

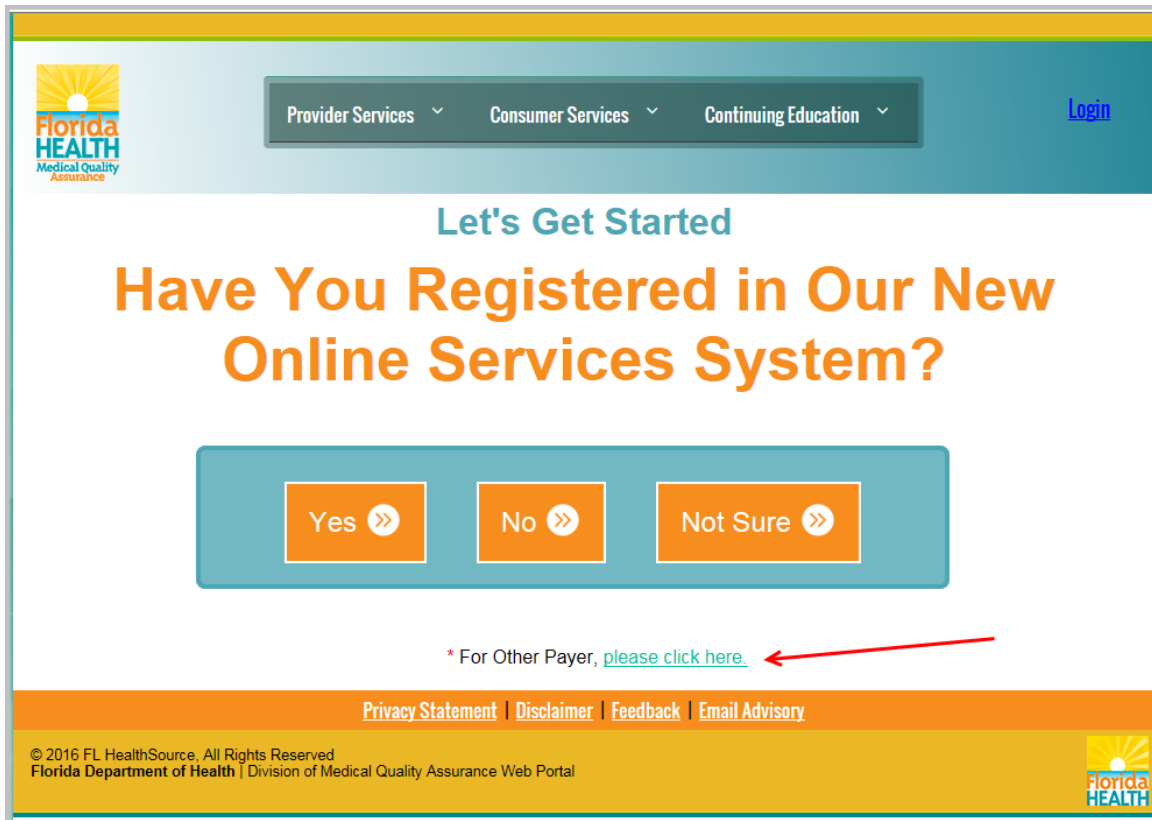
Other Payer Process Guide

Instructions for Other Payers to Renew Employee Certificates

Instructions for Accessing the Other Payer menu

1. Get 'Other Payer' Code

- a. Send a letter to Board office on school letterhead requesting a code. The letter needs to include the following information:
 - i. School name and address
 - ii. Contact person name, phone number and email address
 - iii. Federal Employer Identification Number or Tax identification number
 - iv. Any special instructions concerning the code
- b. The Board office will create an other payer code and a MQA Services account and send this information to the school contact person
- c. The school can then provide the code to students who applying online for initial licensure.



The screenshot shows the Florida Health Medical Quality Assurance website. At the top left is the Florida Health logo. A navigation bar contains 'Provider Services', 'Consumer Services', and 'Continuing Education' with dropdown arrows, and a 'Login' link on the right. The main content area features the heading 'Let's Get Started' followed by the question 'Have You Registered in Our New Online Services System?' in large orange text. Below this are three orange buttons: 'Yes >>', 'No >>', and 'Not Sure >>'. A red arrow points to a link that says '* For Other Payer, [please click here.](#)'. At the bottom, there is a footer with links for 'Privacy Statement', 'Disclaimer', 'Feedback', and 'Email Advisory', along with copyright information for 2016 FL HealthSource and the Florida Department of Health, and the Florida Health logo on the right.

