

# Welcome to the Agency for Health Care Administration Training Presentation for Potential Long-term Care Providers.

The presentation will begin momentarily.

**Please dial in to hear audio:**

**1-888-670-3525**

**Passcode: 771 963 1696**



# **Statewide Medicaid Managed Care (SMMC) Long-term Care Program**

## **Medicaid Provider Enrollment**

**October 1, 2013**



# Today's Presentation

Follow the link below to the SMMC Website and select the “News and Events” tab under the header image.

**Note: You can use the red button to sign up for SMMC Program updates via e-mail.**

Home About Us Dashboard Public Records Procurements Publications Find a Facility Contact Us **REPORT FRAUD**

[AHCA Home Page](#) | [Florida Medicaid Home Page](#) | [Statewide Medicaid Managed Care Program Home Page](#) | [Public Meetings](#)

## Florida Medicaid

Home **News and Events** Long-term Care Managed Medical Assistance Federal Authorities

### Statewide Medicaid Managed Care Program

**SIGN UP**  
For Program Updates

In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program.

Choose a **tab above** to view guidance statements and specific information regarding the Long-term Care and Managed Medical Assistance programs.

Choose an **arrow below** to view general information about the program.

- ◆ [Program Overview and Summary](#) ◆
- ◆ [Achieved Savings Rebate Rule](#) ◆

Due to the competitive procurement, we are in a statutorily imposed “Blackout Period” until 72 hours after the award and cannot provide interpretation or additional information not included in the LTC or MMA ITN documents.

As stated in s.287.057(23), F.S., “Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.”



<http://ahca.myflorida.com/smmc>

# Today's Presentation, cont.

Select "Event and Training Materials" to download today's presentation.

The screenshot shows the AHCA website header with the logo and tagline "Better Health Care for All Floridians". The navigation menu includes "Home", "About Us", "Dashboard", "Public Records", "Procurements", "Publications", "Find a Facility", "Contact Us", and a "REPORT FRAUD" button. Below the navigation is a "Florida Medicaid" banner with a photo of a woman and a child. A secondary navigation bar contains "Home", "News and Events", "Long-term Care", "Managed Medical Assistance", and "Federal Authorities". The "News and Events" section is active, displaying a list of links: "Calendar of Events and Training", "Event and Training Materials" (circled in red), "Frequently Asked Questions", "Previous Events Archive", and "Guidance Statements". To the right of this list is a "SIGN UP For Program Updates" button. Below the navigation is a "Comments and Questions?" section with contact information for the Statewide Medicaid Managed Care program, including an email address and physical address.

# Today's Presentation, cont.

Florida Medicaid

Home News and Events Long-term Care Managed Medical Assistance Federal Authorities

**News and Events**

Choose an **arrow below** for information and upcoming events related to the Statewide Medicaid Managed Care program.

- ↕ [Calendar of Events and Training](#) ↕
- ↕ [Event and Training Materials](#) ↕

Most Recent Webinar

Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for the Recipient Information Data Upload.

The presentation will begin momentarily.

Please dial in ahead of time to:  
1-888-670-3525  
Passcode: 771-963-1696

[SMMC Webinar: Plan of Care](#) from [Florida Agency for Health Care Administration](#)

June

[Webinar Presentation: Participant Direction Options - June 6, 2013](#) [1.80MB PDF]  
6/5/2013

**Comments and Questions?**

Members of the public can email comments and suggestions about the Statewide Medicaid Managed Care program to [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com) or mail them to:

Statewide Medicaid Managed Care program  
Office of the Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

**SIGN UP**  
For Program Updates

Choose the file(s) you would like to save.

**Note: You may also view files from past events and AHCA guidance statements or submit questions to be answered in future presentations.**



# Today's Presenter

- Ann Kaperak
  - Agency for Health Care Administration

# Learning Objectives

- Increase knowledge and understanding of the Provider Enrollment processes
  - Enrolling a provider for a fee-for-service (FFS) Medicaid Provider Service Network (PSN)
  - Registering a provider for a capitated Medicaid MCO

# Section 1

## Provider Requirements and Qualifications



# Provider Requirements

- To submit fee-for-service claims under a FFS PSN, a provider must be actively enrolled in Medicaid.
- To submit encounter data under a capitated MCO, a provider must be either actively enrolled in Medicaid or be registered with Medicaid.
- All providers must meet all provider requirements at the time the service is rendered.

