



Florida Medicaid

Provider Enrollment Policy

Agency for Health Care Administration
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1.0 Introduction

This policy provides the requirements to enroll, and maintain enrollment, as a Florida Medicaid provider.

1.1 Florida Medicaid Policies

This policy is intended for use by all providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.2) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Policies are available on the Agency for Health Care Administration's (Agency) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.2 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.2.1 Agent

Any person who has been delegated the authority to obligate or act on behalf of a provider.

1.2.2 Board Certified

Certified by a medical specialty board; approved by the American Association of Physician Specialists, American Board of Optometry, American Osteopathic Board of Neurology and Psychiatry, American Board of Psychiatry and Neurology, American Board of Medical Specialties, or American Osteopathic Association; or certified by a dental specialty board of the American Dental Association.

1.2.3 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.2.4 Covered Health Care Provider

Health care provider that electronically transmits any of the Health Insurance Portability and Accountability Act (HIPAA) standard transactions, such as claims or eligibility verification.

1.2.5 Crossover-Only Provider

Eligible Medicare provider enrolled in Florida Medicaid solely for the purposes of billing the coinsurance and deductible portion of a Medicare claim in accordance with section 409.907, Florida Statutes (F.S.).

1.2.6 Director

A member of the board of directors of a corporation (for use regarding requirements of Title 42, Code of Federal Regulations (CFR), Part 455, Subpart B). A medical director who is not a member of the board of directors is not considered a director.

1.2.7 Direct Ownership

Individual or entity with ownership interest in the disclosing entity (e.g., owns stock in the business, etc.).

1.2.8 Exclusion

A penalty imposed on a provider by Medicare or Medicaid in this or any other state.

1.2.9 Facility or Other Business Entity

An entity that is formed and administered in accordance with commercial laws in order to engage in business activities.

1.2.10 Fully Enrolled Provider

Providers that meet the full credentialing requirements for participation in Florida Medicaid and are eligible to provide services to recipients enrolled in either fee-for-service or managed care delivery systems.

1.2.11 General Policies

Collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C., containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.2.12 Indirect Ownership

As defined in Rule 59G-1.010, F.A.C.

1.2.13 Limited Enrolled Provider

Providers only participating in the network of a Florida Medicaid managed care plan.

1.2.14 Managing Employee

A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency. This includes medical directors who are not members of the board of directors.

1.2.15 Non-Covered Health Care Providers

Individuals or organizations that furnish nontraditional services that are only indirectly health care related, or that only bill for, or receive payment for, but do not furnish health care services or supplies.

1.2.16 Ordering or Referring Providers (ORPs)

Providers who perform the following:

- Certify a recipient's need for a service
- Prescribe (either drugs or other covered items)
- Refer a recipient to another provider or facility for covered services
- Send a recipient's specimen(s) to a laboratory for testing
- Practitioner functioning as an attending provider at an inpatient or outpatient facility with primary responsibility for the recipient's care and treatment

1.2.17 Person with an Ownership or Control Interest

A person or organization as defined in 42 CFR 455.101-102.

1.2.18 Registered Agent

An individual authorized to transact business on behalf of the provider, identified in the provider's Articles of Incorporation filed with the Florida Department of State.

1.2.19 Sole Proprietor

A natural person who is not an incorporated entity.

1.2.20 Sole Proprietor Enrolling as a Member of a Group

A natural person who is not an incorporated entity who must reassign his or her billing rights to a group employer.

1.2.21 Trading Partner

Individual or entity that contracts with a Medicaid enrolled provider to supply eligibility verification, billing, or switch vendor services.

2.0 General Enrollment Policy

For the purposes of this policy, the term provider(s) refers to individuals or entities that are applying to become a Florida Medicaid provider or that are enrolled. All providers must comply with the following general requirements in conjunction with the provider-specific requirements set forth in the appendices.

Providers deemed ineligible during the application process will be denied, or terminated from, enrollment with Florida Medicaid, including providers who:

- Fail to furnish documentation or records validating information submitted with the provider's application
- Do not comply with Florida Medicaid provider agreement criteria specified in section 409.907, F.S.
- Act in "violation" as defined in Rule 59G-9.070, F.A.C.

2.1 Enrollment Application Process

Providers must submit an enrollment application using the Online Provider Enrollment Wizard (Wizard), incorporated by reference in Rule 59G-1.060, F.A.C., and available on the Florida Medicaid Web portal at <http://portal.flmmis.com/flpublic>.

The Wizard notifies providers of any supporting documents required for enrollment in accordance with Florida Medicaid policy once the application is created. The application submission process is complete when all required supporting documents are received and matched with the online submission.

Providers must submit true and accurate statements and documents to the Agency. Filing materially incomplete or false information is a felony and is sufficient cause to deny an enrollment application or terminate a provider's enrollment in Florida Medicaid pursuant to section 409.920, F.S.

2.2 Provider Eligibility

Providers must meet all of the following requirements before enrolling in the Florida Medicaid program:

- Be fully operational
- Be located in Florida or no more than 50 miles from the Florida border, unless otherwise specified in this policy
- Meet all applicable provider qualifications described in this policy, the applicable service-specific coverage policy, federal regulations, and state laws

2.3 Moratoria

The Agency may impose temporary moratoria on enrolling new providers or provider types in accordance with 42 CFR 455.470.

2.4 Application Types

Providers must enroll as one of the following:

- Sole proprietor
- Sole proprietor enrolling as a member of a group
- Group (greater than one member)
- Facility or other business entity

2.4.1 Group Membership

Group membership authorization is required when forming, joining, or separating from, a group. Providers must submit the Group Membership Authorization, AHCA Form 5000-1061, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>.

2.5 Enrollment Types

Providers must enroll as one of the following:

- Fully enrolled
- Limited enrolled
- Ordering or referring

2.6 Provider and Specialty Type

Providers must choose a provider type, and at least one specialty type with a corresponding taxonomy, applicable to the Florida Medicaid service the provider intends to provide.

By entering a specialty type in the enrollment application:

- Licensed practitioners attest to the successful completion of post-graduate training in the chosen specialty field.
- Non-licensed practitioners attest to the successful completion of all required education, training, work history, and certifications in the chosen specialty field.

2.7 Enrollment for Medicare Crossover-Only Payment

Medicare providers must fully enroll in Florida Medicaid and must submit all of the following documentation with the application:

- Medicare approval letter
- Letter on company letterhead that includes all of the following:
 - Attestation that the provider meets all Florida Medicaid provider enrollment requirements, including those specific to the applicant's provider type, if applicable
 - Acknowledgement that the Agency may conduct on-site reviews prior to approving the crossover provider ID number
 - Handwritten authorized signature

2.8 Enrollment of Ordering or Referring Physicians or Other Professionals

Ordering or referring providers, or other professionals, must enroll in Florida Medicaid in accordance with 42 CFR 455.410, except when an ORP orders for, or refers, a recipient prior to the recipient's eligibility to participate in Florida Medicaid, and the ORP's National Provider Identifier (NPI) is included on the claim.

Providers whose only relationship with Florida Medicaid is as a referring, ordering, prescribing, and attending practitioner may enroll as a ROPA provider.

Florida Medicaid billing providers must obtain a full or limited enrollment, as applicable.

2.9 Billing Agents

Billing agents and clearinghouses must enroll in Florida Medicaid to process transactions on behalf of a provider. Compensation for billing agent or clearinghouse services must comply with all of the following:

- Be related to the cost of processing the transactions
- Not be dependent upon the collection of any Florida Medicaid payment
- Not be related to a percentage, or other basis, of the amount that is billed or collected

Providers must submit a written request with an original authorizing signature to the Agency to designate a billing agent to receive payments from Florida Medicaid in the provider's name.

The Agency will terminate the provider agreement of any billing agent attempting to receive Florida Medicaid reimbursement in its own name or enroll as a pay-to-provider.

2.10 Out-of-State Provider Enrollment Requirements

Out-of-state providers who furnish services in accordance with Rule 59G-1.050, F.A.C., Florida Medicaid General Medicaid Policy, must enroll in Florida Medicaid for reimbursement, including the following:

- Durable medical equipment and supplies entities enrolling as Medicare Crossover-Only providers with proof of accreditation from a Florida Medicaid-approved accrediting organization
- Fully licensed physicians in Florida that interpret diagnostic testing results from an out-of-state location through telecommunications and information technology

- Independent laboratories certified under the Clinical Laboratory Improvement Amendments
- Medical supply and durable medical equipment (DME) providers and pharmacies that supply items that are not otherwise available from other enrolled providers located within Florida
- Providers that have furnished covered services to an eligible Florida Medicaid recipient in accordance with the applicable Florida Medicaid policy

2.10.1 Out-of-State Provider Enrollment Application

Out-of-state providers must submit the following documents to Florida Medicaid Provider Enrollment, P.O. Box 7070, Tallahassee, FL 32314-7070:

- Completed Florida Medicaid Provider Enrollment Application Out-of-State Fee for Service Delivery, AHCA Form 5000-1260, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>.
- The appropriate Florida Medicaid Provider Agreement, Institutional or Non-Institutional
- Copy of a state facility or professional license
- Claim form
- Documentation that the claim meets one of the criteria in Rule 59G-1.050, F.A.C.

The effective date for out-of-state provider enrollment will be the date on which the service(s) were provided, if the service(s) were eligible for Florida Medicaid reimbursement on that date.