Other Payer Process Guide

2. Pay for Applications

- a. When the school is ready, they will log into Online Services
 - i. Select 'Other Payer' as the profession, enter the User ID and password, and click on the 'Sign in using our secure server' button
 - ii. The UserID and password can be found in the letter from the Board office

floridashealth.com

Welcome to the Division of Medical Quality Assurance Online Services.

If you know your User ID and Password:

1. Select your Profession:
2. Enter your User ID:
3. Enter your Password:

* NOTE: User ID and Password are case-sensitive.

[Sign in using our secure server](#)

Please note your User ID and Password were mailed with your physical license. Look in the Online Services Instructions, item #5. Your security is important and this information is NOT located on postcard renewal notices.

----- OR -----

Would you like to attempt our alternate login process?

- b. From the main screen, select 'Other Payer Invoicing' from the left hand menu.

FLORIDA DEPARTMENT OF HEALTH

floridashealth.com

From the main screen, select 'Other Payer Invoicing' from the left hand menu.

The Department of Health welcomes you to the Division of Medical Quality Assurance Other Payer Portal. This system was developed to provide you with online access to important licensing functions regarding your Florida license.

You may choose from the available menu options. Some options may not be available based on your profession.

We have provided a brief description of the menu options below:

Other Payer Invoicing -Allows Other Payer Entities to manage other payer invoices and bulk recertifications.

Manage Related Licenses -Allows Other Payer Entities to manage relationships between licensees.

View Relationship Summary -Allows Other Payer Entities to view and print a summary listing of license relationships.

- c. Click on the code for which you will be paying. Some businesses may have multiple codes.

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- i. The Pending transaction count is the total number of applications awaiting payment.

From the main screen, select 'Other Payer Invoicing' from the left hand menu.

The Department of Health welcomes you to the Division of Medical Quality Assurance Other Payer Portal. This system was developed to provide you with on-line access to important licensing functions regarding your Florida license.

You may choose from the available menu options. Some options may not be available based on your profession.

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View Relationship Summary -Allows Other Payer Entities to view and print a summary listing of license relationships.

- d. To get started, verify the certificate holders' information with your records and reject the individuals who are **NOT** eligible to use this Other Payer Code. After the ineligible individuals are rejected, then click the 'Continue' button. You will **not** be able to add a 'rejected' certificate holder back to the list.
 - i. To avoid errors and overpayments, we recommend that you verify the information at least twice before rejecting or approving. The refund process may take longer than normal. Individuals who are rejected will be sent an automated email indicating that they are now responsible for payment, either by credit card, cashiers check or money order.

To get started, first you will need to verify the information below with your records and reject the individuals who are NOT eligible to use this Other Payer Code. After the ineligible individuals are rejected, then you may click the 'Continue' button. You will not be able to add a 'rejected' individual back to the list.

To avoid errors and overpayments, we recommend that you verify the information at least twice before rejecting or approving. The refund process may take longer than normal. Individuals who are rejected will be sent an automated email indicating that they are now responsible for payment, either by credit card, cashiers check or money order.

If you are paying by check, you MUST include a copy of your invoice along with your payment. If you have any questions, please contact the Department of Health helpdesk at (850) 488-0595.

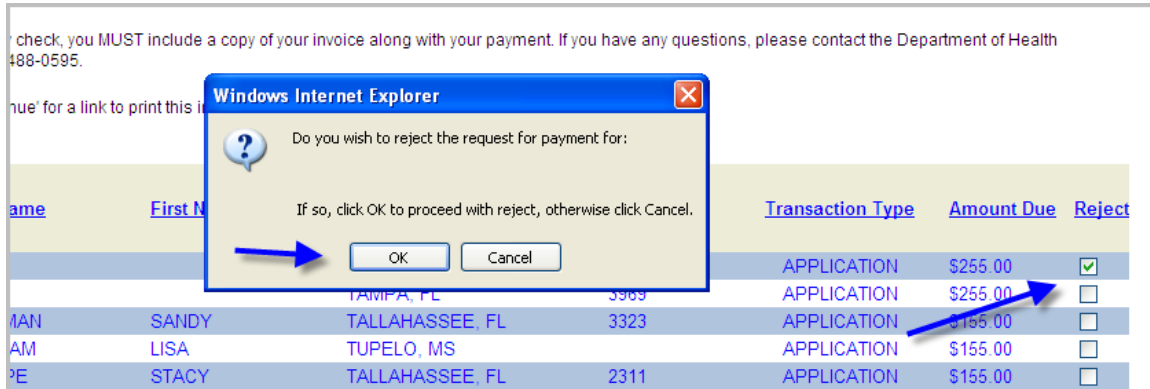
Please click 'Continue' for a link to print this invoice. The link will be located on the upper right side of the screen.

