Florida Medicaid Provider Enrollment Application Guide

Version 2.0 | April 2021

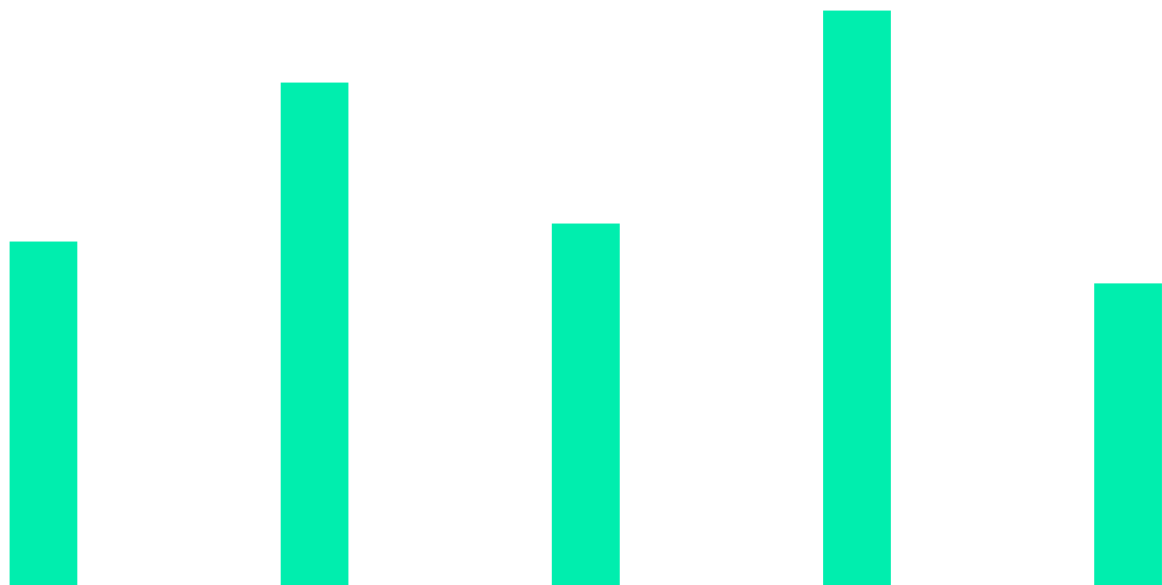# Table of Contents

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1   Purpose

The Agency for Health Care Administration (Agency) and its fiscal agent, Gainwell Technologies (Gainwell), have created this comprehensive reference guide to assist applicants with completing the enrollment process using the Florida Medicaid online enrollment wizard. This guide references and ties together provider enrollment-related information that is publicly available on the Florida Medicaid Web Portal, and provides guidance for completing the process for submission, uploading documentation, and verifying the status of a submitted application. All public Web Portal resources can be accessed via http://www.mymedicaid-florida.com. Agency resources can be found on the Agency page at http://ahca.myflorida.com.

2   Contents

2.1   General Information

In order to receive Medicaid reimbursement, a provider must be enrolled in Medicaid and meet all provider requirements at the time the service is rendered. Every entity that provides Medicaid services to recipients and all third-party software vendors offering services of any kind to providers must enroll as a Medicaid provider.

2.2   Enrollment Qualifications

Providers must meet all provider requirements and qualifications. Practices must be fully operational before they can be enrolled as Medicaid providers. General enrollment requirements are covered in the Medicaid Provider General Handbook. Program specific qualifications for each provider type are listed in the Coverage and Limitations Handbooks. All handbooks are available at https://ahca.myflorida.com/.

2.3   Accuracy of Information

All enrollment statements or documents submitted to the Agency for Health Care Administration (Agency) or the Medicaid fiscal agent must be true and accurate. Filing of false information is sufficient cause for denial of an enrollment application or termination from Medicaid participation.

2.4   Notice Regarding Use of Social Security Number

As a part of your application for enrollment as a Florida Medicaid provider, all individuals listed as Owner(s) and Operator(s) are required to provide their social security number (SSN) to the Agency pursuant to 26 U.S.C. 6109. Disclosure of your social security number is mandatory. Failure to provide your social security number will be a basis to refuse to enroll you as a Medicaid provider.