2.11 Florida Medicaid Provider Agreement

Providers must complete, sign, date, and submit the applicable Florida Medicaid Provider Agreement, available at <http://portal.flmmis.com>, as follows:

- Florida Medicaid Institutional Provider Agreement
- Florida Medicaid Institutional Provider Agreement & Election to Make Presumptive Eligibility Determinations as a Qualified Hospital
- Florida Medicaid Institutional Provider Agreement as an Intermediate Care Facility (ICF)
- Florida Medicaid Non-Institutional Provider Agreement
- Florida Medicaid Provider Agreement for Durable Medical Equipment and Medical Supplies
- Medicare Crossover-Only Provider Agreement

Florida Medicaid Provider Enrollment Agreements and Forms are located at <http://portal.flmmis.com> under Provider Services.

2.11.1 Provider Agreement Signature

Sole proprietors and sole proprietors enrolling as a member of a group must personally sign the agreement; an agent may not sign in lieu of the sole proprietor.

All persons with five percent or greater ownership or controlling interest must sign the provider agreement. A senior official or designated agent of an organization may sign the agreement in lieu of all required persons; the signature is binding to all persons disclosed on the application.

An organization's Articles of Incorporation or other official written documentation must designate any agent. The provider must submit a copy of the document with the application.

2.12 Enrollment Exclusions

The Agency excludes individuals or entities that meet any of the following, and have not been reinstated by the Department of Health and Human Services Office of Inspector General, from enrolling as a provider:

- Currently sanctioned by Medicare or Medicaid in any state
- Involuntarily terminated by Medicare or Medicaid in any state, except for reason of inactivity
- Voluntarily terminated from Medicare or Medicaid in any state without paying monies owed to the program or submitting an acceptable repayment agreement, as applicable

2.12.1 Unqualified Applicants

The Agency may prohibit applicants from submitting a new enrollment application for one year from the application date when the applicant is denied enrollment in Florida Medicaid because the provider does not meet all applicable provider qualifications described in this policy, the applicable service specific coverage policy(ies), federal regulations, or state laws.

2.13 Application Deficiencies

Florida Medicaid will notify applicants of any technical application deficiencies in writing in accordance with section 409.907, F.S. Applicants must correct deficiencies within 21 days from the date of notification, or the application will be denied. Applicants must submit a new application to begin the enrollment process again if the applicant's application was denied for deficiencies.

2.14 Effective Date of Enrollment

The Agency establishes the effective date of provider enrollment in accordance with section 409.907(a), F.S.

An approved Florida Medicaid application must:

- Be accurately and fully completed
- Meet all the enrollment requirements, as specified and approved by the Agency, including:
 - Background screening(s)
 - Interview(s)
 - Inspections

2.15 Reenrollment Process After Termination

Providers that have voluntarily terminated from the Florida Medicaid program may apply for reenrollment with Florida Medicaid after termination for any reason.

2.15.1 Reenrollment after Involuntary Termination

Providers that have been involuntarily terminated through a contractual or final order action, except for reason of inactivity, may not apply to reenroll with Florida Medicaid for a minimum of three years after the contractual action, or after the revocation period has expired, whichever is later.

2.15.2 Reenrollment after Medicare or Medicaid Termination

Providers must supply proof of reinstatement from Medicare or any state Medicaid program with the enrollment application if the provider was terminated by Medicare or Medicaid in any other state.

Approval for reenrollment in Medicare or Medicaid in any other state does not guarantee that the provider is eligible to be reenrolled in Florida Medicaid.

2.15.3 Reenrollment with a Different Name or Tax Identification Number

Providers must furnish the prior name, tax identification number (TIN), and the previous Florida Medicaid ID number with the application if the provider applies for reenrollment under a different name or TIN.

3.0 Enrollment Application – Specific Requirements

3.1 Florida Medicaid Provider Identification (ID) Number(s)

Florida Medicaid assigns one provider ID number per TIN and type of service unless the provider is uniquely licensed or certified by location. Each unique license or certification requires a separate provider application and is assigned a Florida Medicaid provider ID for each license or certification.

Providers enrolled in Florida Medicaid must not share their provider ID, nor use another individual's or entity's provider ID, to submit claims. A provider's ID must not be shared or used by any other individual or entity that is not the provider to whom the ID is assigned, with the exception of providers using a billing agent or trading partner to submit claims, as described in section 2.9.

Provider ID numbers are non-transferable except hospital, intermediate care facility, and skilled nursing facility provider IDs, which are transferable in cases of a change of ownership, in accordance with section 409.907, F.S.

Providers must submit the Florida Medicaid Provider Enrollment Change of Ownership (CHOW) Disclosure Form-Hospital, Intermediate Care Facility (ICF), and Skilled Nursing Facility ONLY, AHCA Form 5000-1264, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>.

The purchaser must disclose their ownership and controlling interest and submit to screening as part of the transfer of the ID.

3.2 Tax Identification Numbers

Providers must report the provider's Internal Revenue Service assigned TIN on the Florida Medicaid provider enrollment application.

Sole proprietors and sole proprietors enrolling as a member of a group must enroll with the provider's Social Security Number. Florida Medicaid is authorized to collect this information in accordance with Section 1902(a)(78) of the Social Security Act.

Incorporated persons or entities must enroll with the provider's Federal Employer Identification Number.

Providers must not enroll using a TIN belonging to another person or entity.

3.3 Provider Entity Type

Florida Medicaid assigns providers a provider entity type, which is determined based on the provider's tax ID, as follows:

- Providers enrolled with a SSN are designated as an Individual provider entity type.
- Providers enrolled with a FEIN are designated as an Organizational provider entity type.

The provider entity type cannot be modified after it is determined during enrollment.

3.4 Affiliation Disclosure

Initially enrolling or revalidating providers must report affiliation information as required in 42 CFR 455.107.

3.5 Contact Information

Providers must include the following information on the Florida Medicaid provider enrollment application:

- Email address
- Mailing address
- Payment address
- Service address(es)
- Telephone number

3.6 Certifications

Providers must report or provide any certification as required in accordance with Florida Medicaid service-specific policies.

3.7 License, Facility or Professional

Providers must report Florida licensure as required for the scope of practice or service offered, and as required in accordance with Florida Medicaid service-specific policies.

3.8 Drug Enforcement Administration (DEA)

Providers who prescribe, order, or administer medications and who are required to register with the DEA must provide their DEA registration certificate.

3.9 Medicare Provider Identifiers

Medicare-enrolled providers must provide the provider's Medicare number on the Florida Medicaid provider enrollment application.

3.10 National Provider Identifier

Providers must report the provider's NPI in accordance with 45 CFR Part 162. The NPI entered by the provider will be validated with the National Plan and Provider Enumeration System.

- Providers designated as an Individual provider entity type will enroll with one Medicaid provider ID and include all service addresses under the one ID (if the provider has more than one service address).
- Providers designated as an Organizational provider entity type and signing an Institutional Provider Agreement must enter a unique NPI for each service location (if the provider has more than one service address).
- Providers designated as an Organizational provider entity type and signing a Non-Institutional Provider Agreement are not required to designate one NPI per service location.

3.11 Surety Bonds

Providers in a moderate or high-risk category as identified in Section 4.0 of this policy may be required to post a surety bond, in accordance with sections 409.912 and 409.907, F.S., including those with:

- An approved appeal for an exception to an existing moratorium
- Applications submitted within six months of a moratorium lifting

Providers may be required to replace an expired bond within 30 days of the expiration date.

Providers required to post a surety bond must complete and submit a State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>.

3.12 Disclosure of Ownership Interest and Managing Control

Providers must disclose all required ownership information as specified in 42 CFR Part 455, Subpart B and must also disclose all officers and directors, including individuals who serve in a voluntary (e.g., unpaid) capacity or designated as "trustee(s)," and all managing employees.

Providers must disclose all general and limited partnership interests regardless of the percentage of ownership interest or managing control.

There are no exceptions to the disclosure requirements for publicly traded, non-profit, or government-owned entities.

3.13 Criminal History Check

All persons disclosed on the provider application must submit a complete set of fingerprints for background screening in accordance with 42 CFR Part 455, Subpart E, and section 409.907, F.S.

Florida Medicaid providers must utilize the Care Provider Background Screening Clearinghouse to request, schedule, and track fingerprint results in accordance with section 435.12, F.S.

A not-for-profit corporation or organization as defined in Chapter 617, F.S., may submit a Non-profit Organization Certification – Fingerprinting Exemption, AHCA Form 5000-1261, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>, if each person listed on the corporation's application meet all of the following requirements:

- Serves solely in a voluntary capacity for the eligible not-for-profit entity
- Receives no remuneration from the eligible not-for-profit entity
- Does not take part in the day-to-day operational decisions of the eligible not-for-profit entity
- Has no financial interest in the eligible not-for-profit entity
- Has no family members with a financial interest in the eligible not-for-profit entity

Eligible not-for-profit entities exempt from fingerprinting requirements must submit the Special Exempt Entity Certification – Fingerprinting Exemption, AHCA Form 5000-1262, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>, when the entity meets one of the following:

- Is a unit of local government
- A school district
- Derives more than 50% of its revenue from the sale of goods to final consumers and is required to file a form 10K with the Securities and Exchange Commission or has a net worth of \$50 million or more

3.14 Florida Medicaid Electronic Funds Transfer Authorization

Providers must submit a bank letter or voided check/deposit slip to receive direct reimbursement from Florida Medicaid.

