envelope for a sender's name and mailing address before the envelope is discarded.	If the contents of the package/envelope contain a check, the mailroom clerk will: • Ensure the check remains with the envelope and any other contents contained therein. • Immediately secure the check in the designated secure location. Once a day, the banking associate will retrieve the checks from the mailroom for processing.	• This will minimize the number of claims, documents, and correspondence that cannot be returned to a provider, (dead claims). If the sender's mailing information is only found on the envelope, keep the envelope with the contents until the correct action can be taken on the document. Otherwise, discard the envelope.
3	The mailroom clerk identifies the provider number and provider address. If the information is not provided and cannot be determined for RTP, forward the claim to the mailroom supervisor to be researched.	The mailroom supervisor reviews all information supplied on the claim and envelope to determine a valid address or point of contact. If no address is found, the claim will be held in the dead file for sixty days, then destroyed.	• Since the provider name and/ or address may not be on the claim, these claims are filed by Julian date of receipt.
4	The mailroom clerk identifies any attachment smaller than 8 1/2 by 11 inches, tapes it to a blank 8 1/2 by 11-inch piece of paper so it can be easily scanned.	If the attachment is two-sided, make copy of the back, and attach it as well.	
5	The mailroom clerk identifies UB-04, CMS 1500, Dental form ADA 2012, Pharmacy Inpatient and Outpatient: **Note:** The UB-04 inpatient and outpatient claim form requires additional sorting.	These claims can be submitted on continuation pages, meaning a claim for the same provider, recipient and date(s) of service may be billed on more than one UB-04 and may be identified as **page 1 of 3, page 2 of 3, page 3 of 3** and so on, or multiple UB-04 claim forms stapled together, or a UB-04 without a revenue code of 0001 (total charge) would indicate additional pages to follow.	• The continuation inpatient and outpatient should be batched and scanned separately from the inpatient and outpatient singles and attachments.
6	The mailroom clerk identifies claims and documents that do not contain the required	The RTP letter is placed in front of the claim or document, folded together in a manner so the provider	• This step helps identify claims that can be RTPed and processed

Step	Action	Results	Comment
	information on the claim form and are classified as RTP. In-State claims without an Exceptional Claims Processing worksheet are also identified. They are batched together based on the RTP reason(s) and sent to imaging.	address on the claim or document fits into a window envelope. Place these claims in the outgoing mail bin.	in the mailroom instead of being RTPed by the Data Capture department reducing production time. • RTP reasons: o In-State Paper Claim o No Signature o Invalid Claim Form o Carbon/Photo Copy o Black & White Claim o Medicaid Not Listed as Payer o Invalid Type of Bill o Missing Box 1 Indicator o Missing NPI – 33a and 33b
7	Next, the mailroom clerk separates and batches claims together by type and classification, such as: • Single Claims • Claims with Attachments • Multiple Claims • Multiple Claims with Attachments • Crossover Claim Multiple Crossover	This step identifies for the mailroom clerk how to batch the claims and determines what scanner the claims will be scanned and processed under—the OPEX or Kodak.	• All attachments must remain with the corresponding claim. • The following are typical attachments accompanying claims: o Sterilization Consent; o Hysterectomy Forms; o Abortion Statement; o Prenatal Risk Assessment; o Medically Needy Billing Authorization (2902); o Explanation of Benefits (EOBs); and o Explanation Of Medicare Benefits (EOMB).

5.3 Altered EOMBs

Some claims with attachments require more processing and further review such as Explanation of Medicare Benefits (EOMB).

Altered EOMBs must be completely legible and copied in their entirety. The only acceptable alterations or entries on an EOMB are as follows:

• The provider may draw a single line through any claim line that has been previously paid by Medicaid, has been paid in full by Medicare, or which the provider chooses not to bill Medicaid.

- The provider may thus draw a single line through a claim line on the Explanation of Medicare Benefits (EOMB). The claim total on the EOMB must be updated to reflect the deleted line.
- The claim line(s) or recipient section on the EOMB being submitted for reimbursement must be circled.

5.4 Screening CMS-1500 Claims

Mailroom clerks must screen CMS-1500 claim forms to determine the appropriate action to be taken on the claim. Those actions consist of forwarding to the image process, RTPing the claim, or forwarding to the correct department.

The table below identifies the fields / field numbers, locations, and actions to be reviewed on the CMS-1500 claim form for screening purposes so the correct action can be taken.

Look For	In Field	At Location on Form	Take Action
Exceptional Claims Worksheet			• Route to Adjustments.
Complete address including street number, city, state, and ZIP.	**33: Provider Address**	Bottom Right	• If the address is complete, forward for processing. • If the address is incomplete, keep with envelope and check validity of provider number in FMMIS. • If provider number is valid, forward for processing. • If provider number is invalid, return to address on envelope.
Ten (10) digits.	**33A: Provider NPI**	Bottom Right	• If 33B is blank or has an invalid number and 33A is blank or invalid, RTP.
Nine (9) digits preceded by a 1D.	**33B: Provider Number**	Bottom Right	• If 33A is blank or has an invalid number and 33B is blank or invalid, RTP.
Print that is dark enough to scan.	**ALL**	ALL	• When testing for legibility, hold the document up to a light. If the document can be read from the back of the page, it is legible enough to scan.
Medicare EOMB.	**Attachments**	N/A	• Process as a crossover.
A signature, a signature stamp with initials, or **Signature on file.**	**Box 31: Provider Signature**	Bottom Left	• If missing, RTP.

Look For	In Field	At Location on Form	Take Action
Medicare Part C Medicaid CMS-1500 Crossover Invoice	**Attachments**	N/A	• Process as a crossover.

5.5 CMS Crossover Claims Additional Screening Procedures

During the screening process of a CMS-1500 Crossover you must ensure the EOMB (Explanation of Medicare Benefits) is attached and has all needed information.

