

## Recertification Instructions for EMS Providers

### **Introduction**

The purpose of this document is to assist EMS providers with recertification of their Emergency Medical Technicians and Paramedics (certificate holders). The next section of this document explains how to register to be able to use the other payer or bulk recertification options that will be available online. The additional two sections in this document provide step by step instructions for the provider to recertify staff. Two payment options will be available for providers that handle the recertification of their staff and are explained in the table below.

Which option is right for you?

<b>Payment Option</b>	<b>Description</b>	<b>Required to Register as an Other Payer?</b>	<b>Person Responsible for Recertification Process</b>	<b>Person Responsible for Payment of Recertification</b>
Bulk Recertification Payment	EMS Provider logs into website, enters certificate numbers to build invoice. Recertifies certificate holders in bulk and makes single payment. Can pay with credit card.	Yes (and must indicate 'Bulk' option on their registration letter)	EMS Provider	EMS Provider
Other Payer Payment (OPC)	Certificate holder logs into website and recertifies; enters an OPC on payment screen. EMS Provider/Other Payer logs into website and completes payment. Can pay with credit card.	Yes	Certificate Holder	EMS Provider

- 1.) The **Bulk Recertification** payment option provides an online service for the EMS provider to search and select certificate holders to add to an invoice. Once the invoice is created, a single payment can be made online with credit card or by printing the invoicing and mailing payment to the Department.
- 2.) The **Other Payer** payment option should be used when the certificate holder will log in to [www.FLHealthsource.com](http://www.FLHealthsource.com) and complete all requirements of recertification except payment. The other payer provides an 'Other Payer Code' (OPC) to their staff to enter online on the payment screen. An individual can recertify them self and elect to have their employer pay the fees. Instead of paying with a credit card, they can enter an OPC code that will allow the provider to pay for the recertification.

## Register as an Other Payer

In order to use either the other payer payment option or the bulk recertification payment option, a provider must be registered as an other payer. Instructions to register as an other payer are provided on the website at <http://www.doh.state.fl.us/mqa/EMT-Paramedic/index.html>. Select the document titled 'Recertification Instructions for Providers' (as shown in screen shot below). This document was also emailed to providers in mid-August.

Upon receipt of your registration letter, the Department will mail you a letter with your other payer code, user ID, and password. Please retain this letter so you will have this information available at the time of recertification.

The screenshot shows a web browser window with the URL <http://www.doh.state.fl.us/mqa/EMT-Paramedic/index.html>. The page header includes the Florida Department of Health logo, a search bar, and navigation links: DOH Home, A-Z Topics, About DOH, Site Map, and Contact Us. The main content area is titled "Emergency Medical Technicians (EMT) and Paramedics" and features a "Print This Page" button. A red arrow points to the link "Recertification Instructions for Providers (doc - 31kb)" under the "Overview" section. Other sections include "Frequently Asked Questions" with links for Certification Questions, Recertification (Renewal) Questions, and Insect Sting Emergency Treatment Certification. The right sidebar contains links for Paramedic Examination Scores, Final Order and Emergency Action Search Screen, Course Providers, Statutes and Rules (Chapter 401 Florida Statutes, Chapter 64J-1, F.A.C.), Related and Contact Information, Examination Information (EMT, Paramedic), and Customer Concerns and Suggestions Survey. The MQA logo is also visible.

## Instructions for using Bulk Recertification

1. The EMS provider (other payer) logs into MQA Services at <http://ww2.doh.state.fl.us/mqaservices/login.asp>
2. Select profession (Other Payer) from the drop down list.
3. Enter user ID and password (as provided in your registration confirmation letter).

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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.

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

----- OR -----

Would you like to attempt our alternate login process?

If you do not know your User ID and/or Password, you can also login by answering a set of security questions. Please click here: [Get Login Help?](#)

Secured by DigiNotar  
[click to verify](#)

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4. If the provider is registered for bulk recertification, then two buttons are available on this screen. If the provider did not elect bulk recertification then only the other payer button is available. The second button, 'Bulk Recertification', should be selected if the provider is creating their own invoice by entering certificate numbers and selecting to add individuals to an invoice.


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Welcome to the Other Payer Invoice option. To review the applications that were submitted using your other payer code or to make payment, please select "Other Payer". To create a new bulk invoice or to make payment for an existing invoice, please select "Bulk Recertification". For a detailed instruction guide, please click [here](#).