4.0 Provider Screening

4.1 Screening Risk Categories

The Agency conducts provider screenings based upon categorical risk levels of "limited," "moderate," or "high," in accordance with 42 CFR Part 455, Subpart E. The Agency also screens provider applications for new practice location(s) and any provider applications received for reenrollment or revalidation of enrollment requests. The Agency changes a provider's risk category dependent upon potential for fraud, waste, or abuse.

Providers seeking enrollment or enrolled providers must permit the Agency to conduct unannounced on-site inspections of any and all provider locations.

4.2 Screening Categories

The Agency designates provider categorical risks in accordance with 42 CFR 455.450, as follows:

4.2.1 Providers and suppliers designated as "limited" categorical risk:

- Individual practitioners and groups owned by the practitioners including:
 - Advanced practice registered nurses
 - Audiologists and hearing aid specialists
 - Case managers or social workers
 - Chiropractors
 - Dentists

- Intermediate care facilities
- Licensed midwives
- Licensed practical nurses
- Medical assistants
- Opticians
- Optometrists
- Physicians
- Physician assistants
- Podiatrists
- Registered dental hygienists
- Registered nurses and registered nurse first assistants
- Ambulatory surgical centers
- Assistive care services
- Birth centers
- Board Certified assistant Behavior Analysts (BCaBA)
- Certified behavioral health technologists
- County health departments
- Department of Health Children's Medical Services including early intervention services
- Freestanding dialysis centers
- Federally qualified health centers
- Home and community-based services providers
- Hospitals
- Medical foster care
- Occupational, respiratory, or speech therapists, enrolling as individuals
- Pharmacies
- Physician groups owned by non-physicians
- Prescribed pediatric extended care centers
- Public, private, and charter schools
- Registered behavior technicians
- Residential and freestanding psychiatric facilities
- Rural health clinics
- Rural hospital swing bed facilities
- Skilled nursing facilities
- Specialized therapeutic services
- Trading partners
- Transportation providers – non-emergency (privately owned and government-owned)

4.2.2 Providers and suppliers designated as “moderate” categorical risk:

- Case management agencies, including targeted case management services, unless otherwise specified
- Community behavioral health services
- Hospice organizations
- Independent clinical laboratories
- Occupational, physical, respiratory, or speech therapists, enrolling as group practices
- Portable x-ray suppliers
- Revalidating home health agencies
- Revalidating durable medical equipment, prosthetics, orthotics, and supplies suppliers
- Transportation providers – ambulance and air ambulance (privately owned and government owned)

4.2.3 Providers and suppliers designated as “high” categorical risk:

- Behavior analysis practitioners (Lead analysts and groups)
- Mental health targeted case management providers
- Physical therapists, enrolling as individuals
- Prospective (newly enrolling) home health agencies and other home health service providers
- Prospective (newly enrolling) durable medical equipment, prosthetics, orthotics, and supplies suppliers

4.3 Enrollment Site Visits

While the Agency maintains the right to conduct site visits at its discretion, site visits are conducted on all providers with "moderate" or "high" screening categories prior to initial enrollment and during every subsequent renewal. Site visits are to be conducted at a location determined by the Agency.

Providers subject to site visit must, at a minimum, maintain and present documentation that meets the following, upon request:

- Validates records reported on the provider’s Florida Medicaid application and information received by the Agency
- Establishes the applicant’s identity or eligibility, including provider-specific enrollment requirements contained in this policy

5.0 Provider Enrollment Changes and Failure to Report Change(s)

Providers must report any changes to the information submitted in the provider’s enrollment application in writing to the Agency within 30 days of the change.

The Agency will take action up to, and including, termination from participation in the Florida Medicaid program against providers that fail to report changes to their provider enrollment file.

An exception to the requirement to notify the Agency of changes within 30 days is reporting a change of ownership, which must be reported in *advance* of the change. The Florida Medicaid provider requirements for a change of ownership are specified in section 5.3.

5.1 Name Change

Providers must report the following in writing in the event of a name change:

- Copy of an Internal Revenue Service (IRS) form, marriage license, divorce decree, or other official document authenticating the provider’s new name
- Effective date of the change
- National Provider Identifier, if required, in accordance with 45 CFR Part 162
- New name
- Prior name
- Provider’s Medicaid ID number

5.2 Change to Provider Identifiers

Providers must report changes in the provider’s identifiers in writing including:

- Medicare ID
- Professional or facility license, registration, or permit
- TIN

Providers reporting a change to an identifier must include the previous identifier, the new identifier, and proof from the governmental or professional agency designating the new identifier. Provider Entity Type cannot be changed after it is determined during enrollment.

5.3 Change to NPI

Providers report changes in the provider’s NPI by using the self-service NPI panel on the secure Web portal.

5.4 Change of Ownership

Providers must report a change of ownership in writing at least 60 days in advance of the change of ownership, as specified in section 409.907, F.S., except for the following:

- An entity that is publicly traded on a recognized stock exchange
- A change solely in the management company or board of directors

5.5 Specialty Code Changes

Providers must submit a written request to add or delete specialties on the provider's record. The request must include the following:

- An original authorized signature
- Documents verifying the provider's eligibility for the requested specialty, as applicable
- Specialty and corresponding taxonomy to be added or removed

5.6 Change in Reassignment of Payment

Providers may reassign their payments to a Florida Medicaid enrolled provider group by submitting a Group Membership Authorization, AHCA Form 5000-1061, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>.

Providers must submit a written request to the Agency to end reassignment of payment to a group; or, a group may end reassignment on the provider's behalf. The request must contain the following:

- Effective date of change
- Group's Medicaid ID
- Provider's Medicaid ID

5.7 Change in Trading Partner

Providers must report a change in third-party vendors in writing to the Agency and must include all of the following:

- Completed Electronic Data Interchange Agreement, AHCA Form 5000-1062, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., for the new vendor, available at <http://portal.flmmis.com>
- Effective date of the change in vendor
- Previous vendor's name and Medicaid ID
- Provider's name and Medicaid ID

5.8 No Longer Accepts Medicaid

Providers must report that they are ceasing operations or no longer accepting Florida Medicaid recipients in writing to the Agency. The submission must include the following:

- Effective date of the cessation of operations, or date that the provider no longer accepts Florida Medicaid recipients
- Florida Medicaid ID number

5.9 Provider Death

Florida Medicaid providers enrolled as a group or other business entity must report the death of a group member, or the death of any person with ownership or controlling interest in the provider in writing to the Agency. The submission must contain the following:

- Copy of an obituary, death certificate, or other written statement documenting the date of death
- Date of death
- Florida Medicaid ID number
- Name of the decedent
- NPI, if required, in accordance with 45 CFR 162

5.10 Change in Enrollment Status/Exclusion Occurrence

Providers must report the occurrence of any of the following in writing to the Agency:

- Denial, suspension, or exclusion from Medicare or Medicaid in any state
- Money owed to Medicare or Medicaid in any state
- Restriction, suspension, or revocation of a facility or professional license
- Suspended payments from Medicare or Medicaid in any state

5.11 Change in Contact Information

Providers must report any changes to the contact information specified in section 3.4 to the Agency in writing within 30 days of the change(s).

6.0 Provider Enrollment Renewal

6.1 Renewal Application Submission

Providers must renew enrollment in the Florida Medicaid program as follows:

- Institutional, DME, Medicare Crossover-Only, ORPs, and out-of-state providers must renew every three years
- Non-institutional providers must renew every five years

6.2 Failure to Renew

Providers must complete the renewal process by the expiration date on the provider's Florida Medicaid provider agreement. Providers are ineligible for payment from Florida Medicaid under the fee-for-service delivery system and from a Medicaid managed care plan for failure to renew the provider's application before the renewal date.

7.0 Post Enrollment Form

7.1 Electronic Data Interchange Agreement, AHCA Form 5000-1062 Renew

Fee-for-service providers must submit the Electronic Data Interchange Agreement, AHCA Form 5000-1062, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at <http://portal.flmmis.com>, for electronic claiming or authorizing a Trading Partner to submit on behalf of the provider.

8.0 Provider Termination, Exclusion, and Suspension

8.1 Continued Requirement to Maintain Enrollment Qualifications

Providers must continue to meet all of the applicable provider qualifications to remain enrolled in Florida Medicaid.

The Agency may take the following actions against unqualified providers:

- Recoup Florida Medicaid reimbursement(s) for services rendered while the provider was ineligible to provide services
- Refer the provider to the Attorney General's Medicaid Fraud Control Unit (MFCU)
- Restrict payment of claims
- Termination

8.2 Termination

The Agency or the provider may terminate the provider agreement without cause upon 30-day written notice in accordance with section 409.907, F.S.

8.2.1 Exceptions to the 30-Day Notice

Terminations may be effective in less than 30 days under any of the following circumstances:

- The provider is required to be licensed, certified, accredited, insured, or hold a surety bond and no longer meets the requirement. The effective date of termination will be the date that the requirement was end-dated or no longer met.
- The provider's business is closed, abandoned, or non-operational. The effective date of termination will be the date that the business was closed, abandoned, or became non-operational, or that the Agency became aware of the change, whichever is earlier.
- Disqualifying information is found during a criminal history background check. The effective date of termination will be the date the background screening clearinghouse determines that the provider is ineligible to participate in Florida Medicaid.
- The provider is deceased. The effective date of termination will be the date of death.
- The provider is suspended, revoked, or terminated from Medicare or Medicaid in this, or any other state. The effective date of termination will be the date of suspension, revocation, or termination.
- The provider participated or acquiesced in any action for which any person with direct or indirect controlling interest in the provider, or a subcontractor to the provider, was suspended, revoked, or terminated from participating in Medicare or Medicaid in this, or any other state. The effective date of termination will be the date of the suspension, revocation, or termination.
- At any time, the Agency discovers the provider purposely submitted factually or materially false or erroneous information or documentation.
- Erroneous activation of the provider file prior to the satisfactory completion of all required criteria or conditions for enrollment.