File Nbr / License Nbr	Last Name	First Name	City, State	Last 4 of SSN	Transaction Type	Amount Due	Reject
28491			TAMPA, FL	3423	APPLICATION	\$255.00	<input type="checkbox"/>
28492			TAMPA, FL	3969	APPLICATION	\$255.00	<input type="checkbox"/>
70981	COLEMAN	SANDY	TALLAHASSEE, FL	3323	APPLICATION	\$155.00	<input type="checkbox"/>
70983	GRISHAM	LISA	TUPELO, MS		APPLICATION	\$155.00	<input type="checkbox"/>
70982	SHARPE	STACY	TALLAHASSEE, FL	2311	APPLICATION	\$155.00	<input type="checkbox"/>
70980	GODWIN	SHELLEY	TALLAHASSEE, FL		APPLICATION	\$155.00	<input type="checkbox"/>

[Continue](#)

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- e. Verify each certificate holder's information. If, for any reason, you are not willing to pay for a certificate holder, check the Reject box. Once you have verified the certificate holder's information, click the 'Continue' button to proceed to the next page.
 - i. Upon rejecting a certificate holder, a confirmation box will pop up asking if you wish to reject the request for payment. Click 'OK' if so, or click 'Cancel' if you want to pay for that particular certificate holder.



- f. The payment screen is displayed.
 - i. If you are paying by credit card, enter in the card information at this time.
 - ii. If you are paying by check, you **MUST** include a copy of your invoice along with your payment. Click the 'Print Invoice' button to print a copy of the invoice to be submitted with the check.

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Invoice Information : If you are paying by mail, please print a copy of your invoice.

Other Payer Code : 411Z0001
 Other Payer Name : EXAMPLE MESSAGE SCHOOL

[Print Invoice](#)
[Return to Other Payer List](#)

Credit Card Information :

Fee Amount : \$875.00

Credit Card Number : (No

Credit Card Type : (VS - Visa, MC - MasterCard, DS - Discover, AX - American Express)

Expiration Date (MM/YY) :

CVV Number : [What's This?](#)

Name As It Appears On Card : **Process**

Terms and Conditions

Each time credit card information is submitted, an authorization request is sent to your credit card company. Your credit card company verifies that the card number is valid and that the amount of your transaction is available. If the card number is valid and the funds are available, the credit card company puts an authorization hold on the funds. Even if you receive an invalid CIC or CVV error message, the credit card company or bank will still apply an authorization hold on the funds and immediately deduct those funds. Please note this DOES affect your available credit limit or account balance. It is strongly recommended for debit/bank card users to use a credit card so as not to affect their checking account balance.

It is best to avoid the inconvenience of the pending or duplicate charge by double-checking the CIC code before submitting the payment. An authorization is only a hold on the funds for a possible future transfer. This hold is temporary, and if the transaction is not settled it will expire without any action, usually within 7 days. It is not a completed transaction and no funds are transferred at that time. Your credit card company may still show a temporary authorization hold on the funds after your transaction is completed. It can take several working days for them to process the void on the transaction. The time will vary amongst companies. Unfortunately, many customer service staff at banks or credit card companies are not aware of the difference between an authorization hold and a settled transaction. They will tell you that it is a valid transaction even though we have processed a void on the authorization. Credit card companies process authorizations and charges immediately; however they may take up to 7 days to process voids or credits.



Division of
Medical Quality Assurance



Invoice Information

Other Payer Code : 411Z0001
 Other Payer Name : EXAMPLE MESSAGE SCHOOL
 Invoice Number : 390

Date : 1/23/2012 10:26 AM
 Invoice Amount : \$875.00
 Invoice Date : 1/23/2012 10:21 AM

File Nbr / License Nbr	Last Name	First Name	City, State	Last 4 of SSN	Transaction Type	Amount Due
28492	COLEMAN	SANDY	TAMPA, FL	3969	APPLICATION	\$255.00
70981	GRISHAM	LISA	TALLAHASSEE, FL	3323	APPLICATION	\$155.00
70983	SHARPE	STACY	TUPELO, MS	2311	APPLICATION	\$155.00
70982	SHARPE	STACY	TALLAHASSEE, FL		APPLICATION	\$155.00
70980	GODWIN	SHELLEY	TALLAHASSEE, FL		APPLICATION	\$155.00
Total Invoice Amount						\$875.00

If you are paying by check, you MUST include a copy of your invoice along with your payment. Please provide a separate check for each invoice.