# Enrollment Qualifications

- Applicants must meet all the provider requirements, qualifications and their practice, business, or facility must be fully operational before they can be actively enrolled as Medicaid providers.
- Specific qualifications for each provider type are located in the *Provider General Handbook* and the service-specific *Coverage and Limitations Handbooks*. PDFs may be downloaded from [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com)

# Ongoing Eligibility

- Providers must continue to meet all the provider qualifications to remain enrolled in Medicaid.
- Medicaid will terminate any provider's enrollment who no longer meets any of the provider qualifications.
- If a provider continues to receive payment for services rendered after no longer meeting the provider qualifications, the payments will be subject to recoupment; and, if applicable, the provider will be referred to the Attorney General, Medicaid Fraud Control Unit.

# Accuracy of Information

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

# Non-Institutional Provider List

Medicaid defines non-institutional providers as the following provider types:

- Advanced Registered Nurse Practitioner
- Air Ambulance
- Ambulance
- Audiologist
- Billing Agent
- Birth Center
- Case Management Agency
- Case Manager/Social Worker
- Chiropractor
- Community Mental Health Center
- County Health Department
- Dentist
- Durable Medical Equipment
- Professional Early Intervention
- Federally Qualified Health Center
- Freestanding Dialysis Center
- Hearing Aid Specialist
- Home and Community-Based Services
- Home Health Agency
- Independent Laboratory
- Licensed Midwife
- Medical Assistant
- Medical Foster Care or Personal Care
- Optician
- Optometrist
- Pharmacy
- Physician Assistant
- Physician M.D. & D.O.
- Podiatrist
- Portable X-ray
- Prescribed Pediatric Extended Care Center (PPECC)
- Registered Nurse
- Registered Nurse First Assistants
- Rural Health Clinic
- Therapeutic Services for Children
- Therapist
- Transportation Non-Profit
- Transportation Multi-load Private
- Transportation-Non-Emergency
- Transportation-Private

# Institutional Provider List

Medicaid defines institutional providers as the following provider types:

- Adult Family Care Homes (AFCH)
- Ambulatory Surgical Centers (ASC)
- Assisted Living Facilities (ALF)
- Hospices
- Hospitals
- Hospital-Based Skilled Nursing Units
- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- Residential Treatment Facilities (RTF)
- Skilled Nursing Facilities
- State Mental Hospitals
- Statewide Inpatient Psychiatric Program (SIPP) Providers
- Swing Beds

# Section 2

## Medicaid Web Portal

# Medicaid Web Portal

- Florida Medicaid's Web Portal provides communication, data exchange, and self-service tools to the provider community.
- The Web Portal consists of both public and secure areas.
- Go to <http://www.mymedicaid-florida.com>



# Public Web Portal

**FLORIDA MEDICAID**  
A Division of the Agency for Health Care Administration

**AHCA**  
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

## Recipients

Public Information for Recipients

- [Medicaid Options](#)
- [Recipient Notices](#)
- [DCF Access](#)

**REPORT MEDICAID FRAUD**  
**Online or 866-966-7226**  
**REPORTE FRAUDE DE MEDICAID**

## Providers

- [Public Information for Providers](#)
  - Contact Us
  - Bulletins
  - Handbooks
  - Fee Schedules
  - Forms
  - Training
  - Provider Enrollment
  - Out-of-State Provider Enrollment
- [Secure Information for Providers](#)
  - Provider Demographic Maintenance
  - Prior Authorization Search
  - Recipient Eligibility
  - Claims Status
  - Claims Submission - Dental, Institutional, and Professional
  - Provider Reports
  - Trade Files Area
  - Third Party Liability

## Area Offices

- [Area Office Map](#)
- [Area Office 1](#)
- [Area Office 2a](#)
- [Area Office 2b](#)
- [Area Office 3a](#)
- [Area Office 3b](#)
- [Area Office 4](#)
- [Area Office 5](#)
- [Area Office 6](#)
- [Area Office 7](#)
- [Area Office 8](#)
- [Area Office 9](#)
- [Area Office 10](#)
- [Area Office 11](#)

# Public Web Portal

The public area contains:

- General information, such as program awareness, notices, and forms.
- Specific information such as provider handbooks, provider alerts, fee schedules, training, companion guides as well as contact information for the Medicaid fiscal agent and the Medicaid Area Offices.