Look for the following:

• All header information (Deductible, Co-Insurance, Allowed Amount, and Provider Payment—Also known as Medicare Paid Amount, Net Reimbursement, or Payment Amount) must be printed on the top of the EOMB.
• If the name, dates, and claim information do not match, the claim must be RTPed.
• Only one EOMB occurrence is allowed per claim. Some providers submit two or more EOMB occurrences on a single claim form, or two or more claim forms for a single EOMB. If so, RTP.

Place the EOMB directly behind the claim: Claim first, EOMB second, TPL sheet (if any), and finally any other attachments.

5.6 Screening UB-04 Claims

Mailroom clerks must screen UB-04 claim forms to determine the appropriate actions to be taken on claims. Actions consist of forwarding to the image process, RTPing the claim, or forwarding to the correct department.

The table below identifies the fields / field numbers, locations and actions to be reviewed on the UB-04 claim form for screening purposes so the correct action can be taken.

Look For	In Field	At Location on Form	Take Action
Exceptional Claims Worksheet.			• Route to Adjustments.
Complete address, including street number, city, state, and ZIP.	**1: Provider Address**	Upper Left	• If the address is complete, forward for processing. • If the address is incomplete, keep with envelope and check validity of provider number in FMMIS. • If provider number is valid, forward for processing. • If provider number is invalid, return to address on envelope.
A valid 10-digit number or a valid 9-digit number preceded by a 1D.	**56: Provider NPI**	Mid-Right	• If Box 56 is blank or has an invalid number, and Box 57 is blank or invalid, RTP.
A valid 10-digit number or a valid	**57: Provider Number**	Mid-Right	• If Box 57 is blank or has an invalid number,

Look For	In Field	At Location on Form	Take Action
9-digit number preceded by a 1D.			and Box 56 is blank or invalid, RTP.
Print that is dark enough to scan.	**ALL**	ALL	• When testing for legibility, hold the document up to a light. If the document can be read from the back of the page, it is legible enough to scan.
Medicare EOMB.	**Attachments**	N/A	• Process as a crossover.
Medicare Part C Medicaid UB-04 Crossover Invoice.	**Attachments**	N/A	• Process as a crossover.

5.7 UB-04 Crossover Claims

Additional Screening Procedures:

During the screening process of a UB-04 Crossover you must ensure that the EOMB (Explanation of Medicare Benefits) is attached and has all needed information.

Look for the following:

- All header information (Deductible, Co-Insurance, Allowed Amount, and Provider Payment—Also known as Medicare Paid Amount, Net Reimbursement, or Payment Amount) must be printed on the top of the EOMB.
- If the name, dates, and claim information do not match, the claim must be RTPed.
- Only one EOMB occurrence is allowed per claim line total. Some providers submit two or more EOMB occurrences on a single claim form or two or more claim forms for a single EOMB. If so, RTP.

Place the EOMB directly behind the claim. Claim first, EOMB second, TPL sheet (if any) and finally any other attachments.

5.8 Screening ADA Dental 2012 Claims

Mailroom clerks must screen ADA Dental claim forms to determine the appropriate actions to be taken on the claim. Those actions consist of RTPing the claim or forwarding to the correct department.

The table below identifies the fields / field numbers, locations and actions to be reviewed on the ADA Dental claim form for screening purposes, so the correct action can be taken.

Look For	In Field	At Location on Form	Take Action
Request for Predetermination/ Preauthorization box has been checked.	**1: Pre-Authorization**	Top Left	• If the **Request for Predetermination/ Preauthorization** box has been checked, the claim must be RTPed with instruction to submit **Predetermination/ Preauthorization** requests to the Medicaid Area Office.

Look For	In Field	At Location on Form	Take Action
Exceptional Claims Worksheet with a Force Pay stamp.			• Route to Adjustments.
In-state claim without an Exceptional Claims Worksheet and a Force Pay stamp.			• RTP with the No Longer Accepting Claims notation.
Out-of-state dental claims.			• Screen according to the list below.
A signature, a signature stamp with initials, or **Signature on file**	**53: Signature**	Bottom Right	• RTP if no signature in ink or it is in red ink.
Complete address including street number, city, state, and zip.	**48/56: Provider Address**	Bottom	• If the address is complete, forward for processing. • If the address is incomplete, keep with envelope and check validity of provider number in FMMIS.
A valid 10-digit number or a valid 9-digit number preceded by a 1D.	**49: NPI Number**	Bottom Left	• If number is valid, forward for processing. • If number is invalid, return to address on envelope. • If Box 49 is blank or has an invalid number and Box 54 is blank or invalid, RTP.
Print that is dark enough to scan.	**ALL**	ALL	• When testing for legibility, hold the document up to a light. If the document can be read from the back of the page, it is legible enough to scan.
Medicare EOMB.	**Attachments**	N/A	• Process as a crossover.

5.9   Pharmacy Claims

Pharmacy claims are not screened in the Gainwell Mailroom. These claims are delivered to Magellan and are processed according to Magellan's procedures. Currently the process is as follows:

• Paper claims are delivered to Magellan via the Gainwell mailroom courier.
• Claims are then logged and reviewed by Magellan for processing.
• Paper claims that are RTPed are completed by Magellan and mailed out.
• Paper claims determined by Magellan not to be RTP claims, are then processed for payment.

- Claims and/or batches will be returned to the Gainwell mailroom to be filed and stored in the document storage area.

5.10 Out-of-State Claims

Out-of-State claims received by all departments or via mail are routed to Mailroom Operations. The mailroom handles all claims with non-Florida addresses as out-of-state. The service address is used to determine if a claim is classified as out of state. A mailroom clerk ensures claims are processed properly depending on the provider file information in FMMIS. If the clerk determines that the provider is active, the claims are then sorted and batched for scanning. If the clerk determines that the provider is non-active, the claims are RTPed with instructions to submit a Florida Medicaid Out-of-State Provider Enrollment Application.