Please mail to:
 Florida Department of Health
 P.O. Box 6320
 Tallahassee, FL 32314-6320

If you have any questions, please contact the Department of Health helpdesk at (850) 488-0595 or email us at MedicalQualityAssurance@doh.state.fl.us.

g. Print your receipt and log out of MQA Services

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Quick Notes about Other Payer

- If paying by credit card, you have to pay the entire amount due. Please make sure that you are authorized to charge this amount and that the credit limit is not exceeded
- If a certificate holder is rejected, they will receive an email prompting them to provide payment. Their payment can be made online by logging onto MQA Online Services at www.FLHealthsource.com and paying by credit card or through the mail with a cashier check or money order.
- If you have provided your email address, you will receive a weekly email reminder that pending applications are waiting your action.
- The UserID and Password provided is system generated. The Board of Massage encourages the user to update the UserID and Password to something more familiar to them. Refer to the Online Services menu on the left hand side of the screen when you are logged in.

Changes to 'Other Payer' Code

- Please contact the Board office if you have any changes to your Other Payer code or if a new/additional code is needed.

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Instructions for the Certificate Holder:

After the attestation screen, the student will be presented with the Fee and Summary Report. From here they need to click the 'Pay Now' button.

Florida HEALTH MQA Online Services

Logged in as *MedPhys, Five*
[Update Account](#) | [Logoff](#) | [Contact Us](#)

Fee and Summary Report

To view your application summary report, click on "View PDF Summary Report" below.
If payment is required, click "Pay Now" to proceed to the payment page.

Fees	
Application Fee:	\$50.00
Initial licensure:	\$110.00
Unlicensed Activity:	\$5.00
Total Amount Due:	\$165.00

[Pay Now](#) [View PDF Summary Report](#)

Next, Click the 'Other Payer Button' located on the right side of the screen.

Florida HEALTH MQA Online Services

Logged in as *MedPhys, Five*
[Update Account](#) | [Logoff](#) | [Contact Us](#)

Online Application Payment

Press "Use Other Payer", if available, to direct an application to an Other Payer for payment.
Press "Self Pay", if available, to take the application back from an Other Payer and pay for the application yourself.
Select the applications and/or miscellaneous charges you wish to pay for and press "Next" to continue.
Press "Show Fee Details" to show a breakdown of the fee amounts.
Press "Back" to return to the main menu.

Application Number	Description	License Number	License Type	Applicant Name	Fee	
51699	CRT License Application by Endorsement		5702 - Certified Respiratory Therapist	MEDPHYS, FIVE	\$165.00	<input checked="" type="checkbox"/> Use Other Payer

Payment Method Credit Card

[Next](#) [Show Fee Details](#) [Back](#)

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Florida Department of Health | Division of Medical Quality Assurance Web Portal

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On the next screen, enter the 'Other Payer Code' and click 'Save'.

The screenshot shows the 'MQA Online Services' web portal. At the top left is the Florida Health logo. The main header reads 'MQA Online Services'. A user is logged in as 'MedPhys, Five'. Navigation links include 'Update Account', 'Logoff', and 'Contact Us'. The page title is 'Online Application Payment Request'. Instructions state: 'Press "Save" to submit this application to a third party for payment. Press "Cancel" to return to the previous screen.' The application description is 'CRT License Application by Endorsement'. A fee table is displayed:

Fee Details	
Application Fee :	\$50.00
Initial licensure :	\$110.00
Unlicensed Activity :	\$5.00
Total Amount Due:	\$165.00

Below the table is an 'Other Payer Code' input field with a red arrow pointing to it. 'Save' and 'Cancel' buttons are at the bottom right. A footer contains links for 'Privacy Statement', 'Disclaimer', 'Feedback', and 'Email Advisory', along with copyright information for 2015 FL HealthSource and the Florida Department of Health.

When you are finished printing and managing your related licenses, please click on the Log Off link on the menu and you will be logged out of the system. For additional questions or assistance, please contact the Call Center at (850) 488-0595 and select Menu Option 3.