

#### Family Partnerships of Central Florida

BREVARD | ORANGE | OSCEOLA | SEMINOLE

# **Provider Portal Introduction**

### Summary

**Family Partnerships of Central Florida's provider portal** is a tool to provide basic information, such as authorizations and payment information.

Additionally, users can create service records based on the authorizations associated with the provider and submit those services for payment — without mailing an invoice.

Users can also request reauthorizations for expired and expiring authorizations.

The provider portal is mobile friendly, so you can access it using your computer, tablet or phone, as long as you have an Internet connection.



# Menu Options

#### **Desktop/Tablet**

view Submitted Services

Settings

Authorization	s Payments	Services	Submit Services	View Submitted Se	rvices	Settings
					Profi Char	le nge Password
					Log	Out
Mobi	le					
x <b>İ</b> XİX	Provider Portal		=			
Authorizations	c <sup>1</sup>	'n				
Payments						
Services						
Submit Services						

Authorizations — View/search your authorization history. Create services or request reauthorization.

Payments — View/search your payment history.

Services — View/search your services created in the provider portal.

**Submit services** — Submit services created in the provider portal (no need for paper invoicing).

View submitted services — View services already submitted and payment status.

**Settings** — Return to the profile page, change your password or log out.

- 1. Using your computer, tablet or phone, go to the **provider portal link**.
- 2. Log in using the username and temporary password provided.
  - If you know your username, but do not know your password, you can use the forgot password link.
  - If you do not know your username, contact your contract manager.

yourusernar	ne	
	Login	

3a. Verify that the information shown on the **profile page** is accurate.

If the profile page in inaccurate, there could be an issue with your account set up. Please contact your contract manager.

Provider Portal	Authorizations Payments Se						
Welcome, COMMUNITY COUNSEL	ING CENTER OF CFL LLC						
Provider Name:	COMMUNITY COUNSELING CENTER OF CFL LLC						
Corporate Address:	3544 Edgewater Drive						
City:	Orlando						
State:	FL						
Zip Code:	32804						
County:	ORANGE						
Referral Email Address:	shannon.greathouse@ccccf.org						
Provider TIN:	56-2463919						

#### 3b. Verify the Medicaid plans you have, if any.

Your selections here will be visible in our provider directory to help case managers find appropriate service providers for their families. This information will be used as we move toward an automated referral process.





4. Select **authorizations** and verify that you see your respective authorizations.

If you see no authorizations, authorizations for clients you are not serving or services you do not provide, there could be an issue with your account set up. Please contact your contract manager.

			Search by authorization # or client nam	ne.						
Authorizati	ons (450)		Search	2			Rec	Request	t Reauth	
Start	End	Client	Service	Units	Amount	Total Payments	Last Payment	Auth Number		
3/1/2021	9/30/2021	AALIYAH	COUNSELING/THERAPY - FAMILY	24	\$1,848.00	\$0.00		126956	+	
2/1/2021	7/31/2021	AALIYAH	COUNSELING/THERAPY - CHILD	24	\$1,848.00	\$38.50	3/11/2021	125155	+	
3/1/2021	9/30/2021	AARON	COUNSELING/THERAPY - ADULT	36	\$2,772.00	\$0.00		126031	+	1
9/1/2020	2/28/2021	AARON	COUNSELING/THERAPY - FAMILY	36	\$2,772.00	\$0.00		119214	+	Ċ
12/22/2020	4/30/2021	ADAM	COUNSELING/THERAPY - ADULT	12	\$924.00	\$327.25	3/31/2021	123471	+	
12/1/2020	3/31/2021	ADAM	COUNSELING/THERAPY - FAMILY	12	\$924.00	\$616.00	3/31/2021	122649	+	C

5. Click **payments** and verify that you see your respective payments.

If you see no payments, payments for clients you are not serving or services you do not provide, there could be an issue with your account set up. Please contact your contract manager.



#### Payments (3300)

Auth #	Description	Date	Amount	Invoice #	Status
	APR21BREAKTHOUGH NAV COUNSELIN	4/30/2021	\$77.00	1303	Paid
123655	_04/05/21_COU	4/22/2021	\$77.00	PP_042221083550	Paid
127164	04/05/21_COUN	4/22/2029	\$77.00	PP_042221083550	Paid
127216	04/06/21_THERAPEUTIC	4/22/2021	\$77.00	PP_042221083550	Paid



#### **Authorizations**

From the **authorizations tab**, search and view authorizations associated with the provider. Search by authorization number or client name. A pink, highlighted authorization indicates the authorization is exhausted (the authorized amount and total payments equal).