5.11 Non-Claim Documents

The types of non-claim documents included in the incoming mail and the identification of each are listed below (the list below is not all inclusive). The documents are screened and forwarded to the correct department, scanned, or returned to the provider, if electronic submission is required:

- Provider Enrollment;
- Provider Inquiry Documents;
- Attachments for Electronic Claims;
- Returned Mail;
- Prior Authorization Forms;
- Institutional Void/Adjustment Request;
- Claim Void/Adjustment Request;
- Unit Dose Return to Stock Reimbursement (UDR); and
- Buy-In Inquiry Forms.

All of the above documents may have attachments, which must remain with the document.

The Mailroom may receive returned Remittance Advices (RAs) with yellow labels indicating the correct address. These RAs with the corrected addresses should be forwarded to Provider Enrollment. All other RAs should be shredded.

5.12 Medicaid Area Office Correspondence

Mailroom clerks are responsible for identifying these documents, which typically arrive in an envelope with a blue label. These should be forwarded (unopened) to Adjustments if they are addressed to Post Office Box 7080.

5.13 Imaging Documents

Below is a list of the documents that will be imaged. The listing below also reviews the processing action required for each batch and document type. The lists identify the index (the information required for it to be imaged) by document type. In addition, the PO Box in which each item is received as well as additional comments for processing are provided.

5.13.1 Batch Type: Application

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
7070/ 13800	Application	- Scan Date - ICN - ATN	Send to Provider Enrollment.

5.13.2 Batch Type: Application RTP

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
7070/ 13800	Application RTP	• Scan Date • ICN • ATN	• Send to Provider Enrollment.

5.13.3 Batch Type: Claim Attachment

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
Any Open Box	Claim Attachment		• RTP

5.13.4 Batch Type: Financial

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
Banking	Voids/Adjustments	• Scan Date • ICN • Financial Scan ID (CCN)	• Received from Banking.

5.13.5 Batch Type: MISCELLANEOUS DOCUMENTS

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
AHCA	CDC Recipient Eligibility Reports (from AHCA)	• Scan Date • ICN • Recipient Number	• Review for indices and scan.
	Rates	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	MFAO General Request	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
7070/ 13800	Certification of Ownership Form for Physician Groups	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Collaboration form for PA's, ARNP's, RN's, CRNA's, and RNFA's	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Community Behavioral Health Medicare and 3rd Party Crossover Form	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	EDI	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Form CMS-1539: Medicare/Medicaid Certification and	• Scan Date • ICN	• Send to Provider Enrollment.

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
	Transmittal- Part 1	• Provider Number	
	Group Provider Application for Individual Membership in a Group	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	License/Certification	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	New Location Code Request Form	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Payment Method Authorization Agreement	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Provider Enrollment General Correspondence	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Serialized Form for Change of Address	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	State of Florida AHCA Medicaid Provider Surety Bond	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
	Validation of Physician Specialty Training	• Scan Date • ICN • Provider Number	• Send to Provider Enrollment.
7054	Florida Medicaid Handbook Order Form	• N/A	• RTP.
	Medicaid Claims Order Form	• N/A	• RTP.
	Provider Inquiry Form	• Scan Date • ICN • Provider Number	• Review for indices and scan.
	General Provider Correspondence	• Scan Date • ICN • Provider Number	• Review for indices and scan.
7090	Prior Authorization Request (Includes Physician, Vision, and Hearing PAs)	• Recipient Number	• RTP
	PA For Dental Services	• N/A	• RTP
7092	Family Planning Waiver Form	• Scan Date • ICN • Recipient Number	• Review for indices and scan.
	Recipient EOMB (Survey)	• Scan Date • ICN • Recipient Number	• Review for indices and scan.

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
	General Recipient Correspondence	• Scan Date • ICN • Recipient Number	• Review for indices and scan.
	Buy-In Inquiry Forms	• Scan Date • ICN • Recipient Number	• Review for indices and scan.

5.13.6 Batch Type: Returned Mail

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
7060	Returned Mail_Address Unknown Returned Mail_ Out-of-State Returned Mail_ Resent	• Index by Returnmail type. • Scan Letter ID (Barcode will be captured and recorded).	• Sort by Return Mail type. Open and remove first page of each piece of mail and scan. Once scanned, all documents can be shredded.

5.13.7 Batch Type: RTP Response

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
7070/ 13800	RTP Response.	• Scan Date • ICN • ATN	• Send to Provider Enrollment.

5.13.8 Batch Type: Voids/Adjustments

From PO Box	If the Document Type(s) is	Look for These: Indices by Doc. Type	Processing Comments
7080	Claims with Exceptional Claims Worksheet.	• Scan Date • ICN • Provider Number	• Send to Voids and Adjustments department for processing. Once processed, they are returned to the Mailroom to be scanned as image- only.

5.13.9 Batch Type: Medical Foster Care Prior Authorization Email

The Medical Foster Care Prior Authorization mailbox is an email inbox that provides an online method for the Agency to submit supporting prior authorization approval documentation for imaging.

All items received after 4 p.m. will be processed the following business day. Below is the process for imaging the documents received through this mailbox into OnBase.

Step	Action	Results	Comment
1	Review emails received in the Medical Foster Care Prior Authorization email inbox per Section 3.5.1.		

Step	Action	Results	Comment
2	Color-code the submissions using the Outlook tag function.	• Green: Received and screened for processing. • Red: Received duplicate, do not process. • Purple: Successfully processed, imaged, and downloaded into OnBase. • Yellow: RTPed to provider for invalid or missing information.	• Color-coding may change throughout the process.
3	Print the email attachments.		
4	Batch the documents, separating each PA with a Patch-2 Page (see Section 5.1.1 for Batching and Patch sheet information).		
5	Create a Gainwell batch header sheet with the current Julian date, name of preparer, and the total PA count.		

