

Frequent Errors in Criminal Background Screen and Simplified Enrollment Protocol Submissions

- 1. List Individuals Who Must Complete A Background Screen:** Submit a detailed list of all individuals who are required to comply with the background screening requirement. (See Item 4, below, for a complete description of who is required to undergo background screening for Medicaid enrollment.) List everyone regardless of whether they have already completed a screening, already have a screening in process, are exempt, etc. The list must include the individual's full legal name (first name, middle initial, last name); title; position (relative to the applicant/health plan; such as, Plan employee, Owner, Subcontractor, etc.); date of birth; Social Security number; and indicate whether you are submitting a fingerprint card or a licensure screen print for the individual. (See Item 3, below, for a complete listing of licensed practitioners for whom Department of Health licensure screen prints may be submitted in lieu of the fingerprint cards.)

Example:

Full Name	Title	Position	Date of Birth	SSN	Fingerprint (FP)/ Licensure Screen Print (LSP)
John A. Doe	QI/UM Manager	Plan Employee	XX/XX/XXXX	111-11-1111	FP
Mary B. Car	Medical Director (M.D.)	Plan Employee	XX/XX/XXXX	222-22-2222	LSP
Jack C. Bock	Director	Owner	XX/XX/XXXX	333-33-3333	FP

- 2. Fingerprint cards and required screening fees:** Fingerprint cards must be legible and fully completed according to the "Guide for Completing a Florida Medicaid Provider Enrollment Application." Original signatures are required on the fingerprint cards. The fingerprint cards require a screening fee of \$47.00 per screening in the form of a check or money order made payable to "**ACS State Healthcare.**" The fingerprint cards and screening fee must be submitted to the **Bureau of Health Systems Development, not ACS.**

Copies of FDLE screens do not meet the Level 2 screening requirement.

- 3. Licensed Individuals Holding Management Positions:** For licensed individuals (medical, osteopathic, podiatric, and chiropractic physicians as well as advanced registered nurse practitioners, registered nurses and licensed practical nurses) who hold active licenses with the Florida Department of Health, the screening completed by the Department of Health for licensure meets the Florida Medicaid background-screening requirement. Please attach an Internet screen print showing the current, active status of the license from the Department of Health web site, <http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>, for **each** of these individuals along with your application submittal.

Fingerprint cards for the background screening **are required** for dentists, physician assistants, and pharmacists.

4. Who Must Complete Background Screening: With the exception of the licensed individuals identified in item 3, fingerprint cards must be submitted for all of the following individuals:

- Shareholders (five percent or more ownership),
- Partners of your business and subcontractors,
- Individual officers,
- Directors,
- Managers, including the following:
Contract Manager, Full-Time Administrator, Medical Director, Medical Records Review Coordinator, Data Processing and Data Reporting Coordinator, Marketing Oversight Coordinator, Quality Improvement (QI) and Utilization Management (UM) Professional (who will oversee the Health Plan's QI and UM processes), Grievance System Coordinator, Compliance Officer, Case Management Manager/Coordinator, Behavioral Health Services Oversight Manager, Board certified or board eligible, licensed staff psychiatrist, and for Prepaid Health Plans only, the Claims/Encounter Manager. For definitions of these positions, please see the appropriate reform model contract (Prepaid or Fee-for-Service Provider Service Network), Section X.B.1. and 2. In addition, managers include any person that can make or direct decisions which have an impact on services rendered to recipients.
- Financial records custodian,
- Billing Agent, and
- Individuals who hold signing privileges on the depository account.

5. Medicaid Reform Health Plan Application Attachments: If an applicant to the Medicaid Reform Health Plan Program is already enrolled in Medicaid as an active health care plan, the following documents are still required to be submitted with your Medicaid Reform Health Plan Application. Complete with original signatures and submit the following forms to the AHCA Bureau of Health Systems Development:

- **Non-Institutional Medicaid Provider Agreement (MPA):**
 - Signed by all above listed persons, or
 - The CEO or President may sign in lieu of the above.
- **Payment Method Authorization Agreement (EFT)**
 - **Attach a letter from financial institution** verifying the name on the account as well as the account and routing numbers.
 - Anyone who signs the EFT form must meet background screening requirements.
- **Electronic Claims Submission (ECS) Agreement**
- **Electronic Remittance Voucher (ERV) Agreement**

All documents submitted must be legible.

These forms may be found on the Medicaid fiscal agent website at:

<http://floridamedicaid.acs-inc.com/index.jsp>

Find the navigation table on the left and click on "Provider Support," then click "Enrollment".