Your social security number will be used to secure the proper identification of persons for whom the Agency is responsible for making a return, statement, or other document in accordance with the Internal Revenue Code, and to assist in the administration of the Florida Medicaid program.

2.5   Supporting Documentation Requirements

The application process cannot be completed until all required documents as stipulated in the applicable Handbook sections, including an accurately completed Florida Medicaid provider agreement and background screening, are received.

Applicants must include the Application Tracking Number (ATN) provided by the Online Enrollment Wizard when uploading supporting documents.

Please visit the Enrollment Forms page via http://www.mymedicaid-florida.com to obtain the forms needed for initial enrollment. Applicants are encouraged to use the Interactive Enrollment Checklist tool to verify supporting documentation requirements prior to completing their online application.

2.6   Enrollment Process

Most provider enrollment applications will go through the following process:

1. Applicant submits an Enrollment Application via the Florida Medicaid Web Portal Online Enrollment Wizard.
2. The Enrollment Application is evaluated based on the enrollment rules. The Agency completes the credential verification process and site visit, when applicable.
3. The Enrollment Application is finalized. Provider receives a letter containing the final status, whether approved or denied.
4. Once the Enrollment status is Active, the provider receives a Welcome Letter, and Florida Medicaid ID. Full and limited enrolled providers will also receive a PIN Letter, that will be used to create a secure web portal account.

3   Before You Enroll

Before initiating the enrollment process, please follow the instructions listed below:

1. Review the Provider General Handbook, Chapter 2, for general enrollment requirements. The handbook is located on the Agency's website at http://ahca.myflorida.com.
2. Determine which **Enrollment Type** will be used.
3. Determine which Provider Type and Specialty will be used. View the Provider Type and Specialty to learn which qualifies for fully enrolled, limited enrolled, or order or referring enrollment.
4. Refer to the **Interactive Enrollment Checklist** to identify enrollment application requirements based on enrollment type, application type, provider type, and specialty, prior to starting the application process. To access the Interactive Enrollment Checklist, visit mymedicaid-florida.com. From the homepage, hover over the Provider Services tab, and click Enrollment. Once at the Provider Enrollment page, look under the New Medicaid Providers section, and click Interactive Enrollment Checklist.
5. Before the application can be submitted, all supporting documentation must be uploaded.

4 Submitting a Provider Enrollment Application

The Florida Medicaid Provider Enrollment Application gathers information related to the applicant's eligibility to enroll in Florida Medicaid. Providers use this page to complete an enrollment application to become a participating provider in the Florida Medicaid program.

The following provides guidance for accurately reporting the elements of the application. By logging into the secure Web Portal at http://www.mymedicaid-florida.com, providers can complete their enrollment application by navigating to Provider Services tab and clicking on the Enrollment.

The online enrollment application cannot be used if applying for Out of State Enrollment or Additional Location Codes.

4.1 Navigation

Button	Description
New application	Click to create a new application.
Continue application	Click to continue an application that was previously saved and assigned an ATN (Application Tracking Number).
Save and continue	Click to save changes made to the current panel and proceed to the next. **Note:** Enrollment information is only temporarily stored in the Enrollment Wizard until you have reached the stage where an ATN has been created.
Previous	Click to return to the previous panel.
Exit	Click to exit from the Online Enrollment Wizard.
?	Click to access contextual page help.
Delete	Click to delete the selected row.
Refresh session	Click to extend the Online Enrollment Wizard session expiration time. **Note:** By default, the session will expire after 60 minutes. All unsaved information will be lost.

4.2 Welcome Statement

Upon launching the Florida Medicaid Enrollment Application Wizard, applicants will be greeted with a Welcome Statement panel, and will have the option to create a new application or access on that was previously started.
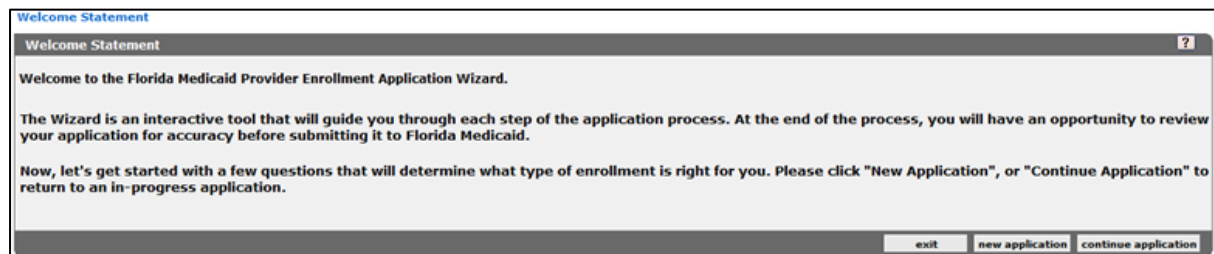
4.3 Enrollment Type