Screening Cover Sheet

Claims Dept Use Only Region Code	Julian Date: Year 1 Year 8 / Day 1 Day 2 Day 9	Claims Dept Use Only Batch Number

HCFA12
No Attachments
With Attachments
Crossover
Multi
Multi Crossover

UB04
No Attachments
With Attachments
Crossover
Multi
Multi Crossover

Non OCR Misc.
(Miscellaneous Documents)
PE Application (ATN)
PE App Addition (ATN)
PE Application RTP (PID)
PE Maintenance Doc (PID)
PE File Maint RTP (PID)
Financial
Claims Attachments
Rtrn Mail - Address Unknwn
Rtrn Mail - Out of State
Rtrn Mail - Resent

PART C
HCFA 12 XOVER
UB XOVER

Misc. Forms
Prior Auth. No PA Number
Voids_Adjustments

DENTAL
No Attachments
With Attachments
Multi

Pharmacy
No Attachments
With Attachments

Batch Count
5

Screener
N/A

COMMENTS *PA's*

DXC.technology

Batch Header Sheet

Step	Action	Results	Comment
6	Scan documents using the Kodak scanner (see Section 6.1) and log them into the		

Step	Action	Results	Comment
	database for internal tracking.		
7	File all PA batches using the Julian date on which they were processed.		

6 Imaging

The Gainwell solution for scanning, data entry, storage, and retrieval of FMMIS claims uses proven image technology. The major objectives of the image technology are faster and more accurate claims processing, improved customer and provider service, and reduced storage requirements.
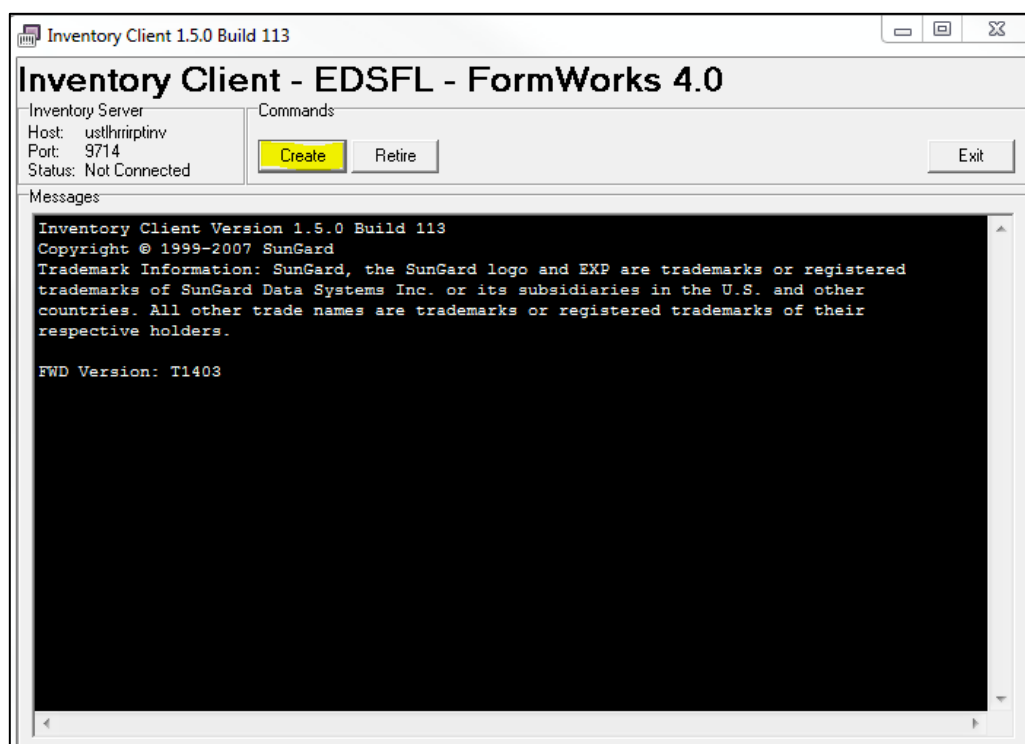
Storage space is reduced and better utilized because of the high level of image quality, eliminating the need to store paper. This also improves space availability at the workstation level, as well as within a group, team, office, or room, thus improving the work environment.

6.1 Kodak Scanners

Some claims or documents requiring imaging are scanned using a Kodak i1860 scanner. The Kodak i1860 scanners have an auto-feeder that allows claims/documents to be processed continuously.

To scan Kodak batches, the mailroom clerk follows these steps:

Step	Action	Results	Comment
1	Verify that claims or documents do not contain crinkled or torn pages and are not undersized documents (smaller than 8.5" x 11").	If crinkled or torn, they must be repaired and attached to an 8.5x11 sheet of paper. The document may need to be copied before scanning if the condition is poor. Undersized documents may need to be attached to an 8.5" x 11" sheet of paper to be scanned.	
2	Open the **Inventory Client** program and click the **Create** button: see image below.	This opens the program to allow the clerk to create batch header sheets for Kodak batches.	

Inventory Client Program

Step	Action	Results	Comment
3	The mailroom clerk sets parameters for each batch by clicking on the document type in the **data entry menu** (See image below) and selecting the **batch type**.	By selecting a category, the Kodak creates a **Batch Header Sheet** (See image below).	**Best Practices:** These parameters include frequency of quality control image, default image server, mode setting, claim type, workflow queue, and Julian date.