8.3 Suspension, Exclusion, or Termination from Medicare or Medicaid in Another State

The Agency will terminate a provider for a period no less than that imposed by the federal government or any other state Medicaid program, including Florida Medicaid, and will not enroll the provider in Florida Medicaid while the suspension or termination timeframe remains in effect in accordance with section 409.913, F.S., and Rule 59G-9.070, F.A.C.

9.0 Appendices**9.1 Appendix A: Medicaid Provider Types and Specialties**

Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
40	Ambulance	940	Ambulance
42	Ambulance, Air	942	Air Ambulance
06	Ambulatory Health Care Facility	906	Ambulatory Surgery Center
14	Assistive Care Services	121	Assisted Living Facility
14	Assistive Care Services	122	Extended Congregate Care
14	Assistive Care Services	123	Limited Nursing
14	Assistive Care Services	124	Limited Mental Health
14	Assistive Care Services	125	Adult Family Care Home
14	Assistive Care Services	126	Residential Treatment Facility
14	Assistive Care Services	914	Assistive Care Services
60	Audiologist	960	Audiologist
39	Behavior Analysis	390	Registered Behavior Technician (RBT)
39	Behavior Analysis	391	Assistant Behavior Analyst
39	Behavior Analysis	392	Lead Analyst
39	Behavior Analysis	393	Behavior Analysis Group
69	Birth Center	969	Birth Center
91	Case Management Agency	174	Mental Health Targeted Case Management (TCM)
91	Case Management Agency	175	Children at Risk of Abuse and Neglect
91	Case Management Agency	176	Department of Health (DOH) Children's Medical Services (CMS) TCM
91	Case Management Agency	177	DOH CMS Medical Foster Care (MFC) TCM
91	Case Management Agency	178	Provider Service Network
91	Case Management Agency	991	Case Management Agency
78	Children's Medical Services	978	Children's Medical Services
28	Chiropractor	928	Chiropractor
05	Community Behavioral Health Services	905	Community Mental Health Services
77	County Health Department (CHD)	977	County Health Department
35	Dentist	070	Adult Dentures Only
35	Dentist	071	General Dentistry
35	Dentist	072	Oral Surgery (Dentist)
35	Dentist	073	Pedodontist
35	Dentist	074	Other Dentist
35	Dentist	088	Orthodontist
89	Dialysis Center	989	Dialysis Center
90	Durable Med Equip/ Medical Supplies	069	Medical Oxygen Retailer

Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
90	Durable Med Equip/ Medical Supplies	990	Durable Med Equip/ Medical Supplies
81	Early Intervention Services (EIS)	981	Early Intervention Services
68	Federally Qualified Health Center (FQHC)	968	Federally Qualified Health Center
61	Hearing Aid Specialist	961	Hearing Aid Specialist
67	Home & Community-Based Services	068	Consumer Directed Care
67	Home & Community-Based Services	094	Model
67	Home & Community-Based Services	096	Developmental Disability - iBudget
67	Home & Community-Based Services	110	Familial Dysautonomia
67	Home & Community-Based Services	119	Statewide Medicaid Managed Care Waiver Services
65	Home Health Services	114	Personal Care
65	Home Health Services	117	Independent Home Health Nurse – LPN
65	Home Health Services	118	Independent Home Health Nurse – RN
65	Home Health Services	965	Home Health Agency
65	Home Health Services	090	Occupational Therapist
65	Home Health Services	091	Physical Therapist
65	Home Health Services	092	Speech Therapist
15	Hospice	915	Hospice
01	Hospital, General	200	Hospital with Birth Delivery Services
01	Hospital, General	201	Emergency Services
01	Hospital, General	901	General Hospital
09	Hospital-Based Skilled Nursing Facility	909	Hospital-Based Skilled Nursing Facility
50	Independent Laboratory	950	Independent Laboratory
12	Intermediate Care Facility – Private	912	Private Intermediate Care Facility
11	I Intermediate Care Facility – State	911	State Intermediate Care Facility
34	Licensed Midwife	934	Licensed Midwife
97	Managed Care Treating Provider	800	Acupuncturist
97	Managed Care Treating Provider	801	Nutritionist
97	Managed Care Treating Provider	802	Independent Diagnostic Testing Facility
97	Managed Care Treating Provider	803	Other
36	Medical Assistant	130	Anesthesiology Assistant
23	Medical Foster Care/ Personal Care	923	Medical Foster Care/ Personal Care
30	Nurse Practitioner (Advanced Practice Registered Nurse – APRN)	075	Adult Primary Care
30	Nurse Practitioner (APRN)	076	Clinical Nurse Specialist Psych. Mental Health
30	Nurse Practitioner (APRN)	077	College Health Nurse
30	Nurse Practitioner (APRN)	078	Diabetic Nurse Practitioner
30	Nurse Practitioner (APRN)	080	Family Nurse

Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
30	Nurse Practitioner (APRN)	081	Family Planning
30	Nurse Practitioner (APRN)	082	Geriatric
30	Nurse Practitioner (APRN)	083	Maternal/Child Health Family Planning
30	Nurse Practitioner (APRN)	084	Certified Registered Nurse Anesthetist
30	Nurse Practitioner (APRN)	085	Certified Registered Nurse Midwife
30	Nurse Practitioner (APRN)	086	OB/GYN Nurse
30	Nurse Practitioner (APRN)	087	Pediatric Nurse
30	Nurse Practitioner (APRN)	160	Retail Clinic
30	Nurse Practitioner (APRN)	177	DOH CMS MFC TCM
30	Nurse Practitioner (APRN)	930	Nurse Practitioner (APRN)
63	Optician	963	Optician
62	Optometrist	962	Optometrist
25	Physician (Doctor of Medicine - M.D.)	100	Genetics
26	Physician (Doctor of Osteopathic Medicine D.O.)	100	Genetics
25, 26	Physician (M.D.)(D.O.)	101	Pediatrics, Critical Care
25, 26	Physician (M.D.) (D.O.)	102	Pediatrics, Emergency Care
25, 26	Physician (M.D.) (D.O.)	103	Pediatrics, Surgery Non-Board Certified
25, 26	Physician (M.D.) (D.O.)	104	Surgery, Urologic Non-Board Certified
25, 26	Physician (M.D.) (D.O.)	140	Hospitalist
25, 26	Physician (M.D.) (D.O.)	205	Endocrinology (Pediatrics)
25, 26	Physician (M.D.) (D.O.)	209	Urology
25, 26	Physician (M.D.) (D.O.)	220	Medical School Mobile Units
25, 26	Physician (M.D.) (D.O.)	001	Adolescent Medicine
25, 26	Physician (M.D.) (D.O.)	002	Allergy
25, 26	Physician (M.D.) (D.O.)	003	Anesthesiology
25, 26	Physician (M.D.) (D.O.)	004	Cardiovascular Medicine
25, 26	Physician (M.D.) (D.O.)	005	Dermatology
25, 26	Physician (M.D.) (D.O.)	006	Diabetes
25, 26	Physician (M.D.) (D.O.)	007	Emergency Medicine
25, 26	Physician (M.D.) (D.O.)	008	Endocrinology
25, 26	Physician (M.D.) (D.O.)	009	Family Practice
25, 26	Physician (M.D.) (D.O.)	010	Gastroenterology
25, 26	Physician (M.D.) (D.O.)	011	General Practice
25, 26	Physician (M.D.) (D.O.)	012	Preventive Medicine
25, 26	Physician (M.D.) (D.O.)	013	Geriatrics
25, 26	Physician (M.D.) (D.O.)	014	Gynecology
25, 26	Physician (M.D.) (D.O.)	015	Hematology
25, 26	Physician (M.D.) (D.O.)	016	Immunology

Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
25, 26	Physician (M.D.) (D.O.)	017	Infectious Diseases
25, 26	Physician (M.D.) (D.O.)	018	Internal Medicine
25, 26	Physician (M.D.) (D.O.)	019	Neonatal/Perinatal
25, 26	Physician (M.D.) (D.O.)	021	Nephrology
25, 26	Physician (M.D.) (D.O.)	022	Neurology
25, 26	Physician (M.D.) (D.O.)	023	Neurology/Children
25, 26	Physician (M.D.) (D.O.)	024	Neuropathology
25, 26	Physician (M.D.) (D.O.)	026	Obstetrics
25, 26	Physician (M.D.) (D.O.)	027	OB-GYN
25, 26	Physician (M.D.) (D.O.)	028	Occupational Medicine
25, 26	Physician (M.D.) (D.O.)	029	Oncology
25, 26	Physician (M.D.) (D.O.)	030	Ophthalmology
25, 26	Physician (M.D.) (D.O.)	031	Otolaryngology
25, 26	Physician (M.D.) (D.O.)	032	Pathology
25, 26	Physician (M.D.) (D.O.)	033	Pathology, Clinical
25, 26	Physician (M.D.) (D.O.)	034	Pathology, Forensic
25, 26	Physician (M.D.) (D.O.)	035	Pediatrics
25, 26	Physician (M.D.) (D.O.)	036	Pediatrics, Allergy
25, 26	Physician (M.D.) (D.O.)	037	Pediatrics, Cardiology
25, 26	Physician (M.D.) (D.O.)	038	Pediatrics, Oncology/Hematology
25, 26	Physician (M.D.) (D.O.)	039	Pediatrics, Nephrology
25, 26	Physician (M.D.) (D.O.)	041	Physical Medicine & Rehab
25, 26	Physician (M.D.) (D.O.)	042	Psychiatry
25, 26	Physician (M.D.) (D.O.)	043	Psychiatry, Child
25, 26	Physician (M.D.) (D.O.)	044	Psychoanalysis
25, 26	Physician (M.D.) (D.O.)	045	Public Health
25, 26	Physician (M.D.) (D.O.)	046	Pulmonary Diseases
25, 26	Physician (M.D.) (D.O.)	047	Radiology
25, 26	Physician (M.D.) (D.O.)	048	Radiology, Diagnostic
25, 26	Physician (M.D.) (D.O.)	049	Radiology, Pediatric
25, 26	Physician (M.D.) (D.O.)	050	Radiology, Therapeutic
25, 26	Physician (M.D.) (D.O.)	051	Rheumatology
25, 26	Physician (M.D.) (D.O.)	052	Surgery, Abdominal
25, 26	Physician (M.D.) (D.O.)	053	Surgery, Cardiovascular
25, 26	Physician (M.D.) (D.O.)	054	Surgery, Colon/Rectal
25, 26	Physician (M.D.) (D.O.)	055	Surgery, General
25, 26	Physician (M.D.) (D.O.)	056	Surgery, Hand
25, 26	Physician (M.D.) (D.O.)	057	Surgery, Neurological
25, 26	Physician (M.D.) (D.O.)	058	Surgery, Orthopedic

Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
25, 26	Physician (M.D.) (D.O.)	059	Surgery, Pediatric Board Certified
25, 26	Physician (M.D.) (D.O.)	060	Surgery, Plastic
25, 26	Physician (M.D.) (D.O.)	061	Surgery, Thoracic
25, 26	Physician (M.D.) (D.O.)	062	Surgery, Traumatic
25, 26	Physician (M.D.) (D.O.)	063	Surgery, Urologic Board Certified
25, 26	Physician (M.D.) (D.O.)	065	Maternal/Fetal
25, 26	Physician (M.D.) (D.O.)	066	Comp Behavioral Health Assessment
25, 26	Physician (M.D.) (D.O.)	067	Specialized Therapeutic Foster Care
25, 26	Physician (M.D.) (D.O.)	105	Pediatric Palliative Care
29	Physician Assistant	929	Physician Assistant
27	Podiatrist	927	Podiatrist
51	Portable X-ray Company	951	Portable X-ray Company
20	Prescribed Drug Services	150	Community Pharmacy
20	Prescribed Drug Services	151	Infusion Pharmacy
20	Prescribed Drug Services	152	Long-Term Care (LTC) – Non-Community
20	Prescribed Drug Services	153	Institutional Class 1 Pharmacy (Hospital/Nursing Home)
20	Prescribed Drug Services	154	Tax Supported
20	Prescribed Drug Services	155	340B Pharmacy
20	Prescribed Drug Services	156	Dispensing Practitioner
20	Prescribed Drug Services	157	Nuclear Pharmacy
20	Prescribed Drug Services	158	Special Pharmacy (Parenteral, ALF, Closed System, End Stage Renal Disease)
24	Prescribed Pediatric Extended Care	924	Prescribed Pediatric Extended Care
16	Psychiatric Resident Treatment Facility	306	Psychiatric Resident Treatment Facility
37	Registered Dental Hygienist	937	Registered Dental Hygienist
31	Registered Nurse/Registered Nurse First Assistant (RNFA)	172	Registered Nurse First Assistant
31	Registered Nurse/RNFA	173	County Health Department Certified Match RN/LPN
31	Registered Nurse/RNFA	176	DOH CMS TCM
31	Registered Nurse/RNFA	177	DOH CMS MFC TCM
31	Registered Nurse/Registered Nurse First Assistant	931	Registered Nurse First Assistant
16	Residential and Freestanding Psych	916	Statewide Inpatient Psychiatric Program

Provider Type Code	Provider Type Description	Specialty Code	Specialty Description
16	Residential and Freestanding Psych	300	Freestanding Psychiatric Hospital For Children
16	Residential and Freestanding Psych	301	Freestanding Psychiatric Hospital For Adults
16	Residential and Freestanding Psych	302	Addictions Receiving Facility
16	Residential and Freestanding Psych	303	Residential Treatment Centers for Child/Adolescent
16	Residential and Freestanding Psych	304	Crisis Stabilization Unit
16	Residential and Freestanding Psych	305	Short-term Residential Treatment
66	Rural Health Clinic (RHC)	966	Rural Health Clinic
13	Rural Hospital Swing Bed Facility	913	Rural Hospital Swing Bed Facility
08	Schools	811	Charter Schools
08	Schools	812	Private Schools
08	Schools	908	Public Schools
10	Skilled Nursing Facility	910	Skilled Nursing Facility
32	Social Worker/Case Manager	174	Mental Health TCM
32	Social Worker/Case Manager	175	Children at Risk of Abuse and Neglect
32	Social Worker/Case Manager	932	Social Worker/Case Manager
32	Social Worker/Case Manager	176	DOH CMS TCM
32	Social Worker/Case Manager	177	DOH CMS MFC TCM
07	Specialized Therapeutic Services	907	Specialized Therapeutic Services
07	Specialized Therapeutic Services	066	Comp Behavioral Health Assessment
07	Specialized Therapeutic Services	067	Specialized Therapeutic Foster Care
04	State Mental Hospital	904	State Mental Hospital
83	Therapist Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), and Respiratory Therapy (RT)	983	Therapy Group (PT, OT, ST, RT)
83	Therapist (PT, OT, ST, RT)	090	Occupational Therapist
83	Therapist (PT, OT, ST, RT)	091	Physical Therapist
83	Therapist (PT, OT, ST, RT)	092	Speech Therapist
83	Therapist (PT, OT, ST, RT)	093	Respiratory Therapist
99	Trading Partner	999	Trading Partner
47	Transport, Multi-Load Private	947	Multi-Load Private Transport
44	Transportation, Government/Municipal	944	Government/Municipal Transport
41	Transportation, Non-emergency	941	Non-Emergency Transport
46	Transportation, Non-profit	946	Non-Profit Transportation
45	Transportation, Private	945	Private Transportation
43	Transportation, Taxi	943	Taxicab Company

9.2 Appendix B: General Document Requirements

The table listed in this section includes all general documents required to be submitted with a Florida Medicaid provider application. Florida Medicaid Provider Enrollment Agreements and Forms are located at <http://portal.flmmis.com> under Provider Services.

The following table includes minimum documentation requirements for all providers.

Provider Type
All Provider Types
Enrollment Type
Fully Enrolled
Limited
Ordering or Referring (ORP)
Fully Enrolled Required Documents
Florida Medicaid Provider Enrollment Application
Proof of Tax ID <i>(such as an IRS Letter 147c, IRS Form SS-4 or IRS Form W-9)</i>
Proof of Medicaid Eligible Fingerprint-based Criminal Background Check <i>(required in accordance with s. 409.907, F.S.) (unless otherwise noted on provider pages in Appendix D)</i>
Bill of Sale or Stock Purchase Agreement <i>(required for change in ownership applications)</i>

9.3 Appendix C: Provider Specific Documents

Providers must submit all required documents in Appendix B in addition to the provider specific documents required in this section.

The following tables provide submission requirements specific to each provider type. Providers may not be required to submit information that is readily available to the Agency, such as Florida licensure.

Florida Medicaid Provider Agreements are not required in paper format for limited enrollment or ORP, unless requested by the Agency.

Provider Type	
Advanced Practice Registered Nurse	
Enrollment Types	
Fully Enrolled	
Limited	
Application Types	
Sole Proprietor	
Sole Proprietor Enrolling as a Member of a Group	
Group	
Specialties	
Adult Primary Care	Family Nurse
Certified Registered Nurse Anesthetist	Family Planning
Certified Registered Nurse Midwife	Geriatric
Clinical Nurse, Specialist Psychiatric Mental Health	Maternal / Child Health Family Planning
Medical Foster Care Targeted Case Management	Obstetrics/Gynecology Nurse
College Health Nurse	Pediatric Nurse
Diabetic Nurse Practitioner	Retail Health Clinic
Practice Types	
Individual	
Group	
Required Documents	
Required documents for all provider types listed in Appendix B	
Non-institutional Medicaid Provider Agreement	
Practitioner Collaborative Agreement, AHCA Form 5000-1067, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(required for Sole Proprietors and Sole Proprietors Enrolling as a Member of a Group) (Not required for autonomous APRNs)</i>	
License, Professional	
Drug Enforcement Administration Registration Certificate <i>(Required to prescribe controlled substances)</i>	
Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group	
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>	

Additional Information

- Medical Foster Care Targeted Case Management providers must
 - Be fully enrolled in Medicaid.
- Link as members of one of the following Children's Medical Services provider group IDs – 001560000, 911162000, 056105302, 752161800, or 914319000

Provider Type
Ambulatory Health Care Facility
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialty
Ambulatory Surgery Center
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility

Provider Type
Assistive Care Services
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialties
Assisted Living
Assisted Living with Extended Congregate Care
Assisted Living with Limited Nursing
Assisted Living with Limited Mental Health
Adult Family Care Home
Residential Treatment Facility
Practice Type
Individual Practice
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility

Provider Type
Audiologist or Hearing Aid Specialist
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Audiologist
Hearing Aid Specialist
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (required for Sole Proprietors and Groups)</i>

Provider Type
Behavior Analysis – Lead Analyst (Sole Proprietor)
Enrollment Type
Fully Enrolled
Application Type
Sole Proprietor
Specialties
Lead Analyst
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Proof of one or more of the following: <ul style="list-style-type: none"> • Behavior Analyst Certification Board designation as a <ul style="list-style-type: none"> ○ Board Certified Behavior Analyst (BCBA) or ○ Board Certified Behavior Analyst Doctoral (BCBA-D) • Florida Certified Behavior Analyst (FL-CBA) • Florida Licensed Clinical Social Worker • Florida Licensed Mental Health Counselor • Florida Licensed Marriage and Family Therapist • Florida Licensed Psychologist • Florida Licensed School Psychologist

Behavior Analysis – Lead Analyst (Sole Proprietor Enrolling as a Member of a Group)
Enrollment Type
Fully Enrolled
Application Type
Sole Proprietor Enrolling as a Member of a Group
Specialties
Lead Analyst
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Copy of one or more of the following: <ul style="list-style-type: none"> • Behavior Analyst Certification Board designation as a <ul style="list-style-type: none"> ○ Board Certified Behavior Analyst (BCBA), or ○ Board Certified Behavior Analyst Doctoral (BCBA-D)

<ul style="list-style-type: none"> • Florida Certified Behavior Analyst (FL-CBA) • Florida Licensed Clinical Social Worker • Florida Licensed Mental Health Counselor • Florida Licensed Marriage and Family Therapist • Florida Licensed Psychologist • Florida Licensed School Psychologist

Behavior Analysis – Assistant Behavior Analyst
Enrollment Type
Fully Enrolled
Application Type
Sole Proprietor Enrolling as a Member of a Group
Specialties
Assistant Behavior Analyst
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Copy of Behavior Analyst Certification Board designation as an Assistant Behavior Analyst (BCaBA)

Behavior Analysis – Registered Behavior Technician
Enrollment Type
Fully Enrolled
Application Type
Sole Proprietor Enrolling as a Member of a Group
Specialties
Registered Behavior Technician
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Copy of Behavior Analyst Certification Board designation as a Registered Behavior Technician (RBT) certification

Provider Type
Behavior Analysis – Group
Enrollment Type
Fully Enrolled
Application Type
Group
Specialties
Behavior Analysis Group
Practice Type
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Surety Bond

Additional Information

Behavior Analysis groups must employ, or contract with, at least one Florida Medicaid enrolled lead analyst. The lead analyst must be added as a member of the group using the Group Membership Authorization, AHCA Form 5000-1061, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.

Provider Type
Birth Center
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or other Business Entity
Specialty
Birth Center
Practice Types
Group
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>

Additional Information

- Group members must be enrolled in Florida Medicaid as licensed midwives.

Provider Type
Case Management Agency - Child Health Services Targeted Case Management
Enrollment Types
Fully Enrolled
Application Types
Group
Specialties
Child Health Services Targeted Case Management
Practice Types
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-Institutional Medicaid Provider Agreement
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>

Provider Type
Case Management Agency – Mental Health Targeted Case Management (MHTCM)
Enrollment Types
Fully Enrolled
Limited
Application Types
Group
Specialties
Mental Health Targeted Case Management
Practice Types
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-Institutional Medicaid Provider Agreement
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>
One or more of the following certifications in the Mental Health Targeted Case Management Handbook (Rule 59G-4.199, F.A.C.):
<ul style="list-style-type: none"> • Children’s Mental Health Targeted Case Management, Appendix B • Adult Mental Health Targeted Case Management, Appendix C • Intensive Case Management Team Services – Adult Mental Health Targeted Case Management, Appendix D

Additional Information

Mental Health Targeted Case Management

- A mental health TCM agency must enroll as a Medicaid group provider. The group must consist of at least one case management supervisor and requires all case managers to be certified prior to rendering services.
- All supervisors and case managers providing Mental Health TCM must have Florida Certification Board certification.

Provider Type
Case Management Agency – Targeted Case Management for Children at Risk of Abuse and Neglect
Enrollment Types
Fully Enrolled
Limited
Application Types
Group
Specialties
Targeted Case Management – Children at Risk of Abuse and Neglect
Practice Types
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-Institutional Medicaid Provider Agreement
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>
Proof of Provider Agency Certification for Children’s Services Council, Appendix F

Additional Information

- Providers enrolling in Targeted Case Management Children at Risk of Abuse and Neglect must be located in one of the following counties – Broward, Duval, Hillsborough, Martin, Miami-Dade, Palm Beach, or Pinellas

Provider Type
Chiropractor
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Chiropractor
Practice Types
Individual
Group
Additional Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (required for Sole Proprietors and Groups)</i>
License, Professional

Provider Type
Clinic Services - Rural Health Clinic, Federally Qualified Health Center, or County Health Department
Enrollment Types
Fully Enrolled
Application Type
Group
Specialties
Rural Health Clinic
Federally Qualified Health Center
County Health Department
Practice Type
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Occupational License or Business Tax Certificate <i>(required only for non-government owned clinics)</i>
Additional Required Documents for FQHCs
Copy of one of the following: <ul style="list-style-type: none"> • 329, 330 or 340 Public Health Services Grant • Waiver of the Public Health Services Grant requirement issued by the Secretary of Health & Human Services • Health Resources & Services Administration notice of Federally Qualified Health Center look-a-like designation
Additional Required Documents for RHCs
Medicare Part A Certification Letter

Additional Information

- Florida Medicaid will automatically assign a physician group Medicaid ID to be used for billing physician services that are not included in the encounter rate.
- Clinics may submit a request in writing to Florida Medicaid for a dental group Medicaid ID to be used for billing dental services that are not included in the encounter rate.
- Group members must be any of the following Medicaid enrolled practitioner types: APRN, Chiropractor, Dentist, Optometrist, Physician (M.D or D.O.), Physician Assistant, or Podiatrist.
- Commissioned medical officers of the Public Health Service (PHS) or Armed Forces of the United States on active duty, acting within the scope of their PHS or military responsibilities may enroll as group members linked to an FQHC.
- A County Health Department can enroll for Clinic Services or the Certified Match Program.
 - Clinic Services
 - The following providers who are employed, under contract or volunteer at a CHD, are not required to be enrolled in Medicaid:
 - APRNs

- Dental Assistants
 - Dental Hygienists
- Certified Match
 - The following providers who are employed by a Certified Match CHD must be enrolled in Medicaid and a member of the CHD group:
 - RNs
 - APRNs
 - LPNs
 - Nurses with temporary licenses are not eligible to enroll.
 - Nurse's aides or assistants who are not licensed to provide nursing services are not eligible to enroll.
 - CHDs employing, contracting, or accepting volunteer services from Licensed Social Workers must submit the County Health Department Agreement Provider Credentialing of Behavioral Health Providers and Social Workers, AHCA Form 5000-1066, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- FQHC treating practitioners, including volunteers, must enroll as Florida Medicaid treating providers and be enrolled as members of the FQHC with the following exceptions:
 - Dental hygienists, licensed clinical social workers, LPNs, and RNs are not required to enroll as members of a FQHC group.
 - Dental assistants and licensed psychologists may not enroll as members of a FQHC group.

Provider Type
Community Behavioral Health Services
Enrollment Types
Fully Enrolled
Limited
Application Type
Group
Specialty
Community Behavioral Health Services
Practice Type
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>
Copy of Florida Department of Children and Families, Substance Abuse License <i>(required only if providing substance abuse services-not required for limited enrollment)</i>

Additional Information

- Group members must be Florida Medicaid enrolled specialized therapeutic services or physician (M.D. or D.O.) providers. At least one group member must be a Florida Medicaid enrolled physician.
- Providers must have a separate Medicaid ID number for all service locations.

Provider Type
Dentist
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialties
Adult Dentures
General Dentistry
Oral Surgery
Periodontist
Orthodontist
Other Dentist
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Drug Enforcement Administration Registration Certificate <i>(Required to prescribe controlled substances)</i>
Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>

Additional Information

- Dental groups must be owned by a dentist(s) in accordance with s. 466.0285, F.S.
- Dentists with a Dental Health Access License must be linked as a member of a school, FQHC, or CHD in accordance with sections 466.067 and 466.003, F.S.