The Enrollment Type Determination panel will ask the applicant to choose the option that most accurately describes the reason they are applying to be a Medicaid provider. The selection made on this panel will determine all of the steps that will follow in the application.

Provider must enroll as one of the following:

**Fully Enrolled allows providers to:**

- Bill for services and receive payment directly from Medicaid.
- Participate in both the network of a Medicaid health plan as well as to bill for services and receive payment directly from Medicaid.

Limited Enrolled allows providers to:

- Participate in the network of a Medicaid health plan.

Ordering or Referring will allow providers to:

- Participate solely as a physician, or other professional practitioner, as a referring, ordering, certifying, or prescribing provider of items or services for Medicaid recipients.
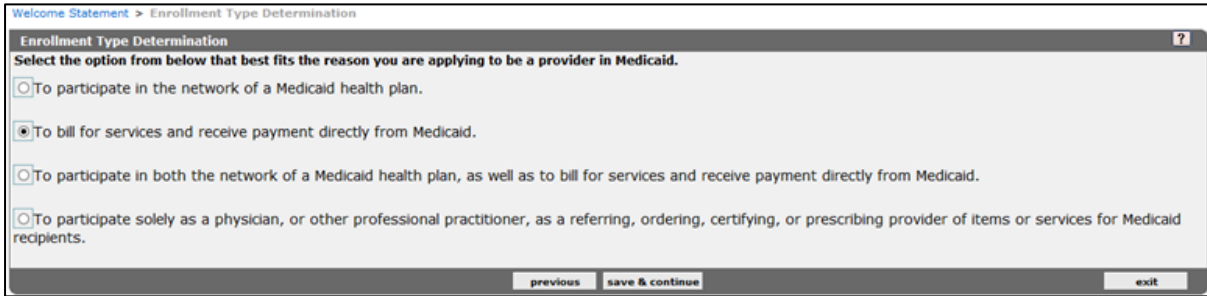
4.4   Enrollment Type Confirmation

After selecting the desired enrollment type determination response, providers will reach the Enrollment Type Confirmation panel that will confirm the selection made on the previous screen.

If a choice was made incorrectly, providers can click **previous** or if correct, click **continue**.

4.5   Application Tips

Providers are encouraged to obtain all necessary documents or information, before proceeding with the application. The Application Tips panel lists details that may be necessary to complete application processing.
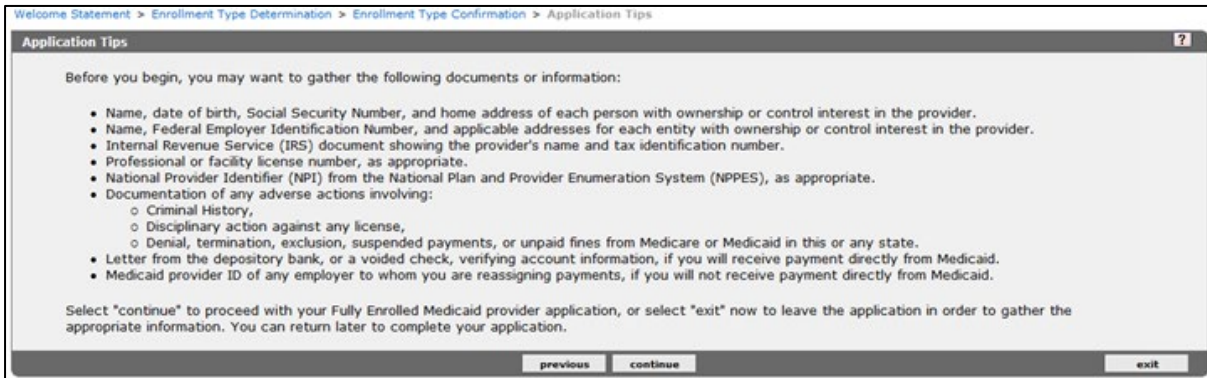
4.6   Request Type

The information presented in the Request Type panel results may vary. The information displayed is contingent on the enrollment type selected in the previous panel. Applicants will only be presented with provider type and specialty selections that are available for the enrollment type selected, as well as taxonomies that align to the specialties chosen. Applicants may view the Provider Type and Specialty crosswalk to learn which qualifies for fully enrolled, limited enrolled, or ordering or referring enrollment.