# Public Web Portal

## – For Coverage and Limitations Handbooks

- Click *Provider Support*, then *Provider Handbooks*. Scroll down to the handbooks you need.

Providers
• Home
• Area Offices
• Contact Us
• <b>Provider Support</b>
○ Provider Bulletins
○ Provider Notices
○ <b>Provider Handbooks</b>
○ Provider Alerts
○ Fee Schedules
○ Forms
○ Recipient Notices
○ Training
○ FAQ
• Medicaid Electronic Health Record (EHR) Incentive Program
• Enrollment
• EDI
• Managed Care

### Provider Handbooks

The intent of the Medicaid handbooks is to furnish the Medicaid provider with policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients. The handbooks provide detailed descriptions and instructions about how and when to complete forms, letters, or other documentation. There is a Medicaid Provider General Handbook as well as two sets of provider handbooks for each provider type. The Coverage and Limitations Handbooks explains covered services and policies for each type of Medicaid Service. The Reimbursement Handbooks contain generic eligibility information, general Medicaid information, and claim instructions.

The [Web Portal User Guide](#) is also available and provides information about registering your account, as well as, understanding page layout and how to navigate within the Web Portal. The Web Portal User Guide also provides instructions for completing and submitting a claim using the Web Portal.

The Agency for Health Care Administration is implementing the **Florida Medicaid Electronic Health Record (EHR) incentive program**, in accordance with the federal government guidelines. Medicaid Eligible Professionals and Hospitals will be able to register for the EHR Incentive Program starting in September 2011. Registration information is provided in the [EHR Incentive Guide for Eligible Hospitals \(7.6 MB\)](#) and the [EHR Incentive Guide for Eligible Professionals \(5.2 MB\)](#) guides.

# Public Web Portal

## — For Enrollment Wizard

- To apply online, click *Enrollment*, scroll down to *ON-LINE ENROLLMENT WIZARD*, click and follow the online instructions.

**Providers**

- Home
- Area Offices
- Contact Us
- Provider Support
- Medicaid Electronic Health Record (EHR) Incentive Program
- Enrollment
- EDI
- Managed Care
- Pharmacy
- TPL

**Agency Initiatives**

- DRG Pricing
- ICD-10

**Enrollment Application**

If you have questions about completing the online provider enrollment application, please review the [Guide for Completing a Medicaid Provider Enrollment Application](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

**Instructions**

**Instructions** ?

Welcome to the online Provider Enrollment application.

You must complete each step in the enrollment application. When you have completed all of the steps please click on the 'Submit' button to submit your application. The application is automatically saved after each step.

Help is available by clicking the question mark (?) in the title bar.

Please click the 'New Application' to start a new Provider Enrollment application or click 'Continue Application' to continue with an existing application.

exit new application continue application

**REPORT MEDICAID FRAUD**  
**Online or 866-966-7226**  
**REPORTE FRAUDE DE MEDICAID**

# Public Web Portal

## – For Additional Enrollment forms

- Click *Enrollment*, then *Enrollment Forms*. Scroll down to the forms you need - This is where FFS applicants obtain the *EFT and EDI* forms.