Recertification Options

5. The Bulk Recertification option allows the provider to complete a recertification on the certificate holder's behalf. By using this option, the certificate holder will not be responsible for submitting any additional recertification documentation. Before you begin creating an invoice, please ensure all of your certificate holders have updated their mailing and practice addresses online at [www.FLHealthsource.com](http://www.FLHealthsource.com). Upon recertification approval, the new certificate will be sent to the mailing address on record. To begin a bulk recertification invoice, click the Create New Invoice button.
- \* If you are returning to make payment for a previously completed invoice, please see page 8.





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[Update Login](#)

[Log Off](#)

Welcome to the Bulk Recertification option. The Bulk Recertification option allows the provider to complete a recertification on the certificate holder's behalf. By using this option, the certificate holder will not be responsible for submitting any additional recertification documentation. Before you begin creating an invoice, please ensure all of your certificate holders have updated their mailing and practice addresses online at [www.FLHealthsource.com](http://www.FLHealthsource.com). Upon recertification approval, the new certificate will be sent to the mailing address on record.

To create an invoice, you will be required to enter the certificate number of each person you wish to recertify. Once you have entered all of the certificate numbers you will have the option to pay online by credit card, pay by mail or save for later. To begin a bulk recertification invoice, select Create New Invoice. To modify an existing invoice, click on the desired Invoice Number below.

**Invoice History**

To add additional applications, or to make payment, please click on the desired Invoice Number below.

Invoice #	Invoice Date	# of Items	Status
<a href="#">270</a>	11/18/2009 9:16:29 AM	3	
<a href="#">367</a>	8/23/2010 3:39:51 PM	1	PENDING

**Bulk Recertification**

By creating a Bulk Recertification Invoice, you are attesting that the EMS provider has the authority of each of the certificate holders whose numbers are contained in the invoice for bulk recertification to make the following statement on their behalf: "I certify compliance with all requirements for recertification (per FS 401 and FAC 64J-1 including CEUs) and I have not been convicted or pled no contest, regardless of adjudication, to a felony charge since my last recertification."

[Privacy Statement](#) \* [Disclaimer](#)  
[Accessibility Information](#) \* [Email Advisory](#)

- To create an invoice, you will be required to enter the certificate number of each person you wish to recertify. Enter certificate prefix and certificate number with no spaces, leading zeroes or colons. For example, EMT123 or PMD456. Click on the Validate Certificate button to verify that the certificate is found in the system and is eligible for recertification. Once the certificate has been validated, you will have the opportunity to accept the certificate holder and add them to the invoice.



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[Log Off](#)

Please enter the certificate number of the person you wish to recertify. Once the certificate has been validated, you will have the opportunity to accept the certificate holder or reject. To accept the certificate holder, check the Accept box next to the record. If you do not wish to recertify a validated certificate holder, do not check the Accept box. Once you have finished entering all of your certificate numbers, please select Continue to create and pay your invoice.



**Important Note:** Once a certificate has been **Validated and Accepted**, you will not be able to remove them from your invoice. Please take caution when accepting certificate holders.

Certificate Number:

Enter [Certificate Prefix](#) and Certificate Number with no spaces, leading zeroes or colons.

[Validate Certificate](#)

7. After clicking the Validate Certificate button, the certificate holder's information will be displayed. Please review the data and either:
  - a. Accept the certificate holder and add them to the invoice by clicking in the 'Accept' check box next to the record. Please note: Once a certificate has been accepted you will not be able to remove them from your invoice.
  - b. OR, if you do not wish to recertify this person and do not want them to be included on the invoice, do NOT check the Accept box. This person will not be added to your invoice.

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[Log Off](#)

Please enter the certificate number of the person you wish to recertify. Once the certificate has been validated, you will have the opportunity to accept the certificate holder or reject. To accept the certificate holder, check the Accept box next to the record. If you do not wish to recertify a validated certificate holder, do not check the Accept box. Once you have finished entering all of your certificate numbers, please select Continue to create and pay your invoice.


**Important Note:** Once a certificate has been **Validated and Accepted**, you will not be able to remove them from your invoice. Please take caution when accepting certificate holders.

Certificate Number:

Enter [Certificate Prefix](#) and Certificate Number with no spaces, leading zeroes or colons.

[Validate Certificate](#)

Certificate Number	Last Name	First Name	Address Line1, City - Zip	License Status	Accept
EMT523965	AURANDT	TRAVIS	24376 BUCCANEER BLVD, PUNTA GORDA - 33965	Clear	<input type="checkbox"/>



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8. After clicking the 'Accept' checkbox, the record will be added to the invoice. If you do not want to add this certificate holder to the invoice, then do NOT click on the 'Accept' checkbox and continue to enter another certificate number and click 'Validate Certificate'. To continue adding certificates to this invoice, enter another certificate number and click 'Validate Certificate'. Once you have finished entering all certificate numbers, please select 'Continue' to create and pay your invoice.