Applicants must also select an Application Type within the panel.

A Sole Proprietor is an individual who plans to bill Medicaid directly. This option should be selected if you are individual that plans to submit claims to Medicaid and receive payments directly.

A Sole Proprietor Enrolling as a Member of a Group is an individual who plans to bill solely through a group membership and will not submit claims or receive payment directly from Medicaid.

Group should be selected if there is more than one member.

A Facility or Other Business Entity should be selected if the applicant is an entity that is formed and administered in accordance with commercial laws in order to engage in business activities

4.6.1   Change of Ownership Application

If the applicant is seeking to submit a CHOW application, they can visit the <u>CHOW </u>page on the public Web Portal for more information.

If the application is based on a change of ownership (CHOW) providers applying for full enrollment should select *Yes* to the CHOW question and enter the previous owner's information such as the Name, Provider Number, Federal Tax ID, and Date of CHOW into the required fields. They must also upload the supporting documentation for the CHOW.

Note: Once an application is submitted, the CHOW response cannot be changed and a new application will be required if updates are needed.

4.7   Before You Continue

Providers should obtain the information below before proceeding with the remainder of the application.

4.8   Identifying Information

4.8.1 Provider Name

This is the legal name by which you are known to the Internal Revenue Service. Enter the name of the entity or the last name, first name, and middle initial of an individual. The name must also match the name listed on the provider's license.

4.8.2 Doing Business As (D/B/A)

This is for individual or entity applicants doing business under a trade or company name. Individual providers doing business under his/her own name should leave this section blank.

4.8.3 Tax Identification Number (TIN)

- Social Security Number (SSN) - Individual providers who are not personally incorporated will enter their SSN and supply a copy of their Social Security card.

  Note: Individual providers may not use their employer's Tax ID on their individual provider file.

- Federal Employer Identification Number (FEIN) - Enter your FEIN if you are an entity or are individually incorporated. Attach a legible copy of proof of Tax ID such as an IRS Form SS-4, 1072, 147c, or W-9 to verify ownership of the Tax ID.

Note: Please ensure that the TIN information on the application is accurate before submission as this information cannot be updated once the application is submitted. If updates are needed, a new application will be required.

4.9   Certification and Attestation Panel

This panel is conditional and only presented to applicants who are applying for the Behavior Analysis program (PT 39). The attest options presented in this panel is contingent upon the behavior analysis specialty that is chosen. Applicants should select an attest option and enter a certification number, the effective date, and list their name in the "Signed By" field.

4.10   License & More Identifying Information

This panel is where applicants who are licensed by the State of Florida provides license information. All other applicants choose Other/Not Required. The Online Enrollment Wizard will generate an error and not allow the applicant to proceed with the application if the:

- License type is incorrect
- License information is not entered;
- License information is inactive; or
- Name entered on the application does not match the name on the applicant's license.

If a license is entered, it must also be active.

4.11 Collaboration Agreement

This panel is conditional and only presented to applicants who are applying for Physician Assistant (PT 29) and Advanced Practice Registered Nurse (PT 30). The name on the license must match the name of the collaborator (supervising physician).

Note: The Name of Collaborator field should only include the first and last name of the supervising physician.

The Online Enrollment Wizard will generate an error and not allow the applicant to proceed with the application if the:

- License type is incorrect
- License information is not entered;
- License information is inactive; or
- Name entered on the application does not match the name on the applicant's license.

4.12 Contact Information

The Contact Information panel is where applicants should enter information for the individual who is completing the application. This is the person with which Gainwell will correspond to at the provider applicant's place of business.

4.13 Service Location

The Service Location address is the complete address including county of the location where services are rendered. P.O. Boxes and mail drop locations are not accepted.