To create a service against an authorization, click the **record service** (+) link. To request a reauthorization for an exhausted, expired or expiring authorization, click the **request reauthorization** (C) link.

			Search by authorization # or client nam	ne.						
Authorizatio	ons (450)		Search	₹J			Rec	Request	t Reauth	-) -
Start	End	Client	Service	Units	Amount	Total Payments	Last Payment	Auth Number		
3/1/2021	9/30/2021	AALIYAH	COUNSELING/THERAPY - FAMILY	24	\$1,848.00	\$0.00		126956	+	
2/1/2021	7/31/2021	AALIYAH	COUNSELING/THERAPY - CHILD	24	\$1,848.00	\$38.50	3/11/2021	125155	+	
3/1/2021	9/30/2021	AARON	COUNSELING/THERAPY - ADULT	36	\$2,772.00	\$0.00		126031	+	
9/1/2020	2/28/2021	AARON	COUNSELING/THERAPY - FAMILY	36	\$2,772.00	\$0.00		119214	+	Ċ
12/22/2020	4/30/2021	ADAM	COUNSELING/THERAPY - ADULT	12	\$924.00	\$327.25	3/31/2021	123471	+	
12/1/2020	3/31/2021	ADAM	COUNSELING/THERAPY - FAMILY	12	\$924.00	\$616.00	3/31/2021	122649	+	C



### **Client View**

From the **authorizations tab**, click on the **client view** to see additional information about the client, including date of birth, primary worker, supervisor, Medicaid number and more.

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Case Id:	126956
County:	Lake
Client Id:	108062420
Client Name:	an new Technical
DOB	07/15
SSN:	*****1216
Race:	WHITE
Ethnicity:	Hispanic Latino
Gender:	N/A
Language:	English
Caregiver Phone:	
Client Phone:	N/A
Client Email:	N/A
Primary Worker:	Raphael Albright



#### **Add Service**

Add Service							
Client:	AALIYAH						
DOB:	7/15/2004						
County:	OSCEOLA						
Auth #:	126956 (Valid for service dates 3/1/2021 to	9/30/2021)					
Service:	COUNSELING/THERAPY - FAMILY						
* Site:	COMMUNITY COUNSELING CENTER	OF CENTRAL FLORIDA		~			
* Worker Name:	Matt Baker		MSW				
* Service Date:	2/2/21						
* Start Time: (hh:mm or hh:mmAM/PM)	8:00						
* End Time: (hh:mm or hh:mmAM/PM)	9:00						
* Service Notes:	Lorem ipsum dolor sit amet, consectetur	adipiscing elit. sed do eius	amed tempor incididunt ut labore et dolore ma	gna <u>aligua</u> .			
or Upload Notes:	Choose File No file chosen						
	Save						



# **Enter Quality Notes**

All services submitted for payment must be accompanied by **quality notes** supporting the service delivery. Services will not be reimbursed without documentation (notes).

**Notes for uploaded documents** should be captured in **service notes** and include a brief description of what is being uploaded. Here's an example note: Client completed assessment — uploaded into the document library. Documents must be uploaded to submit for payment.

**Notes for therapy** must include progress toward treatment goals, presentation, level of engagement, and any current concerns or barriers to treatment. Notes must be client specific and unique.

**Notes for mentoring** must include activity, level of engagement, progress toward identifying a community activity and goals for the next session.

- Notes should include as much data as necessary to determine client engagement and progress toward goals.
- Avoid copying and pasting notes. They will not be accepted.

Once notes are submitted, utilization management will review and approve service requests and documentation. Utilization management will then notify accounts payable, which will issue payment.





### **Request Reauthorization**

#### Request Reauthorization

Client:

DOB:

Service:

\* Additional Units Requested:

\* Explanation for Request:

#### ADAM

9/26/1992

COUNSELING/THERAPY - ADULT

Units

Save



#### Payments

From the **payments tab**, search and view payments associated with the provider, including manually submitted invoices and services submitted through the provider portal. You can search by authorization number, client name, service, service date or invoice number. **Please note that services submitted through the provider portal are automatically given an invoice number starting with "PP\_" (provider portal).** 

The status will show **in process** when a service has been imported into the Family Partnerships financial system and **paid** when the payment process is complete.