Batch Type Selection Panel

```
FormWorks Batch Header Sheet

    Batch Number: 1184617
    Batch Type:   UNKNOWN BATCH TYPE.
    Received on:  08/29/17.
    Expected Claim Count: 1

    Claim Type Code: 10

    PSN: No

    Julian Day:      17241
    Starting Sequence: 0

    Non OCR Batch Type:  0
    Medicare Part C Crossover:  No
    Created By: bellel
```

Sample FormWorks Batch Header Sheet

Step	Action	Results	Comment
4	The mailroom clerk clicks the **print** button once the correct batch type is selected.	The mailroom clerk can now scan the documentation.	
5	The mailroom clerk loads the feeder tray with documents and begins imaging.		
6	Immediately after the ICN is assigned and imprinted, the mailroom clerk verifies that all pages have been assigned. Once the batch is reviewed the mailroom clerk accepts the batch so that it can be processed (see image below).	Claims or documentation are ready to be processed and keyed.	
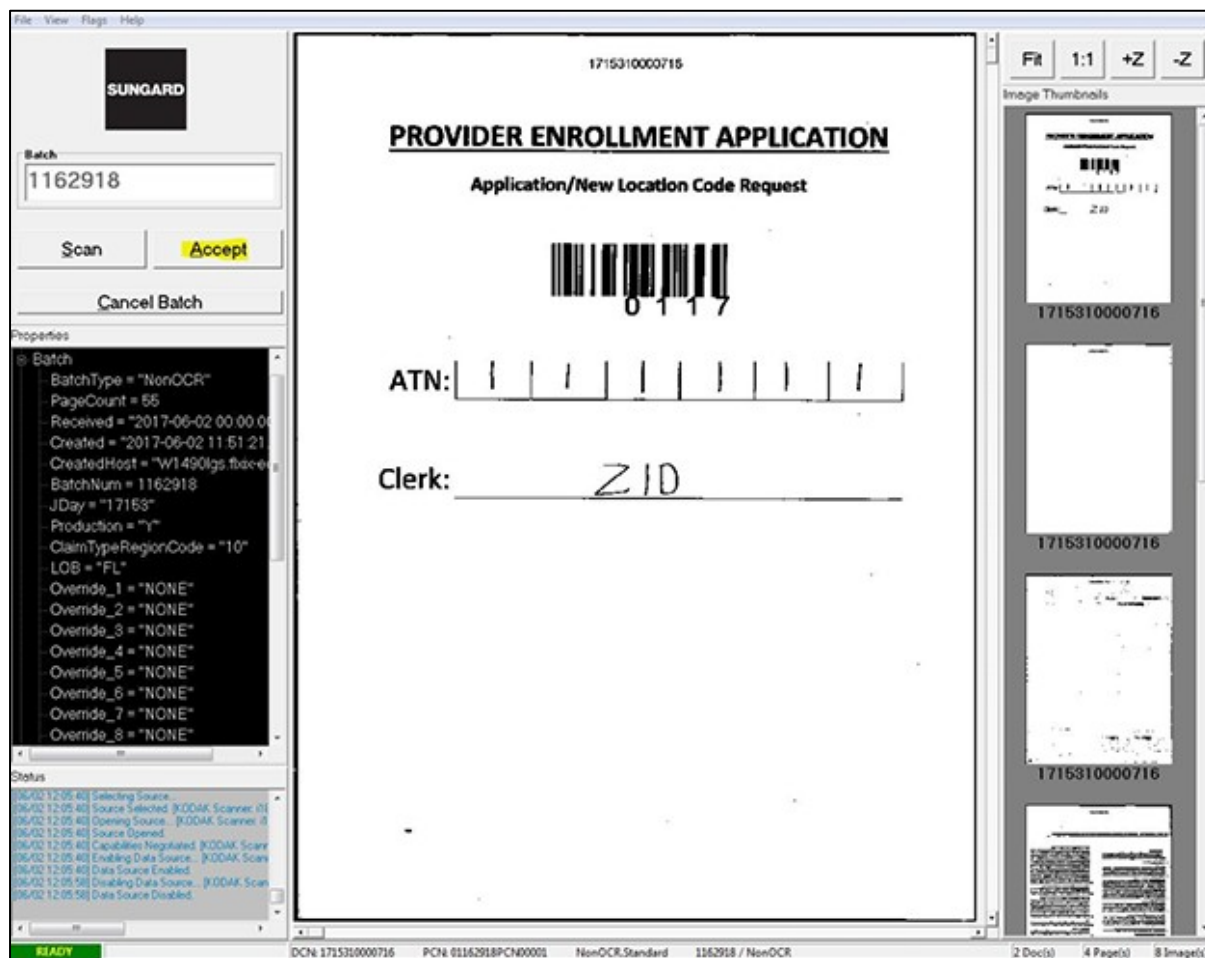
Verifying and Accepting the Scanned File

6.2   Kodak Image Verification

Verifications are performed daily to document any batch counts not matching on the batch screening sheet versus the Kodak scanning program. The purpose of verification is to identify any discrepancy in automated batch counts and the "actual" batch count. The Kodak scanner is given a total batch count by the machine when the batch is scanned. If the number is different from the reported count, the batch is reviewed to identify the discrepancy so that the batch can be corrected and properly scanned.

6.3   OPEX Scanners

Most other claims are imaged using an OPEX 7200 scanner. OPEX scanners have an auto-feeder that allows claims to be processed continuously. Only claims, claim attachments, and RTP claims can be scanned through the OPEX scanner into processing.

There are four (4) steps to this process:

Step	Action	Results	Comment
1	The mailroom clerk identifies the type of document (claims and/or attachment) and classifies it into the system by choosing from the list of options on the screen.		

Step	Action	Results	Comment
2	Once the document claim type has been identified, the mailroom clerk selects a batch header sheet with a batch number and scans the header sheet into the scanner.	This attaches the Mavro batch number to the corresponding batch.	
3	The mailroom clerk now begins to scan each document by placing each page into a tray. When the next document within the batch is ready to be scanned, the clerk places the first page of the document through the blue indicator on the scanner to identify the next document to the Mavro software.	This step helps separate each document within each batch allowing the mailroom clerk to edit each document on the screen.	
4	Once the mailroom clerk has scanned all the documents that pertain to the batch number, the mailroom clerk selects the close option on the screen to close out the batch.	After this action is completed, all documents are collected with the batch header sheet, rubber banded together, and placed in a tub to be filed.	