[Update Login](#)  
[Log Off](#)

Please enter the certificate number of the person you wish to recertify. Once the certificate has been validated, you will have the opportunity to accept the certificate holder or reject. To accept the certificate holder, check the Accept box next to the record. If you do not wish to recertify a validated certificate holder, do not check the Accept box. Once you have finished entering all of your certificate numbers, please select Continue to create and pay your invoice.

**Important Note:** Once a certificate has been **Validated and Accepted**, you will not be able to remove them from your invoice. Please take caution when accepting certificate holders.

Certificate Number:

Enter [Certificate Prefix](#) and Certificate Number with no spaces, leading zeroes or colons.

**Validate Certificate**

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Invoice Items				
<u>Certificate Number</u>	<u>Last Name</u>	<u>First Name</u>	<u>City, State</u>	<u>Amount Due</u>
EMT66347	LA FRANCE	VALERIE-ANN	PORT RICHEY, FL	\$20.00
EMT520671	LA BELLA	ROBERT	WESLEY CHAPEL, FL	\$20.00
EMT528867	RHYMER	MICHAEL	MELBOURNE, FL	\$20.00
EMT522548	RINE	CURTIS	LEHIGH ACRES, FL	\$20.00
EMT522302	MIRANDA	SERGIO	TALLAHASSEE, FL	\$20.00
EMT522267	ANDERSON	KEVIN	DELAND, FL	\$20.00

**Continue** ←

Please note, if you created an invoice at an earlier time and are returning to either update or pay the invoice, then select the 'Invoice #' from the Invoice History section. You must click on the actual invoice number to view the invoice details. Then, you can choose to update or pay as shown below:

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Medical Quality Assurance



## Invoice Information

**Date :** 9/2/2010 4:07:46 PM  
**Invoice Amount :** \$120.00  
**Invoice Date :** 9/1/2010 3:06:26 PM

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**Other Payer Name :** DANI'S FIRE DEPARTMENT  
**Invoice Number :** 269

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<u>License / Certificate Nbr</u>	<u>Last Name</u>	<u>First Name</u>	<u>City, State - Zip</u>	<u>Transaction Type</u>	<u>Amount Due</u>
EMT66347	LA FRANCE	VALERIE-ANN	PORT RICHEY, FL	RENEWAL	\$20.00
EMT520671	LA BELLA	ROBERT	WESLEY CHAPEL, FL	RENEWAL	\$20.00
EMT528867	RHYMER	MICHAEL	MELBOURNE, FL	RENEWAL	\$20.00
EMT522548	RINE	CURTIS	LEHIGH ACRES, FL	RENEWAL	\$20.00
EMT522302	MIRANDA	SERGIO	TALLAHASSEE, FL	RENEWAL	\$20.00
EMT522267	ANDERSON	KEVIN	DELAND, FL	RENEWAL	\$20.00
<b>Total Invoice Amount</b>					<b>\$120.00</b>

Update Invoice

Pay Invoice




9. The payment page will display and you will have the option to either pay by credit card or print the invoice and mail payment to the Department. Payment can be made by credit card or check.
  - a. To pay by credit card, click the ['Print Invoice'](#) link to print a copy for your records. Then proceed to enter the credit card information and click ['Process'](#). The payment confirmation page is displayed and you can choose to print your credit card receipt. To do another invoice, click on the ['Return to Other Payer'](#) link.
  - b. To pay by check, click the ['Print Invoice'](#) link and the printable invoice will display with instructions for mailing at the bottom of the document. Please keep a copy for your records and also mail all pages of the invoice with a check to the Department.
  - c. After completion of all invoice payments, click Log Off.

Upon successful payment, certificates with new expiration date will be mailed to the certificate holder's mailing address. You will also receive a confirmation email.