Search by a	uthorization #	or last name	-
Search			

Payments (3300)

Auth #	Description	Date	Amount	Invoice #	Status
	APR21BREAKTHOUGH NAV COUNSELIN	4/30/2021	\$77.00	1303	Paid
123655	_04/05/21_COU	4/22/2021	\$77.00	PP_042221083550	Paid
127164	04/05/21_COUN	4/22/2029	\$77.00	PP_042221083550	Paid
127216	04/06/21_THERAPEUTIC	4/22/2021	\$77.00	PP_042221083550	Paid



#### **Services**

Submitted Services (287)

From the **services tab**, search and view services created in the provider portal that have not yet been submitted. To edit the service, click the hyperlink.

From the **submit services tab**, view all services that have yet to be submitted. Check off the services ready to be billed and click submit. From the **view submitted services tab**, view all services created and submitted for billing through the provider portal.

To view all services associated with an invoice, click the invoice number. To view the service detail, click the view ( ) link.

Date	Start	End	Client	Service	Worker	Auth #	Submitted By	Invoice #		
4/13/2021	10:00	10:30	MELANIE	COUNSELING/THERAPY - ADULT	Robyn Prebenda	122204	Corrie KindylPhD@ccccf.org	PP_042021095305		
4/14/2021	18:00	19:00	CHRISTIN	COUNSELING/THERAPY - ADULT	Angela Finucane	126829	Corrie.KindyIPhD@ccccf.org	PP_042021040134		
4/27/2021	15:00	16:00	JORGE	COUNSELING/THERAPY - ADULT	Rebecca Soto	124866	Corrie KindylPhD@ccccf.org	PP_050721015546		
4/20/2021	15:30	16:30	JORGE INTERNATION	COUNSELING/THERAPY - ADULT	Rebecca Soto	124866	Corrie KindylPhD@ccccf.org	PP_050721015546		
4/7/2021	10:00	11:00	JORGE	COUNSELING/THERAPY - ADULT	Rebecca Soto	124866	Corrie.KindyIPhD@ccccf.org	PP_042021095305		



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# What Happens After Submitting

After submitting services, utilization management and accounts payable are alerted to import the services for payment.

#### Submitted Services To Process

Family Partnerships of Central Florida





#### **Submitted Services To Process**

#### Below is a summary of services submitted via the provider portal pending import into Solomon.

There are currently 78 services for 1 provider(s) needing to be imported into Solomon. Please log into Argos and run report 178 "Submitted Services To Process" to complete the import process.

Report ID/Frequency: 1186 / Daily

Data Source: Argos\Provider Portal

Methodology: This report notifies Finance of services that have been submitted via the provider portal

Run Date: 05/09/2021



### **Submitted Services**

From the **submitted services tab**, search and view services that have already been submitted for payment.

Services that were submitted through the portal together will all have the same invoice number, prefixed with "PP\_." (provider portal).

Submitted Services (287)

Date	Start	End	Client	Service	Worker	Auth #	Submitted By	Invoice #	
4/13/2021	10:00	10:30	MELANIE	COUNSELING/THERAPY - ADULT	Robyn Prebenda	122204	Corrie.KindyIPhD@ccccf.org	PP_042021095305	
4/14/2021	18:00	19:00	CHRISTIN	COUNSELING/THERAPY - ADULT	Angela Finucane	126829	Corrie.KindyIPhD@ccccf.org	PP_042021040134	
4/27/2021	15:00	16:00	JORGE	COUNSELING/THERAPY - ADULT	Rebecca Soto	124866	Corrie.KindyIPhD@ccccf.org	PP_050721015546	
4/20/2021	15:30	16:30	JORGE	COUNSELING/THERAPY - ADULT	Rebecca Soto	124866	Corrie.KindyIPhD@ccccf.org	PP_050721015546	
4/7/2021	10:00	11:00	JORGE	COUNSELING/THERAPY - ADULT	Rebecca Soto	124866	Corrie.KindyIPhD@ccccf.org	PP_042021095305	



#### **View Invoice**

To view all services associated with an invoice, click the invoice number. To view the service detail, click the view ( 🖘) link.

Batch (20210627152916)

Invoice #: PP\_062721032916

Services: 71

#### Total: \$5,852.00

Client	Service	Date	Start	End	Units	Rate	Total	Worker	Credentials	Auth #
MELANI	COUNSELING/THERAPY - ADULT	6/1/2021	09:30	10:30	1	\$77.00	\$77.00	Robyri	LMHC	128583
MELISS	COUNSELING/THERAPY - ADULT	6/9/2021	13:00	14:00	1	\$77.00	\$77.00	Kayla	LMHC	127261
MELISS,	COUNSELING/THERAPY - ADULT	6/2/2021	13:00	14:00	1	\$77.00	\$77.00	Kayla	LMHC	127261



### **Questions?**



If you need more information or have any questions about the provider portal, please email **networksupport@fpocf.org.** 



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