6.4   Mavro

The OPEX system utilizes Mavro software to classify, sort and batch the claims/attachments. After the scanning process is completed, the batches are sent to the Mavro Keying Stations to be verified.

There are four steps to this process:

- Manual Classification: During this step, the clerk identifies the type of document (CMS-1500, UB-04, Dental claims or Attachment) that the Mavro system was not able to identify.
- Crossover Review: Everything that is not a claim document is considered an attachment when it is scanned. During the crossover review stage, the clerk identifies the claims and attachments as either a crossover, or not a crossover, based on whether the provider submitted the proper claim information or attached the EOMB. The clerks can RTP a claim at this stage if all the proper information necessary to process it is not present.
- RTP Review: Mavro automatically sends a claim to this stage if there is any information missing that is required for processing. The clerk can then decide to RTP the claim and select a reason for the RTP. If the clerk reviews the claim and determines no RTP is needed, she or he can choose the no RTP option and the claim continues to process through the system. Any claim that passed through the crossover review and was determined an RTP, goes to this stage for a final review before address entry. This allows a second review before RTP.
- RTP Address Entry: Any claims/documents that are identified for RTP go to this step. The clerk enters the address of the provider on the claim and an RTP letter is generated and printed.

After the verifying process is completed, the batches are immediately sent to the FormWorks system. A batch release is completed daily for reporting purposes only. This report allows the Document Storage / Retrieval clerks to file the batches in the file room.

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7 Outgoing Mail Process

Low volumes of outgoing mail are sealed and metered by the mailroom staff and placed in an outgoing bin for pick-up by the US Postal Service. There may be rare instances in which mail is special delivered to the Post Office in the afternoon after all other courier runs have been completed. High volume outgoing production mail will be processed by Gainwell Print Operations. The process for this operation is outlined in the Print Operations procedures manual.

7.1 Sensitive Mail Packaging & Shipping Process

Mailroom clerks are responsible for the efficient packaging and shipping of sensitive mail items. The guidelines below provide directions to mailroom clerks on how to process sensitive mail for outbound mailing.

7.1.1 Packaging Sensitive Mail

- Use a courier-provided corrugated box (container) if the complete shipment is small enough to fit inside the box. Use a new or like new corrugated box when a courier box is not available or unsuitable. The shipping box must be rigid to ensure integrity is not compromised, while in transit and contents remain intact. Ensure the box is not too heavy; try to keep it less than fifty (50) pounds or 23 kilograms per box.
- Use a reusable plastic tote or hard-sided container sturdier than a corrugated box when shipment size, replacement value, legal exposure, or recovery requirements dictate. It is the clerk's responsibility, as a shipper, to know the shipment contents. All shipments must be documented in the shipping log (see Section 7.1.3).
- Use a new corrugated box (no less than double wall) when the shipment is larger than a courier-provided box. Contact FedEx or UPS with questions regarding packaging material.
- Use filament shipping tape to secure the top and bottom of the box. Use at least three strips of filament tape on the top and the bottom, across the middle of the flaps, and use one strip on either side of the box. Do not use duct tape, masking tape, or cloth tape, as they are not waterproof.
- Provide internal protection to cushion the contents of the package. Wrap each item separately in bubble pack, inflatable bags, or Styrofoam peanuts to cushion items against the side walls. This will fill the void and keep material from shifting.
- When shipping multiple boxes, mark each box with a box number and the total number of boxes being shipped: EX: Box 1 of 2, Box 2 of 2.
- Use a locking mechanism such as a cable lock, which can be attached to reusable totes or hard-sided containers to deter persons other than the recipient from removing items or to prevent loss during transport.
- Double package or double envelope the information for the shipment. Both packages and envelopes must be sealed or locked, so tampering is made evident. Seal inside envelopes or packages with filament shipping tape. For both inside and outside packaging, use sturdy containers that can be locked or otherwise provide tamper evidence. Ensure the shipping container is:
  - o Able to contain and hold the appropriate weight of the item to be shipped; and
  - o Cushioned with the appropriate packing materials to prevent damage.

7.1.2 Labelling Sensitive Mail

- Use proper labelling to help ensure packages are delivered on time and to the right location.
- When attaching a carrier label or using plastic adhesive envelopes for shipping documentation, make sure the box, tote, or container is clean so the envelope will stick properly to the surface.
- Provide the recipient's contact name and telephone number in case address information needs further clarification. Call the recipient to verify the address and avoid any address correction charges.
- Provide the sender's contact name and telephone number in case the package is received in error. With this information, the recipient can call the sender to arrange for the return of the package.

- Use a label with a plastic cover to protect it from being torn off or the words from being smeared by rain or other liquids.
- Put a copy of the label on the inside package in case the outside label or package becomes damaged or lost.
- Place the plastic adhesive envelope containing the air waybill, which contains all recipient and sender addressing including telephone numbers, outside the container. Insert one of the three following documents—shipping manifest, air waybill, or commercial invoice—in each single destination package or envelope. Indicate that if the package or envelope is received in error, it should be returned to sender.
- The inner package or envelope should repeat the outer container addressing, using a copy of the air waybill. In addition, the inner package or envelope should provide the Gainwell information classification, indicate the contents are to be opened by addressee only, and state any additional handling requirements. Indicate that if the package or envelope is received in error, recipient should contact the sender to arrange for return of the package or envelope.

7.1.3 Tracking Sensitive Mail

- The sender must keep a physical inventory of each shipment within a shipping log (see Appendix E). This information is being tracked by either the mailroom team lead or supervisor.
- The following information must be documented for each shipment:
    - Sender name and telephone number;
    - If available, provide a description of the item and information being sent;
    - Number of packages, envelopes, boxes and/or containers being sent;
    - Recipient name and telephone number; and
    - Date sent and date received.