### Providers

- Home
- Area Offices
- Contact Us
- Provider Support
- Medicaid Electronic Health Record (EHR) Incentive Program
- **Enrollment**
  - Background Screening
  - Enrollment Status
  - **Enrollment Forms**
  - Provider Re-Enrollment
  - Out-of-State Enrollments
- EDI
- Managed Care
- Pharmacy
- TPL

### Agency Initiatives

- DRG Pricing
- ICD-10

### Enrollment Forms

- [New Medicaid Providers - Non-Institutional](#)
- [New Medicaid Providers - Institutional](#)
- [Add Additional Locations](#)
- [Attestation for Eligible Rendering Physician Providers](#)
- [Managed Care Treating Provider](#)
- [Clearinghouse Providers](#)
- [Additional Enrollment Forms](#)
- [Provider Re-Enrollment Forms](#)

To access the documents on this page, you must have Adobe Acrobat Reader Installed on your machine. To save a document from the list below right-click the link and then select "Save Target As..."

### New Medicaid Providers - Non-Institutional

- [Florida Medicaid Provider Enrollment Application](#)
- [Florida Medicaid Provider Enrollment Guide for Completing Application](#)
- [Non-Institutional Provider Agreement](#)
- [Electronic Funds Transfer Authorization](#)
- [National Provider Identifier Registration Form](#)

**Additional Needed for Group Providers**  
[Group Membership Authorization](#)

# Secure Web Portal

**FLORIDA  
MEDICAID**

A Division of the Agency for Health Care Administration

**AHCA**  
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

## Recipients

### Public Information for Recipients

- [Medicaid Options](#)
- [Recipient Notices](#)
- [DCF Access](#)

REPORT MEDICAID FRAUD  
Online or 866-966-7226  
REPORTE FRAUDE DE MEDICAID

## Providers

- [Public Information for Providers](#)
  - Contact Us
  - Bulletins
  - Handbooks
  - Fee Schedules
  - Forms
  - Training
  - Provider Enrollment
  - Out-of-State Provider Enrollment

- [Secure Information for Providers](#)
  - Provider Demographic Maintenance
  - Prior Authorization Search
  - Recipient Eligibility
  - Claims Status
  - Claims Submission - Dental, Institutional, and Professional
  - Provider Reports
  - Trade Files Area
  - Third Party Liability

## Area Offices

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- [Area Office 6](#)
- [Area Office 7](#)
- [Area Office 8](#)
- [Area Office 9](#)
- [Area Office 10](#)
- [Area Office 11](#)

# Secure Web Portal

- Enrolled FFS providers are assigned a Medicaid ID and a Personal Identification Number (PIN) with which they may access the secure portal.
- Online training is available for all features of the secure portal.

# Secure Web Portal

Providers may:

- Update basic information;
- Download a form to update address information;
- Verify recipient eligibility;
- Request and track prior authorization and referrals;
- Submit and track claims and Explanation of Benefits (EOB) responses;
- Access provider alerts, notices and policy updates;
- View group relationships.



# Secure Web Portal

**Providers** Account Claims Eligibility Prior Authorization LTC Trade Files Super User  
demographic maintenance

Service Location > Location Name Address > EFT Account > Service Language > Ownership

Provider Information	
<b>Medicaid Provider ID</b>	720027700 MCD
<b>National Provider ID</b>	
<b>Practice Type</b>	INDIVIDUAL PRACTICE
<b>Provider Type</b>	86 - NON-PROVIDER MAIL LIST ONLY
<b>Ownership</b>	NO
<b>Medicaid Effective Date</b>	09/21/2000
<b>Medicaid End Date</b>	12/31/2299
<b>Address Type</b>	SERVICE LOCATION
<b>Address</b>	2562 E EXECUTIVE CENTER CIR ST
<b>City</b>	TALLAHASSEE
<b>County</b>	DADE
<b>State/Zip</b>	FL 32301-5002
<b>Phone</b>	000-000-0000

Service Location	
<b>Accepting New Patients?</b>	NO
<b>Include in Directory Search?</b>	NO
<b>Receive Bulletins by Mail?</b>	YES



# Section 3

## Enrolling Providers for a Fee-for-service Medicaid Provider Service Network

# Fee-for-service (FFS) Enrollment

- Providers who contract with a FFS Provider Service Network (PSN) must be fully-enrolled in Florida Medicaid.
- Providers who are currently enrolled simply share their Medicaid ID and NPI data with the PSN.
- Providers who are not enrolled will submit a Florida Medicaid Provider Enrollment Application.