4.14 Mailing Address

The mailing address entered should be the location which general correspondence is sent.

4.15 Pay To Address

The Pay To Address is where special payments and tax documents (IRS Form, 1099-Misc, etc.) are sent.

Note: If submitting a W-9 or 147c, the Pay To address must match the address on the document provided.

4.16 Home/Corp Office Address

In the Home / Corporate Office Address panel, providers are given the option to enter new address details or make a selection to use the same address entered for the Service Location, Mailing, or Pay To Address.

4.17 Xref NPI

The Xref NPI panel is conditional, and only contingent upon provider type.

Providers can obtain or verify your NPI on the National Plan and Provider Enumeration System (NPPES) before completing this panel.

Note: Only providers who require an NPI will be presented with this panel.

4.18 ATN Information

Once the ATN Information panel displays, this confirms that appropriate provider information has been captured to save the application. The application is then given an Application Tracking Number (ATN) to be entered when completing an existing application or to check the status of a recently submitted application.

Note: Providers must ensure that the Application Type, Enrollment Type, Provider Type, CHOW indicator (yes/no), Tax ID, and Tax ID Type selected are accurate, as these items cannot be altered after an Application Tracking Number (ATN) has been assigned.

4.19 Member of the Following Groups

The Member of the Following Groups panel is only presented to providers applying for full enrollment with the application type of *Sole Proprietor Enrolling as a Member of a Group*. This panel will require the applicant to enter the group's 9-digit Medicaid ID and effective date. Individuals should contact the group which they are enrolling as a member of to obtain the group's Medicaid ID. Applicants may refer to the Pending Provider Listing (PPL) to obtain the Medicaid ID number, if the group is in the process of enrolling.

Note: The effective date cannot be prior to the current date.

4.20 Billing Agent Agreement

The Billing Agent Agreement panel is only applicable if the provider plans to use a billing agent or trading partner. Obtain information such as the Billing Agent Provider Number, Billing Agent Name, Trading Partner ID, and Trading Partner Name from the agent they are adding.

4.21 Owners and Operators

4.21.1 If you are:

An Individual Who Plans To Bill Medicaid Directly: If you plan to submit claims to Medicaid and receive payments directly, you must disclose yourself, the medical and financial records custodian(s), and all individuals who hold signing privileges on the depository account.

An Individual Who Plans To Bill Medicaid Through A Group: If you plan to bill solely through a group membership and will not submit claims or receive payment directly from Medicaid, you must disclose yourself.

Group, Facility or Other Business Entity: You must disclose all entities and individual persons with five (5) percent or greater controlling interest and all managing employees including all individuals who hold signing privileges on the depository account.

4.22 EFT Agreement

The EFT Agreement panel is only presented to providers applying for full enrollment with an application type of Group, Sole proprietor, or Facility or other business entity. Providers are required to complete all fields and upload a voided check or a letter on a bank letterhead to certify the routing and account numbers are correct when submitting the application. Applicants should ensure that the EFT information is accurate prior to submitting the application as this information cannot be modified until after the application is finalized.

4.23 Applicant History

Providers are required to report if there is any adverse history associated with any applicant. If providers answer Yes to any of the questions submitted within this panel, additional documentation is required.

For felony conviction, pleaded nolo contendere, or entered into a pre-trial arrangement, upload court documents showing the disposition of the charges.

If previously denied, terminated, or excluded from Medicare or Medicaid, upload documentation related to the denial, termination, or exclusion including the resolution, if any.

If you previously had suspended payments from Medicare or Medicaid or were employed by an entity that had suspended payments, upload documentation related to the suspension, including the resolution, if any.

If you owe money to Medicare or Medicaid, upload documentation related to the money owed, including the resolution, if any.

4.24 Supporting Documents

The applicant must upload all required supporting documentation before the application can be submitted. Only one document per required document type can be attached except for Other Supporting Documents which will allow a maximum of two (2) documents.

Note: Supporting documentation can only be uploaded in PDF and TIF files formats.

The applicant cannot continue with the application until each of the required documents have been attached. The applicant will use the Browse button to select the desired document(s) to upload. Once all required documents are attached, the applicant will need to select the "save & continue" button.