The sender must ensure proof of delivery, and the recipient must confirm receipt. The sender must document the receipt of the package in the shipment log. Gainwell should request recipients other than Gainwell staff to confirm receipt.

The recipient must verify that the package or envelope seals are in place and have not been tampered with or damaged. After receipt, the Gainwell recipient must notify the sender of receipt and any damage immediately.

7.1.4 Overnight and 2nd Day Shipments

Gainwell will utilize FedEx for outgoing parcels and special priority mail including PHI or PII. The following staff member is authorized to approve overnight and 2nd day delivery for packages:

- Karey Estingoy

8 Document Storage/Retrieval

Mailroom clerks perform Document Storage / Retrieval which consists of storage, inventory control, warehousing of support documents, and record retrieval. Claims clerks assigned to Mailroom Operations can perform a wide variety of tasks. The mailroom manager or supervisor will assign these tasks.

Coordinate and perform the storage, logging of Medicaid claims, other input documents, and supporting material (RTP, Letters, Patch sheets, etc.).

All claims scanned on the OPEX system have a numerical audit trail sprayed on the back. The claims are placed into batches. Once the batches have been verified in Mavro and released, a Batch Summary Report and a Reject Report are generated. The clerk files the claims, including RTPs, using the Batch Summary report, which lists the shelf on which it is to be stored. All rejects are processed based on the reason for the rejection (such as misdirected mail scanned in error).

Research claims by following the Gainwell Document Retrieval guidelines. Mailroom clerks may locate a document in the file room by indicating claim type, Julian Date, Scanner #, and Batch #.

Record claims in logs after the process of locating the claim is complete. The mailroom clerks must log the claim before it is pulled and check to see if the Julian Date/Claim Type and the document number are correct before exiting the logbook.

Mailroom clerks will load and unload trucks. Clerks will perform various techniques for loading/unloading shipment trucks, including lifting, organizing and using a pallet jack.

Deliver office equipment to different departments within the MFAO complex by way of trucks, carts, or hand delivery. If there is a request to have something delivered, excluding priority deliveries, the shipment will go out on the next available courier run.

8.1 File Room Layout

File Room layout is designed to assist with locating batches easily and effectively within the file room in case a batch needs to be pulled for research or reprocessing.

Batches are stored in the file room according to batch number using the following guidelines:

- The batches are placed on one (1) of the storage shelves and the following information is recorded in the file room log:
  - o Batch number;
  - o Julian date; and
  - o Shelf row (indicated by a numerical number).
- File Room associates find the location of the batch by initiating a search of the file room log.
- The batch is pulled, and the log updated to show the batch was removed, by whom, and when the batch is returned. Batches pulled for rescanning are not returned with the same batch number.

These batches are logged with the new batch number(s) and filed.

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9   Plastic Medicaid Identification Cards (PMICs)

Plastic Medicaid Identification Cards (PMICs) are sent to newly enrolled recipients. These cards look like credit cards, each with a magnetic strip on the back coded with pertinent recipient data from the Benefit Plan Table. If an ID card is mailed to an incorrect address or to someone who has since died, or if the card is lost by the recipient and found by a third party, these cards are returned to Mailroom Operations. When these are returned, the PMICs are logged, deactivated, and destroyed.

Note: Whatever the reason for return, they must be deactivated within two (2) days of receipt.

The mailroom clerks perform several basic functions related to PMICs:

- Deactivating PMICs returned in the mail;
- Storage of inactive PMICs; and
- Destruction of inactive PMICs after 30 days of deactivation date.

9.1   Deactivating PMICs Returned in the Mail

This section will step the mailroom clerk through the process of deactivating PMICs:

Step	Action	Results	Comment
1	Open your web browser.	Your browser should open to the Florida Medicaid Management Information System (FMMIS) login Screen.	• If your browser doesn't open to the homepage, you can navigate there by typing in the URL: https://home.flmmis.com.

FMMIS Login Page

Step	Action	Results	Comment
2	Enter your unique personal identity number, also known as your ZID, and password.	You will be logged in to the Secure Web Portal, which will open to the FMMIS Landing Page. Your Landing Page will show your applications and system messages.	• If you have login issues, or require a password reset, please contact your leadership team and/or the onsite Gainwell Helpdesk team.

Sample FMMIS Home Page

Step	Action	Results	Comment
3	Click the **interChange** link.	You will see the Welcome Page.	• Not all pages look alike. Different menus display for different users, depending on their job requirements. • Your primary work will be in the Recipient panel. Your welcome page may not have all the menus you see in this manual.

Step	Action	Results	Comment
4	Click **Recipient** and then **Search** (see below.)	This will display the Recipient search panel on which the PMIC number located on the card can be typed in and searched.	• Not all card numbers will display, due to the status of the PMIC number in the system. If numbers do not show, type the Recipient's name from the card to display the file.

interChange Recipient Search Panel

Step	Action	Results	Comment
5	Within the Recipient Maintenance panel, the clerk selects –**Recipient Comments** and **Recipient ID Cards** (see below: highlighted in blue are the panels the clerk will be selecting).	The Recipient panels needed to complete the deactivation of the PMIC card will be displayed.	**Best Practices:** To most efficiently use the FMMIS system, should set preferences for the work done regularly. This will allow the clerk to move more easily and quickly between tabs and screens.

Recipient Maintenance Panel

Step	Action	Results	Comment
6	Access the Recipient ID Cards Panel 1. Click A**dd**. 2. Select **Deactivate Card**. 3. Select the appropriate reason (See below.)	This identifies the reason for the deactivations.	• The most common reason is Wrong Address.

Recipient ID Cards Panel

Step	Action	Results	Comment
7	Access the Recipient Comments: 1. Click **Add**. 2. Enter in notes: **Deactivated PMIC-4** 3. (See below.)		• This comment is entered for tracking and referral for the deactivation of the PMIC. • (See Appendix C.)