# FFS Enrollment

To enroll in Medicaid, FFS applicants must submit the following forms and documentation:

- *Online Florida Medicaid Provider Enrollment Application*
- *Medicaid Provider Agreement*
- *Electronic Data Interchange Agreement*
- *Electronic Funds Transfer with Account Verification*
  - Voided check/deposit slip or a bank letter verifying the account name, the account number, and the transfer/routing number.
- Proof of Tax ID
  - Social Security Number - Submit copy of Social Security card
  - Federal Employer Identification Number (FEIN) - Submit proof of FEIN from the IRS showing name and tax ID or an IRS Form W-9 with an original signature.
- Copies of applicable licenses.
- Any other information that is required by the Enrollment Wizard such as copies of certifications, local business licenses, and other required documentation.

# Background Screening

- Level 2 background screening is required for all persons declared on the application.
- Medicaid utilizes LiveScan vendors throughout the state to submit fingerprints.
- Complete instructions regarding background screening are posted on the public portal under Enrollment/Background Screening.

# Background Screening

- Please have the following information available at the time of screening:
  - A valid picture ID
  - Full Name
  - Address
  - Social Security Number
  - Date of Birth
  - Race
  - Sex
  - Height
  - Weight
- Tell the LiveScan vendor your screening is for Florida Medicaid Provider Enrollment and should be submitted under **ORI FL922013Z**. This ensures the results are delivered to Florida Medicaid.
- Florida Medicaid may not share results with the applicant or an employer at this time. A future enhancement will allow sharing.

# Fee-for-Service (FFS) Enrollment

- FFS applicants are encouraged to use the On-line Enrollment Wizard which includes:
  - Step-by-step instructions
  - Start and stop feature
  - Validation that all required sections are complete before submission
  - No postage fees - Upload or fax the supporting documents
  - Tracking of submitted application status

# Enrollment Wizard Timeouts

Users with Internet Explorer 7 and Internet Explorer 8 may experience timeout messages when accessing the wizard.

## Solutions:

- Upgrade to Internet Explorer 9; or,
- Start your provider application from the following address for the Medicaid Public Web:

[https://portal.flmmis.com/flpublic/Provider\\_Enrollment\\_EnrollmentApplication/tabid/54/desktopdefault/+/Default.aspx](https://portal.flmmis.com/flpublic/Provider_Enrollment_EnrollmentApplication/tabid/54/desktopdefault/+/Default.aspx).



# Enrollment Wizard

To start:  
Click  
**Enrollment Type**  
and select  
**Provider Type/**  
**Specialty**  
from dropdowns.

## Enrollment Application

If you have questions about completing the online provider enrollment application, please review the [Guide for Completing a Medicaid Provider Enrollment Application](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

[Instructions](#) > [Request Type](#) > Before You Continue

**Request Type** ?

**Enrollment Type\***

- INDIVIDUAL PROVIDER
- INDIVIDUAL ENROLLING AS A MEMBER OF A GROUP
- GROUP
- FACILITY/INSTITUTION

**Provider Type\*** 99-BILLING AGENT

**Primary Specialty\*** 999-BILLING AGENT

**Secondary Specialty**

**Third Specialty**

**Fourth Specialty**

**Is this a Crossover only application?**

- No
- Yes

**Is this application based on a change of ownership (CHOW)?**

- No
- Yes

**save & continue** **exit**

# Enrollment Wizard

The wizard reminds you to gather personal information before you begin completing the application.

## Enrollment Application

If you have questions about completing the online provider enrollment application, please review the [Guide for Completing a Medicaid Provider Enrollment Application](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

[Instructions](#) > [Request Type](#) > Before You Continue

**Before You Continue** ?

**Enrollment Application**

**Before you continue:**

It may be helpful to have the information listed below *before* you begin answering the questions.

- NPI, Medicare Number and DEA Number (if applicable)
- Number, original issue date, effective date and expiration date of all professional licenses
- NPI of any provider who either supervises you or covers your practice in your absence
- FEIN or SSN used for tax reporting
- Routing number and account number for where you payments should be deposited
- Name, phone, email of enrollment billing, and clinical services contacts

[previous](#) [save & continue](#) [exit](#)

# Enrollment Wizard

- Once enough data is entered to save the application the wizard assigns a tracking number (ATN). Use the ATN and the name to track the status of the application on the portal.