Applicants are able to upload their background screening to the Supporting Documents panel; however, this action is not required for the application to process. If the applicant does not have a background screening or is a provider who is exempt from the background screening requirement, the application will still process as long as other required document(s) have been uploaded.

Note: If a file fails to upload, the applicant must make corrections before continuing with the application.

4.25 Certification

Providers must acknowledge and accept the terms of the Enrollment Agreement by selecting the check box in the Certification panel and click *Submit* once complete.

4.26 Application Confirmation

A confirmation panel will display upon successful submission of the application.

Once submitted, the application and supporting documents will be reviewed for accuracy and compliance with all provider eligibility requirements.

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information > License & More Identifying Information > Contact Information > Service Location > Mailing Address > Pay To Address > Home/Corp Office Address > Xref NPI > ATN Information > Billing Agent Agreement > Owners and Operators > EFT Agreement > Applicant History > Supporting Documents > Certification >
Please make note of your ATN: and Name:

The provider enrollment application for   has been sent to Medicaid for review.

The Application Tracking Number (ATN) is: Provider Screening Category: LIMITED

Status:

Your application has been successfully submitted.

GENERAL INSTRUCTIONS
- Print a copy of the application for your records. *Print Application*
- You can check the status of this application and status of receipt of documents from the *Enrollment Status* page.

If you have questions regarding your enrollment or on any message(s) received on this enrollment, please call Provider Enrollment at 1-800-289-7799, option 4.

exit

4.27 Verifying the Status of an Enrollment Application

Providers are urged to utilize the Enrollment Tracking Search tool (https://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollm ent_Enrollment Status/tabId/57/Default.aspx) to view and confirm the current status of their application(s).

To search for your application's status, enter your ATN, followed by either the business name or last name. The name must be submitted **exactly** as it appears on the application, including special characters. Once the correct information is entered, click search.

Enrollment Tracking Search

ATN*	123456
Business OR Last Name*	FORD

search

clear

A Search Results panel will appear under the Enrollment Tracking Search panel. The Status column shows the application status in the first row, followed by each application component's status in the following rows. Providers may also print a copy of the application, or upload documents from this panel.

Providers are encouraged to use the Web Chat feature for any questions or concerns regarding their application. To initiate a web chat, click the green button found on the bottom-right of the Search Results panel.

Hello! Let me know if I can help with any questions.

4.28 Application Status Descriptions

Application Status Code descriptions with average timeframes.

Application Status Codes	Definition	Timeframe
Not Submitted	The application has not been submitted to Medicaid for processing. The applicant must log into the online application, complete all sections of the application, and submit before processing can begin.	Awaiting Provider
Awaiting Supporting Documentation	The application was submitted. The applicant needs to upload the required supporting documentation as shown in the search results above before the application will be processed.	Awaiting Provider
In process	Application is being reviewed for accuracy and compliance with all provider eligibility requirements.	Approximately 14 Business Days
Background Screening	Application processing has been completed. Results of background screening have not been received from the Background Screening Clearinghouse.	Approximately 5 Business Days
QC	The application has been processed and is being reviewed to ensure accurate handling by the processor.	Approximately 5 Business Days
Application Deficient	The application or supporting documentation was deemed deficient. A letter detailing the items to be corrected and resubmitted was sent to the applicant. Deficiencies **increase** the enrollment application processing timeframe. Most common application deficiencies include: • Background screening results have not been received or shows an ineligible status. • Missing required supporting documentation; applicants submitting individual documents in intervals opposed to sending all documents at one time. • Supporting documentation signed by an unauthorized signer (person who signed the document is not listed in the owner section of the application). • Proof of Tax ID is missing or does not match the information on the application.	Awaiting Provider
Clearinghouse	The application has no deficiencies and is awaiting results of the background screening.	< 15 calendar days. If screening results are not received within 14 calendar days, a deficiency letter will be sent to the applicant.
State Review	Applications pending verification by the Agency will show a status of "State Review." State Review consists of validating the information provided on an enrollment application, such as certification and expiration dates, search for any prior history with the applicant and Medicaid or any other state agencies, and a review of the applicant's financial history. The application requires review by the Agency for Health Care Administration for one or more of the following:	