The screenshot shows the Florida Department of Health's online payment interface. At the top left is the Florida Department of Health logo. The main header features the text 'floridashealth.com' next to the state seal. On the left side, there is a navigation menu with links for 'Update Login', 'Log Off', 'ABOUT CSL', and 'CERTIFICATES'. The main content area is titled 'Invoice Information' and includes a note: 'If you are paying by mail, please print a copy of your invoice.' Below this, the 'Other Payer Name' is listed as 'DANI'S FIRE DEPARTMENT'. A 'Print Invoice' link is located in the top right of this section. The 'Credit Card Information' section contains fields for 'Fee Amount' (\$120.00), 'Credit Card Number' (with a note 'No spaces or dashes'), 'Credit Card Type' (with a dropdown menu), 'Expiration Date (MM/YY)', 'CVV Number' (with a 'What's This?' link), and 'Name As It Appears On Card'. A 'Process' button is located at the bottom right of this section. Below the 'Credit Card Information' section is the 'Terms and Conditions' section, which states: '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 from your account.' At the bottom of the page, a confirmation message reads 'Credit card submission was successful.' Below this message are links for 'Print Credit Card Payment Receipt', 'Print Invoice', and 'Return to Other Payer List'. A navigation menu on the left side of the bottom section includes links for 'MQA Services', 'FAQ', and 'Contact Information'. Red arrows in the original image point to the 'Print Invoice' link, the 'Process' button, and the 'Return to Other Payer List' link.

## Instructions for the Other Payer/EMS Provider

1. The other payer logs into MQA Services at <http://ww2.doh.state.fl.us/mqaservices/login.asp>
2. Select profession (Other Payer) from the drop down list.
3. Enter user ID and password (these were provided in your registration confirmation letter).

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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.

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

----- OR -----

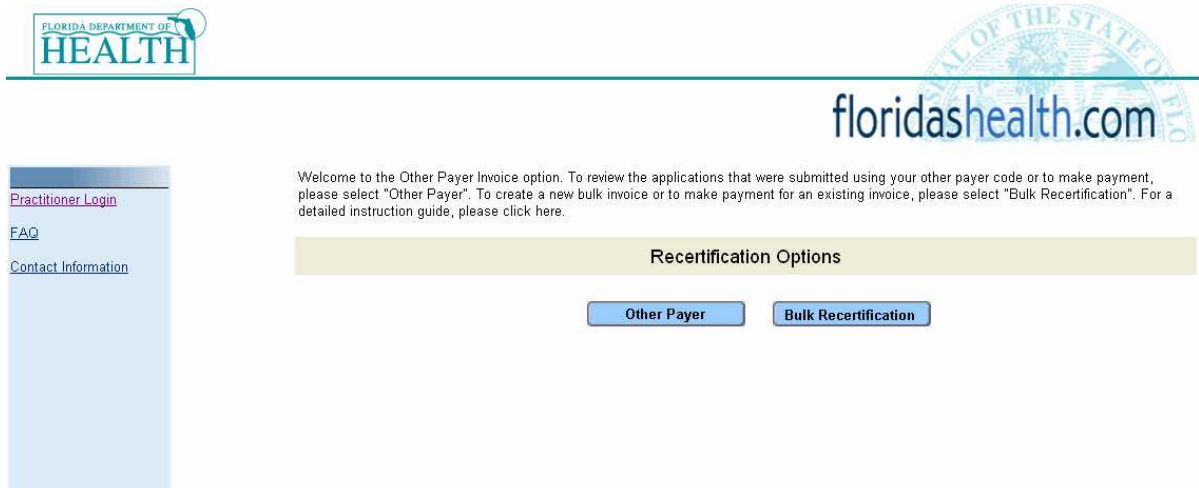
Would you like to attempt our alternate login process?

If you do not know your User ID and/or Password, you can also login by answering a set of security questions. Please click here: [Get Login Help?](#)

Secured by  [click to verify](#)

[ABOUT SSL CERTIFICATES](#)

- The 'Other Payer' button should be selected if you have given your other payer code to certificate holders for their use when recertifying themselves online. This option will allow the provider to pay for any certificate holders that have entered the provider's other payer code as their method of payment. Note: The second option, 'Bulk Recertification', should be used if the provider will be creating their own invoice by entering certificate numbers and selecting to add individuals to an invoice.



The screenshot shows the Florida Department of Health website interface. At the top left is the Florida Department of Health logo. At the top right is the Florida State Seal and the text 'floridashealth.com'. On the left side, there is a vertical menu with links for 'Practitioner Login', 'FAQ', and 'Contact Information'. The main content area features a heading 'Recertification Options' above two buttons: 'Other Payer' and 'Bulk Recertification'. A welcome message is displayed above the buttons, explaining the 'Other Payer Invoice' option and providing instructions for selecting between the two options.

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Practitioner Login  
FAQ  
Contact Information

Welcome to the Other Payer Invoice option. To review the applications that were submitted using your other payer code or to make payment, please select "Other Payer". To create a new bulk invoice or to make payment for an existing invoice, please select "Bulk Recertification". For a detailed instruction guide, please click here.