Provider Type
Department of Health Children’s Medical Services
Enrollment Types
Fully Enrolled
Application Types
Group
Specialties
Children’s Medical Services
Practice Types
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement

Additional Information

- Members enrolling in a CMS group must:
 - Be an APRN, registered nurse, or case manager supervisor with one of the following specialties:
 - Medical Foster Care Targeted Case Management
 - Early Steps – Infant and Toddler Developmental Services certification

Provider Type
Durable Medical Equipment and Medical Supply Services
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialties
Durable Medical Equipment and Medical Supply Services
Medical Oxygen Retailer <i>(must also apply for the Durable Medical Equipment and Medical Supplies specialty)</i>
Practice Type
County Health Department
Diabetic Monitors and Disposable Supplies
Durable Medical Equipment and Medical Supply Services
Durable Medical Equipment and Medical Supply Services Chain <i>(more than 5 locations)</i>
Facility-owned (Assisted Living Facility (ALF), Ambulatory Surgical Center, Intermediate Care Facility, Home Health Agency, Nursing Home, Hospice, or Hospital)
Government Entity
Medicaid Enrolled Pharmacy
Orthotics & Prosthetics (O&P) Practice <i>(only supplies Orthotics & Prosthetics goods)</i>
Physician-owned Orthopedic Group <i>(only supplies Orthotics & Prosthetics goods)</i>
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Proof of Accreditation <i>(see limited exceptions below)</i>
License, Home Medical Equipment (HME) or Home Medical Equipment Exemption <i>(see limited exceptions below)</i>
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>
State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(see limited surety bond exceptions below)</i>

Additional Information

- Medical oxygen retailers must:
 - Provide a copy of Medical Oxygen Retailer permit
 - Employ or contract with a licensed registered respiratory therapist, certified respiratory therapist, or a registered nurse
 - Provide a copy of the most recent IRS Form W-4 or 1099 for the employee or the contractor

- The following providers are exempt from holding an HME license or HME license exemption, as required in section 400.93, F.S.:
 - Diabetic monitors & disposable supplies providers
 - Florida Medicaid enrolled physician-owned orthopedic groups *(orthotics and prosthetics only)*

- Government-owned DMEs
- Florida Medicaid enrolled pharmacies
- Facility-owned DMEs *(must submit a valid facility license)*
- Orthotics & prosthetics practices *(must submit a copy of the orthotics and prosthetics practitioner's professional license)*
- Durable medical equipment providers that are exempt from HME license requirements must supply a notarized affidavit confirming that:
 - The owner has a minimum of 1 year of experience as a DME owner, or
 - The owner or manager has a minimum of 1 year of management or billing experience as an employee of a DME

The affidavit must include the name, address, and tax ID of the DME.

- The following providers are exempt from the surety bond requirement:
 - Florida Medicaid enrolled physician-owned orthopedic groups enrolling for DME services solely to provide orthotics and prosthetics
 - Government-owned DMEs
 - Florida Medicaid enrolled pharmacies
 - Orthotics & prosthetics practices *(must submit the practitioner's orthotics or prosthetics professional license)*
- The following providers are exempt from the accreditation requirement in accordance with section 409.912, F.S.:
 - Government-owned DMEs
 - Florida Medicaid pharmacies
 - Physician-owned orthopedic groups

Provider Type
Early Intervention Services
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Professional Early Intervention Services
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Proof of one of the following <i>(not required for groups)</i> : <ul style="list-style-type: none"> • Professional Healing Arts License • Children’s Medical Services, Early Steps Infant and Toddler Services Certificate
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (sole proprietors and groups only)</i>
Proof of Local Early Steps Program Contract or Letter of Intent to Contract <i>(not required for groups)</i>
Early Steps Provider Attestation Checklist from the local Early Steps office <i>(not required for groups)</i>

Additional Information

The following provider types must be licensed:

- APRN, audiologist, clinical social worker, clinical psychologist, marriage & family counselor, mental health counselor, nutrition counselor, occupational therapist, physician, physician assistant, physical therapist, registered dietitian, registered nurse, school psychologist, speech-language pathologist

Provider Type
Freestanding Dialysis Center
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialty
Dialysis Center
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility
Medicare Certification Letter

Additional Information

- The effective date for freestanding dialysis centers is the date specified in the Medicare certification letter in accordance with s. 409.907 (9)(a), F.S.

Provider Type
Home and Community-Based Services
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Facility or Other Business Entity <i>(not available for long-term care waiver providers)</i>
Specialties <i>(with available Enrollment Types by Specialty)</i>
Consumer Directed Care (iBudget) <i>(requires approval from the Agency for Persons with Disabilities)*</i>
Developmental Disability (iBudget) <i>(requires approval from the Agency for Persons with Disabilities)*</i>
Familial Dysautonomia <i>(requires approval from the Agency for Health Care Administration)**</i>
Model <i>(requires approval from the Agency for Health Care Administration)**</i>
Statewide Medicaid Managed Care Waiver Services
Practice Type
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Medicaid Waiver Specialist approval for Specialty Type
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors Enrolling as a Member of a Group)</i>

Additional Information

*iBudget Waiver Consumer Directed Care and Developmental Disability applicants must contact the Florida Agency for Persons with Disabilities for approval information.

**Familial Dysautonomia and Model Waiver applicants must contact the Florida Agency for Health Care Administration for approval information.

Provider Type
Home Health Services
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Facility or Other Business Entity
Specialties
Personal Care
Independent Nurse, Licensed Practical Nurse (LPN)
Independent Nurse, RN
Home Health Agency
Practice Type
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Facility
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only-not required for independent practitioners)</i>
Additional Required Documents for Independent Nurse, LPN and Independent Nurse, RN
License, Professional
Additional Required Documents for Sole Proprietor Personal Care Providers Exempt from Home Health Agency Licensure under 400.464(5), F.S.
<ul style="list-style-type: none"> • Unlicensed personal care providers, must provide: <ul style="list-style-type: none"> ○ A certificate of exemption from home health agency licensure, issued per 400.464 (6), F. S. ○ Copy of training for all the following: <ul style="list-style-type: none"> ▪ Cardiopulmonary resuscitation ▪ Infection control ▪ HIV/AIDS ○ A copy of one of the following: <ul style="list-style-type: none"> ▪ Resume or history of employment showing at least 1 year of experience working in medical, psychiatric, nursing or a child care setting; or working with individuals who have a disability ▪ Transcript showing college, vocational or technical training in medical, psychiatric, nursing, child care, or developmental disabilities equal to 30 semester hours, 45 quarter hours, or 720 classroom hours

Additional Required Documents for Home Health Agencies that Provide Skilled Services
Medicare Certification Letter*

Additional Information

*Home health providers must be either Medicare certified or meet the standards for certification. These providers must meet one of the following requirements to qualify for limited or full enrollment in Florida Medicaid:

- Have Medicare certification
- Meet the requirements for Medicare certification by demonstrating compliance during a survey conducted by the Division of Health Quality Assurance
- Be accredited and surveyed for deemed status by The Joint Commission (TJC), the Community Health Accreditation Partner (CHAP), or the Accreditation Commission for Health Care (ACHC) as meeting the Medicare Conditions of Participation. These are the current organizations approved by Medicare. Florida Medicaid would accept these and others designated by the Centers for Medicare and Medicaid Services.

Provider Type
Hospice
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialty
Hospice
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility
Medicare Certification Letter

Additional Information

- Full Enrollment requires a State of Florida facility license. Out-of-state hospice facilities must apply for Limited Enrollment.

Provider Type
Hospital
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialty
General Hospital
Practice Types
General Hospital (Acute)
General Hospital (except OB)
Pediatric Hospital
Rehabilitation
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility

Additional Information

- A clinic operated by a hospital must enroll as a Physician group provider.
- An off-site emergency facility that operates under the hospital license is not required to enroll.

Provider Type
Independent Laboratory
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialty
Independent Laboratory
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(required for first year of enrollment)</i>
Clinical Laboratory Improvement Amendments (CLIA) Certificate
Medicare Certification Letter

Additional Information

- Independent laboratories located outside of Florida may enroll in Florida Medicaid with a valid CLIA certificate.

Provider Type
Licensed Midwife
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Licensed Midwife
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>

Provider Type
Medical Assistant
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Anesthesiology Assistant
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>

Provider Type
Medical Foster Care - Personal Care Provider
Enrollment Types
Fully Enrolled
Application Type
Sole Proprietor
Specialty
Medical Foster Care – Personal Care Provider
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Department of Children and Families Foster Care
Certifications required:
<ul style="list-style-type: none"> • Medical Foster Care Medical Director Review of MFC Parent and Home Requirements • Medical Foster Parenting Course Student Assessment Record

Provider Type
Optometrist or Optician
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialties
Optometrist
Optician
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Drug Enforcement Administration Registration Certificate <i>(optometrists-required to prescribe controlled substances)</i>
Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>

Provider Type
Physician
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialties
See Appendix B for a complete listing of available specialties
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional <i>(required for out-of-state physicians)</i>
Drug Enforcement Administration Registration Certificate <i>(Required to prescribe controlled substances)</i>
Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group
Physician Group Certificate of Ownership, AHCA Form 5000-1068, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(Groups only)</i>
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i> <i>(Groups only)</i>
State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(required for groups with majority ownership by non-physicians)</i>
Mobile Clinics Affiliated with Academic Medical Institutions
Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation documentation

Provider Type
Physician Assistant
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Chiropractor
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Practitioner Collaborative Agreement, AHCA Form 5000-1067, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(Required for Sole Proprietors and Sole Proprietors Enrolling as a Member of a Group)</i>
License, Professional
Drug Enforcement Administration Registration Certificate <i>(Required to prescribe controlled substances)</i>
Additional Required Documents for a Group
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (Sole Proprietors and Groups only)</i>
Additional Required Documents for Certified Chiropractic Physician Assistants
Licensure certification approved by the Florida Board of Chiropractic Medicine

Provider Type
Podiatrist
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialty
Podiatrist
Practice Types
Individual or Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Drug Enforcement Administration Registration Certificate <i>(Required to prescribe controlled substances)</i>
Additional Required Documents for a Group
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (sole proprietors and groups only)</i>

Provider Type
Portable X-ray
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialty
Portable X-ray
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
Medicare Certification Letter

Provider Type
Prescribed Drug Services
Enrollment Types
Fully Enrolled
Limited
Application Type
Group Facility of Other Business Entity
Specialties
Community Pharmacy
Infusion Pharmacy
Long Term Care, Non-community
Institutional Class I Pharmacy, Hospital or Nursing Home
Tax Supported
340B Pharmacy
Dispensing Practitioner <i>(requires a valid dispensing practitioner license)</i>
Nuclear Pharmacy
Special Pharmacy, Parenteral, Assisted Living Facility, Closed System, End State Renal Disease
Practice Type
Pharmacy
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Pharmacy Permit or Dispensing Practitioner License
Pharmacist License <i>(except for Dispensing Practitioner)</i>
Current Inventory Report
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>
Drug Enforcement Administration Registration Certificate <i>(Required to prescribe controlled substances)</i>

Additional Information

- Dispensing practitioners must enroll as both a physician and a pharmacy.
- Pharmacies who supply DME or medical supplies out of the pharmacy location can submit a New Service Type or Additional Address Request to obtain a Medicaid ID for purposes of billing those products.