Recipient Comments Panel

Step	Action	Results	Comment
8	On the Recipient Maintenance panel: 1. Click **Save**. (See below.)	This saves all of the changes and comments the mailroom clerk has entered on the recipient file.	

Recipient Maintenance Panel: Save Screen

10   Document Destruction

10.1   Destruction at MFAO Requests

Documents are shredded upon approval from Medicaid Fiscal Agent Operations in the form of an MFAO letter.

Mailroom Operations is responsible for claims destruction as stated in section 30.30, **Record Retention Requirements of the RFP**:

The Contractor will agree to the following terms for retention and access to records relating to the contract:

All original paper claims adjudicated under the contract will be retained for a minimum of sixty (60) calendar days from date of payment or denial. Upon State acceptance of the optical image or micro-media copy, and upon receipt of written approval from the State, original claims may be destroyed after the sixty (60) day period in accordance with State and federal guidelines; copies of all claims and related records in optical image, or on micro-media will be retained for the duration of the contract period, after which the Contractor will, at State direction, either destroy or transfer the copies to the State. At the end of the contract, copies of all claims and any related records in the custody of the Contractor will, at State direction, be either destroyed or transferred to the State;

Once the claims have reached their expiration date, they will be separated into locked secure shred bins and given to the approved document shredding vendor for proper destruction.

10.2   Storage and Destruction of Inactive PMICs after 30 Days Following Inactive Date

Once the PMICs have been deactivated, they are stored in tubs by Julian date in the file room for security purposes until they have been deactivated for 30 days and are ready for destruction. Destruction of the PMICs occurs after 30 days of being inactive. They are placed in the secure Iron Mountain bins and destructed by our vendor.

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11 Best Practices

This section outlines both Mailroom Operations principles in action, as well as some helpful tips on how to maintain high quality and performance in the discharge of one's duty as a member of Mailroom Operations.

11.1 Guiding Principles

- The customer always comes first.
- We do our best to get it right the first time.
- We always treat our client, the Providers, and each other with the utmost respect.
- Teamwork divides the task and multiplies the success.
- Knowledge is power, but only if you share it.

11.2 Claims Control Guidelines

- All claims must be identified and dated. Each tub and tray of mail will include a tracking slip with the correct Julian date.
- Claims are received, screened for critical data, batched, and scanned.
- ICN numbers are applied to the claims by the scanner.

11.3 Safety Measures in Mailroom Operations

Safety is a priority in the Mailroom/File Room. The supervisor and associates must follow all safety procedures.

- Back safety belts are worn and available as needed.
- Two or more people will be used to move heavy packages.
- Pallet jacks are used to transfer freight throughout the Mailroom/File Room.
- Aisles are clear and free of obstructions.
- Storage boxes must be correctly shelved creating a hassle-free retrieval process.
- The File Room must meet/exceed safety and organization standards.
- Associates must follow all machine safety guidelines when operating equipment.
- Flat-soled shoes are the required footwear in the File Room.

11.4 Scanning

- When testing for legibility, hold the document up to a light. If the document can be read from the back of the page, it is legible enough to scan.

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Appendix A

A.1 Certified and Restricted Mail Tracking Log

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Appendix B

B.1 Claims P.O. Box Listing

P.O. Box Description	Open mail	P.O. Box	Deliver to
2014s, PMICs	Yes	7092	Recipient File Maintenance
Attachments for electronic claims	No	7050	Screening Team
Banking Department	No	13939	Deliver to Banking
CMS 1500 Claims	No	7072	Screening Team
CMS 1500 Crossovers Pharmacy Crossovers	No	7074	Screening Team
Dental Claims	No	7084	Screening Team
Exceptional Claims	Yes	7080	Adjustments Team
Nursing Home / Transportation Claims		7052	Screening Team
Out of State Claims	Yes	7082	Screening Team
PE Mail	Yes	14900	Document Prep Mailroom
PE Returned Mail	Yes	13800	Provider Enrollment
Provider Enrollment	Yes	7070	Provider Enrollment
Returned Mail	Yes	7060	Screening Team for sorting then to various departments as required by the document type.
UB-04 Inpatient and Outpatient	No	7062	Screening Team
UB-04 Medicare Crossovers	No	7064	Screening Team
Unit Dosage Return, and Prior Authorization	Yes	7090	Screening Team for sorting and delivery to Gainwell Recipient File Maintenance
Written Correspondence	Yes	7054	Screening Team Lead
2014s, PMICs	Yes	7092	Recipient File Maintenance

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Appendix C

C.1 PMIC Deactivation Codes

The following are appropriate reason codes for deactivation:

Code	Description
2	Deceased
3	Moved
4	Wrong Address
6	Other

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Appendix D

D.1 Gainwell Department Locations

Listed below are the locations of Gainwell departments within the Webster and Montgomery buildings.

Webster Building

Department	Floor
Mailroom	1
Provider Call Center	1
Provider Enrollment	1
Print Operations	1
Field Services	2
Systems	2, 3
EDI	2
Magellan	3
PMO	3
Publications	2

Montgomery Building

Department	Floor
Banking	1
Administrative Offices	2
Buy-In	2
Claims	2
File Maintenance	2
QA/Training	2

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Appendix E

E.1 Shipping Log

	DXC.technology			
Print **Close Form**				
Received Date	*Mailroom Courier Invoice Tracker*			
6/9/2017	DXC.technology			

Department	Tracking #	Description	Signed	Signature
AHCA		Fedex	☐	

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Appendix F

F.1 MFAO Recipient Services Mail Log

MFAO Recipient Services Mail Log				
DATE	# of MAIL PIECES	TEAM LEAD SIGNATURE	PICK-UP TIME	COURIER SIGNATURE

- If there is no mail for the workday please log "# of Mail Pieces" as 0, "Pick-Up Time" as NA, and Team Lead should sign log.

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Index

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