**Recertification Options**

**Other Payer**      **Bulk Recertification**

- View the list of other payer codes and select which code to work with. This code is indicated in your registration confirmation letter. Most providers will only have one other payer code. Some providers may have more than one code if they use the other payer option for both initial applications for licensure and recertification. To review applications that were submitted using your other payer code or to create a new invoice, click on the Other Payer code. To modify an existing invoice, click on the desired invoice number under 'Invoice History'. Note: if there are no pending invoices, then only the 'Pending Transactions' section will display. Also, due to restrictions of our eCommerce provider, the maximum number of transactions (certificate holders) per invoice is 999 AND the maximum dollar amount per invoice is \$99,999. If you will be exceeding either of these numbers, then you will need to create an additional invoice.



Welcome to the Other Payer Invoice option. To begin creating an invoice, click on the Payer Code below to review the individual applications that were submitted with your Other Payer Code. To modify an existing invoice, click on the Invoice Number below.

#### Pending Transactions

If the Pending Transaction Count is greater than 999, you will have to complete more than one payment transaction. After you have completed this transaction, please check back for additional applicants.

<a href="#">Other Payer Code</a>	<a href="#">Pending Transaction Count</a>
238BC0003	0
238EB0002	0
238NF0004	0
238ZA0001	0



#### Invoice History

If you would like to update your invoice to include additional applications, or pay a pending invoice, click on the Invoice Number below.

<a href="#">Invoice #</a>	<a href="#">Invoice Date</a>	<a href="#"># of Items</a>	<a href="#">Status</a>
334	8/6/2010 4:00:40 PM	1	PENDING
348	8/9/2010 4:11:23 PM	5	PENDING
349	8/10/2010 1:09:07 PM	1	PENDING
350	8/10/2010 2:56:50 PM	0	PENDING
351	8/10/2010 2:57:09 PM	0	PENDING
352	8/10/2010 2:57:22 PM	0	PENDING
353	8/10/2010 2:58:07 PM	0	PENDING
354	8/10/2010 2:59:01 PM	0	PENDING
355	8/10/2010 2:59:43 PM	1	PENDING
356	8/11/2010 9:35:20 AM	0	PENDING
357	8/11/2010 9:36:02 AM	0	PENDING
358	8/11/2010 9:36:40 AM	0	PENDING
359	8/11/2010 10:19:04 AM	0	PENDING

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- Review the list of certificates to verify that they are included on the invoice. Choose to reject individual records if you are not paying the fees for the certificate holder by clicking in the 'Reject' check box, which will remove them from the invoice. Select the 'Continue' button to finalize this invoice.

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[Update Login](#)  
[Log Off](#)


To get started, first you will need to verify the below applicants' 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 you may click the 'Continue' button. You will not be able to add a 'rejected' applicant 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, press menu option 3.

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	Last Name	First Name	City, State	Last 4 of SSN	Transaction Type	Amount Due	Reject
77324	BOLES	LONNIE	TAMPA, FL		RENEWAL	\$20.00	<input type="checkbox"/>



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Continue

7. The payment page will display and you will have the option to either pay by credit card or print the invoice and mail payment to the Department. Payment can be made by credit card or check.
  - a. To pay by credit card, click the '[Print Invoice](#)' link to obtain a printable invoice. Please print a copy for your records. Then proceed to enter the credit card information and click 'Process'. The payment confirmation page is displayed and you can choose to print your credit card receipt. To do another invoice, click on the 'Return to Other Payer' link.
  - b. To pay by check, click the '[Print Invoice](#)' link and the printable invoice will display with instructions for mailing at the bottom of the document. Please keep a copy for your records and also mail all pages of the invoice with a check to the Department.
  - c. After completion of all invoice payments, click Log Off.

Upon successful payment, certificates with new expiration date will be mailed to the certificate holder's mailing address. You will also receive a confirmation email.

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[MQA Services](#)

[FAQ](#)

[Contact Information](#)

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

[Print Invoice](#)

**Other Payer Code :** 253JP0001

**Other Payer Name :** DANI'S FIRE DEPARTMENT

**Credit Card Information :**

**Fee Amount :** \$125.00

**Credit Card Number :**  (No spaces or dashes)

**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

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**Credit card submission was successful.**

[Print Credit Card Payment Receipt](#)

[Print Invoice](#)

[Return to Other Payer List](#)

**Invoice Information :**

**Other Payer Name :** DANI'S FIRE DEPARTMENT