Provider Type
Prescribed Pediatric Extended Care Center
Enrollment Types
Fully Enrolled
Limited
Application Type
Sole Proprietor
Specialty
Prescribed Pediatric Extended Care
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Facility
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>

Provider Type
Registered Dental Hygienist
Enrollment Types
Fully Enrolled
Application Types
Sole Proprietor Enrolling as a Member of a Group
Specialties
Registered Dental Hygienist
Practice Types
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional

Additional Information

- Registered dental hygienists must enroll as a member of a school, an FQHC, or a CHD, in accordance with sections 409.906 and 466.003, F.S.

Provider Type
Registered Nurse/Licensed Practical Nurse
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor Enrolling as a Member of a Group
Specialties
Medical Foster Care Targeted Case Management
County Health Department – Certified Match RN/LPN
Registered Nurse First Assistant
Practice Types
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional <i>(including an active multi-state license under section 464.0095, F.S.)</i>
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (sole proprietors and groups only)</i>
Medical Foster Care Children’s Medical Services Local Medical Foster Care (MFC) Program Care Coordinator Attestation Checklist, AHCA Form 5000-1069, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(MFC – TCMs only)</i>
Additional Required Documents for RNFAs
Certificate in Perioperative Nursing

Additional Information

- County Health Department – Certified Match RN/LPN providers must enroll as members of a CHD.
- Medical Foster Care Targeted Case Management providers must meet both of the following:
 - Be licensed as RNs
 - Enroll as members of one of the established Children’s Medical Services provider groups

Provider Type
Residential and Freestanding Psychiatric Facility
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialties <i>(with available Enrollment Types by Specialty)</i>
Freestanding Psychiatric Hospital for Children
Freestanding Psychiatric Hospital for Adults
Addictions Receiving Facilities <i>(limited enrolled only)</i>
Residential Treatment Centers for Child/Adolescent <i>(fully enrolled only)</i>
Crisis Stabilization Unit
Short-Term Residential Treatment <i>(limited enrolled only)</i>
Psychiatric Resident Treatment Facility <i>(fully enrolled only)</i>
Statewide Inpatient Psychiatric Program
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility
Medicare Certification Letter

Additional Information

Statewide Inpatient Psychiatric Programs must be approved by the Agency prior to Florida Medicaid enrollment.

Out-of-state facilities require all of the following:

- Proof of Medicaid enrollment and a successful survey completed by the provider's State Medicaid Agency.
- An attestation of compliance with the federal seclusion and restraint standards in 42 CFR 483.350-4832.376.

Provider Type
Schools – Public, Private, and Charter
Enrollment Type
Fully Enrolled
Application Type
Group
Specialties
Public
Private
Charter
Practice Type
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
Medicaid Services Approval

Additional Information

Schools must submit the following forms, incorporated by reference, for the services provided, as applicable:

- School District Assurance Agreement Provider Credentialing of Behavioral Sciences Staff, AHCA Form 5000-1160, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Mental Health Counselors and Family Therapists, AHCA Form 5000-1161, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Behavior Analysts, AHCA Form 5000-1162, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Psychologists, Behavior Analysts, and Social Workers, AHCA Form 5000-1163, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Registered Nurses and Licensed Practical Nurses, AHCA Form 5000-1164, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of School Health Aides, AHCA Form 5000-1165, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Therapists and Therapy Assistants, AHCA Form 5000-1166, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.

Provider Type
Skilled Nursing Facility, Hospital-based Skilled Nursing Facility, or Rural Hospital Swing Bed Facility
Enrollment Types
Fully Enrolled
Limited
Application Types
Facility or Other Business Entity
Specialties
Skilled Nursing Facility
Hospital-based Skilled Nursing Facility
Intermediate Care Facility
Rural Hospital Swing Bed Facility
Practice Types
Nursing Home, Dual Certified
Required Documents
Required documents for all provider types listed in Appendix B
Institutional Medicaid Provider Agreement
License, Facility

Additional Information

- Full Enrollment requires a State of Florida facility license. Out-of-state nursing facilities must apply for Limited Enrollment.

Provider Type
Social Worker Case Managers
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor Enrolling as a Member of a Group
Specialties
Medical Foster Care Targeted Case Management
Children’s Medical Services – Targeted Case Management
Mental Health Targeted Case Management
Targeted Case Management – Children at Risk of Abuse and Neglect
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in AppendixB
Non-institutional Medicaid Provider Agreement
License, Professional
Social worker case managers must submit a copy of one or more of the following: <ul style="list-style-type: none"> • Medical Foster Care Children’s Medical Services Local Medical Foster Care (MFC) Program Care Coordinator Attestation Checklist, AHCA Form 5000-1069, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(MFC – TCMs only)</i> • Case Management Supervisor Certification, Children’s MHTCM, Appendix E <i>(MHTCM only)</i> • Case Management Supervisor Certification, Adult MHTCM, Appendix F <i>(MHTCM only)</i>

Provider Type
Specialized Therapeutic Services
Enrollment Types
Fully Enrolled
Limited
Application Types
Sole Proprietor Enrolling as a Member of a Group
Group
Specialties
Specialized Therapeutic Services
Specialized Therapeutic Foster Care
Comprehensive Behavioral Health Assessment
Practice Types
Individual
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional <i>(Required for Specialized Therapeutic Services specialty when applicant is a Psychiatric Nurse, Registered Nurse, APRN, Physician Assistant, Clinical Social Worker, Mental Health Counselor, Marriage & Family Therapist, or Psychologist) (not required for groups)</i>
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (groups only)</i>
Certification <i>(one of the following if unlicensed) (not required for groups)</i>
<ul style="list-style-type: none"> Comprehensive Behavioral Health Assessment Agency and Practitioner Self-certification, AHCA Form 5000-3512, March 2014, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(Required for Comprehensive Behavioral Health Assessment specialty)</i> Therapeutic Foster Care Provider Agency Self-Certification - AHCA Form 5000-3513, March 2014, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(Required for Specialized Therapeutic Foster Care specialty)</i>

Additional Information

- Specialized therapeutic services providers must link to a community behavioral health services group provider.
- Specialized therapeutic foster care providers must link to a community behavioral health center or a specialized therapeutic services group provider.
- Comprehensive behavioral health assessment providers must link to a specialized therapeutic services group provider.
- Specialized therapeutic foster care groups must have at least one Medicaid enrolled physician with the specialized therapeutic foster care specialty as a group member.

Provider Type
Therapy Services
Application Type
Fully Enrolled
Limited
Application Types
Sole Proprietor
Sole Proprietor Enrolling as a Member of a Group
Group
Specialties
Occupational Therapist
Physical Therapist
Speech Language Pathologist
Respiratory Therapist
Practice Types
Individual Practitioner
Group
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
License, Professional
Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required) (groups only)</i>

Additional Information

- Speech-language pathologists who are provisionally licensed must be:
 - In the process of qualifying for a Certificate of Clinical Competence (CCC) from the American Speech and Hearing Association.
 - Supervised by a Medicaid enrolled licensed speech language pathologist linked to the therapy group.
- Physical Therapy Assistants, Occupational Therapy Assistants, Respiratory Assistants, and Speech-language Pathology Assistants may not enroll.
- Physical Therapists and Speech-Language Pathologists with temporary licenses may enroll as Medicaid providers.
- Occupational Therapists who hold temporary licenses may not enroll.

Provider Type
Trading Partner
Enrollment Types
Fully Enrolled
Application Types
Facility or other Business Entity
Specialty
Trading Partner
Practice Types
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement

Provider Type
Transportation
Enrollment Type
Fully Enrolled
Limited
Application Type
Facility or other Business Entity
Specialties <i>(with available Enrollment Types by Specialty)</i>
Ambulance
Air Ambulance
Government or Municipal
Multi-load Private
Non-emergency
Non-profit
Private
Taxicab
Practice Type
Individual
Required Documents
Required documents for all provider types listed in Appendix B
Non-institutional Medicaid Provider Agreement
State License <i>(Ambulance and Air Ambulance only)</i>
Local License and Occupational License or Business Tax Certificate <i>(or proof from local authority that no license or certificate is required)</i>
Operator's License <i>(Private transportation and Taxicab only)</i>
Medicare Certification Letter <i>(ambulance only)</i>
State of Florida Agency for Health Care Administration Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. <i>(Non-emergency, Multi-load, and Taxicabs only) (not required if contracted through the transportation coordinator)</i>
Proof of liability insurance (\$100,000 per person & \$200,000 per incident)

- Transportation Network Companies
 - Individual drivers must pass one of the following:
 - A Level I background screening in accordance with section 435.03, F.S.
 - A background screening using a process that yields the same minimum results as a background screening completed in accordance with section 435.03, F.S.