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### Enrollment Application

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If you have questions about completing the online provider enrollment application, please review the [Guide for Completing a Medicaid Provider Enrollment Application](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

[Instructions](#) > [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 NP1](#) > [ATN Information](#)

Please make note of your ATN: 483606 and Name: DOYE

#### ATN Information

We have collected enough information to save your application. Your application will be automatically saved as you progress through each page remaining in the application.

Your application has been assigned Application Tracking Number (ATN) **483606** and the name entered for this Application is **DOYE**. Please write down both the ATN and name and keep them in a safe place.

You can exit this application and return at a later time to continue. Once the application has been submitted you can check the status from the Enrollment Status link. You will need to enter both the ATN and name to continue the application or to check the status.

[previous](#) [save & continue](#) [exit](#)

# Enrollment Wizard

- The wizard only asks for information necessary for your specific provider type and specialty.
- The wizard ensures each question is answered before proceeding.
- Remember, once you receive your ATN, you may exit and return later to complete the application.

# For More Information

- If you have questions:
  - Review the *Guide for Completing a Medicaid Provider Enrollment Application* on the Medicaid public portal, or
  - Call the Medicaid Provider Enrollment Unit at 1-800-289-7799, Option 4.

# Enrollment Wizard

After submission, the Wizard generates a list of required supporting documents.

They may be uploaded directly from this screen or faxed in.

Applicants may print a copy of their application for their records.

## Enrollment Application

If you have questions about completing the online provider enrollment application, please review the [Guide for Completing a Medicaid Provider Enrollment Application](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

[Instructions](#) > [Search](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#) > [Pay To Address](#) > [Home/Corp Office Address](#) > [Kref NPI](#) > [Member of the following Groups](#) > [Owners and Operators](#) > [Applicant History](#) > [Certification](#) >

Please make note of your ATN: 483611 and Name: DOYE

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

The Application Tracking Number (ATN) is : 483611

Status:

Your application has been successfully submitted and is being processed.

### WHAT'S NEXT?

Your application will not be processed until you submit the following required documents:

Document	Status
COPY OF NPI REGISTRATION FORM	NOT RECEIVED
COPY OF PROFESSIONAL LICENSE - (CH)	NOT RECEIVED
LIVESCAN BACKGROUND SCREENING OR PROOF OF EXEMPTION	NOT RECEIVED
MEDICAID PROVIDER AGREEMENT - NON INSTITUTIONAL	NOT RECEIVED
PROOF OF TAX ID	NOT RECEIVED

### GENERAL INSTRUCTIONS

- Print a copy of the application for your records. [Print Application](#)
- [Enrollment forms](#) are available on this site.
- Required documents can be mailed, faxed, or uploaded:
  - A cover page is required for documents that are sent by mail or fax. [Print Cover Page](#).
  - [Upload required documents](#).
- 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 1-800-289-7799, option 4 (Provider Enrollment).

exit

# Section 4

## Registering Providers for a Capitated Medicaid Managed Care Organization

# Capitated Registration

- Providers who contract with a capitated Managed Care Organization (MCO) must have a Florida Medicaid ID which will be used for the submission of encounter claims data.
- Providers who are enrolled in Medicaid for FFS simply supply their Medicaid ID and NPI data to the MCO.



# Capitated Registration

- Providers who do not have a Medicaid ID may obtain one through a simplified registration process.
- The MCO submits on behalf of the provider through one of two methods:
  - Automated Mass Registration Tool; or,
  - Simplified Registration Form.

# Mass Registration

- MCOs may submit provider mass registration files to register in-state providers that are members of the MCO provider network but who are currently not enrolled or registered as an active Florida Medicaid provider.
- The Mass Registration tool:
  - Validates the data file for format and content
  - Matches against the existing provider database to ensure there is no duplication of provider records.
    - If there is a match to an existing record, a new provider ID is not created.
    - If there is no match to an existing record, a new provider ID is created.
  - Reports back to the plan

# Mass Registration

- The *Mass Registration and Linking/Delinking Guide* is available on the Managed Care page of the public Web portal.
- Assistance with technical questions about the Mass Registration is available from HP EDI Helpdesk at 866-586-0961.