Application Status Codes	Definition	Timeframe
	Change of Ownership for Facility Providers	Facility Providers, length of review depends on if a survey or rate setting is required before rates are released
	Change of Ownership for Non-Facility Providers	Non-facility Providers, < 15 Days
	Facility Rate Setting	Varies by Facility Type
	Onsite visit	< 60 Days
	Pre-Certification Survey for Behavioral or Home Health Services	< 365 Days
	Previous Denial/Termination or Background Screening	Approximately 3 Business Days
Enrolled	Enrollment approved. A Welcome Letter will be mailed 2 business days after the activation of the new provider. Applicants will also receive a Florida Medicaid Secure Web Portal PIN Letter via mail. PIN Letter instructions must be followed exactly for providers to gain access to their secure Web Portal account	Approved applications are activated approximately 5 Business Days after all requirements for enrollment have been satisfied, including receipt of eligible screening results from the Background Screening Clearinghouse.
Denied	The application or supporting documentation was deemed deficient. Applicants receive a letter from the Agency informing them their application was denied. If the applicant still wishes to pursue enrollment, a new application must be submitted.	N/A
Closed	The application is incomplete and has been closed due to inactivity. If the applicant still wishes to pursue enrollment, a new application must be submitted.	N/A

4.29 Submitting Corrections to a Pending Application

If the application or supporting documentation is missing pertinent information or is deficient, applicants will be required to utilize the Correct Application or Upload Documentation options on the Enrollment Tracking Search panel. Applicants may also cancel their pending application if they no longer wish to pursue enrollment using the Cancel Application option.

4.29.1 Correct Application

Applicants can update and correct their pending applications that are in the Application Deficient status in real-time through the Online Enrollment Wizard. This functionality cannot be used for out-of-state providers or additional location codes.

If the Correct Application option is selected, the applicant will navigate through the **entire application**. Applicants cannot change the following:

- Enrollment Type;
- Provider Type;
- Application Type;
- CHOW Indicator (Yes/No);
- Tax ID Type and Tax ID (Identifying Information panel); and
- Electronic Funds Transfer (EFT).

4.29.2 Upload Documentation

If documentation is missing or is in a deficient status, applicants can use the Upload Documentation option to upload the correct documents.

Note: Gainwell does not process printed application corrections uploaded via the Upload Documentation option for applications submitted via the Online Enrollment Wizard. Providers must use the Correct Application option if they wish to update their pending application.

4.29.3 Cancel Application

If the applicant chooses to cancel their pending application, they may cancel the application by selecting the Cancel Application option on the Enrollment Application Status panel. This action is **final** and will require the applicant to create a new application if they wish to enroll in the future.

4.30 Maintaining Provider Information

Providers must continue to meet all the provider qualifications to remain enrolled in Florida Medicaid. Florida Medicaid will terminate any provider's enrollment who no longer meets a provider qualification.

To meet all the provider qualifications, providers must:

- Ensure that information on their enrollment file is accurate and up to date.
- Maintain their files and group linkage information via their secure Web Portal accounts.

Medicaid provider file change requests must be submitted via the Florida Medicaid Secure Web Portal. Providers can enter changes to their address, group membership, Electronic Funds Transfer (EFT) account, and Electronic Data Interchange (EDI) Agreement in their secure Web Portal account. All other change request types must be submitted using the Trade Files Upload panel in the secure Web Portal.

Provider may access the File Upload panel by visiting http://home.flmmis.com and use the appropriate account credentials. From the secure Web Portal landing page, select **Trade Files**, then **upload**.

For detailed instructions on how to successfully update addresses, group membership linking/delinking, EFT account, EDI Agreement, or to upload documents via the File Upload panel, refer to the Self-Service Quick Reference Guides found on the public Web Portal.

4.31 Helpful Resources

For application tracking status, visit the Enrollment Status page. There is also a Web Chat feature available to assist with resolving your enrollment application concerns.

If the applicant is seeking to submit a CHOW application, they can visit the CHOW page on the public Web Portal for more information.

Provider Enrollment is available to assist with resolving your enrollment application concerns. Call 1-800-289- 7799, Option 4.

Provider Services Field Representatives are available for your training needs, contact 1-800-289-7799, Option 7.

Access the Florida Medicaid Public Web Portal Quick Reference Guides page for detailed information on how to successfully upload documents, or how to update group memberships, via the secure Web Portal.