# Mass Registration

## Common Errors

- Missing or Invalid Data
  - License Number
  - Street Address
  - Tax ID
- Duplicate Requests for the same provider

# Manual Registration



## Managed Care Treating Provider Registration

Providers who are not already enrolled with the Florida Medicaid program, and who perform services for Florida Medicaid eligible recipients under a Medicaid capitated managed care organization (MCO), may submit this form to obtain a Florida Medicaid provider ID. The provider ID may then be used to submit encounter data for the services rendered under the MCO. The provider may also be available as an option for assignments in the choice counseling process.

- **Applicants who do not sign this form will not be available as an option for assignments in the choice counseling process.** An MCO may submit the form on their behalf and a provider ID will be assigned solely for the submission of encounter data.
- **This form may not be used to apply as a fee-for-service provider.** If the applicant plans to submit claims directly to Florida Medicaid for fee-for-service reimbursement, they must submit the full Florida Medicaid Provider Enrollment Application, available at <http://mymedicaid-florida.com>.

### 1. Provider Name

Enter the applicant's name and, if applicable, a Doing Business As (D/B/A) designation.

**Last Name or Business Name:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Middle Name or Initial:** \_\_\_\_\_  
**Doing Business As:** \_\_\_\_\_  
*(Optional)*

### 2. Tax Information

Check the appropriate box to indicate a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) and list the nine (9) digit number.

Social Security Number     Federal Employer Identifier Number \_\_\_\_\_

### 3. Address Information

*NOTE: The Service Location Address must be a physical location, not a Post Office box or mail service center.*

**Service Location Address:** \_\_\_\_\_  
**Building, Suite Number:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
*(        )*  
*Area Code*



# Manual Registration

- Out-of-State providers download, complete and submit the “Managed Care Treating Provider Registration” form to the MCO. The form may be scanned and delivered electronically.
- The MCO signs the form and forwards to Medicaid for processing.
- Medicaid sends a welcome letter to the provider. The letter contains the new Medicaid ID and the MCO to which the provider is linked.
- An MCO may submit the registration form on behalf of out-of-state providers.
- If the MCO submits the form on behalf of the provider, Medicaid sends the welcome letter to the MCO, not to the provider.

# Manual Registration

- The Managed Care Treating Provider Registration form is available on the Managed Care page of the public Web portal.
- The registration form may not be used to apply as a fee-for-service provider. (See FFS Enrollment.)

# Manual Registration

## Common Errors

- Missing MCO Medicaid ID
- Missing MCO Signature
- Missing or Invalid Provider Type

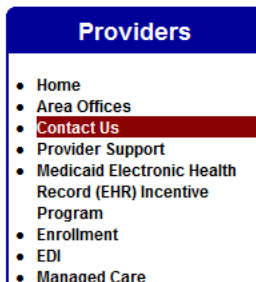


# Section 5

## Resources

# Resources

- Contact information for the Medicaid fiscal agent, the Medicaid Area Offices, and the Medicaid field representatives is located on the public portal.



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## Contact Us

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The following is important contact information applicable to all Florida Medicaid providers:

- [Contact Information Sheet](#)
  - [Florida Medicaid Area Offices](#)
  - [HP Enterprise Services Provider Services Field Representative Map](#)
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# Resources

- Questions can be emailed to: [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com)
- Updates about the Statewide Medicaid Managed Care program are posted at: [http://ahca.myflorida.com/Medicaid/statewide\\_mc](http://ahca.myflorida.com/Medicaid/statewide_mc)
  - Upcoming events and news can be found on the “News and Events” tab.
  - You may sign up for our mailing list by clicking the red “Sign Up for Program Updates” box on the right hand side of the page.

# Additional Information



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



[Twitter.com/AHCA\\_FL](https://www.twitter.com/AHCA_FL)