



**Guide for Completing a
Medicaid Provider Enrollment
Application**

July 2005

This page left blank intentionally.

Table of Contents

Application Checklist	5
Instructions for Completing The Medicaid Provider Enrollment Application	7
Background-Screening Instructions For All Applicants.....	12
Steps After Completing The Medicaid Provider Enrollment Application	14
Effective Date.....	15
Fingerprinting and Criminal History	15
Site Visits	15
Multiple Locations.....	15
Group Providers	16
Payment for Services	16
Georgia And Alabama Providers.....	16
Out-Of-State Laboratories	16
Medipass Applicants	16
Health Care Clinics.....	16
Community Mental Health Services Providers	17
Durable Medical Equipment (DME) Providers.....	17
Home Health Agency Providers	18
Surety Bond Instructions	19
The Fingerprinting And Criminal History Check Process.....	21
Sample Fingerprint Card	22
Guide For Filling Out A Fingerprint Card	23
Rejected Fingerprint Cards	27
Payment And Processing Of Fingerprinting	27
Florida Medicaid Provider Applicant's Responsibility To Comply With Section 409.907, Florida Statutes	28
Examples Of Medicaid Provider Enrollment Disqualifying Offenses.....	28
Denial, Termination And Appeal Of Medicaid Enrollment Based Upon Criminal History Records.....	30
Appendix A – Provider Type Codes	31
Appendix B – Practice Type Codes.....	32

Appendix C – Category Of Service Codes	33
Appendix D – Provider Specialty Type Codes.....	34
Appendix E – Ownership Type Codes.....	37
Appendix F – Provider Documentation Requirements.....	38
Appendix G – Medicaid Area Offices.....	53
Appendix H – Area Agency On Aging District Offices	54
Appendix I – Developmental Disabilities – District Offices	55
Appendix J – Children’s Medical Services District Offices.....	56
Appendix K – Definitions and Terms	57

Application Checklist

Are you a:

✓

1.	PA, ARNP, RN, CRNA, or RNFA applicant? (Complete Question 16.)	
2.	Physician Group applicant? (Complete Question 17.)	
3.	DME applicant? (Complete Question 18.)	
4.	Pharmacy applicant? (Complete Question 19, sections a-e.)	

And did you:

✓

5.	Complete the entire application?	
6.	Attach proof of tax id? (Copy of SSN card, IRS Form W-9, SS-4, or 1072)	
7.	Establish a group link? (Complete Question 20. Required for all who complete Question 25, Option 2.)	
8.	Plan to use a billing agent? (Complete Question 21.)	
9.	Plan to submit claims electronically? (Complete Question 22.)	
10.	Plan to receive remittance advice electronically? (Complete Question 23.)	
11.	Establish a payment method? (Question 25. Complete either Option 1 or 2, not both.)	
12.	Attach a letter from the depository bank confirming the ABA routing and account number? (Required for all who complete Question 25, Option 1.)	
13.	List a person's name, not a business name, for the medical and financial records custodians? (Question 28.)	
14.	List all individuals who own or operate the provider group or entity? (Question 29.)	
15.	Meet background screening requirements for all associates listed in question 29? (See page 12 of this guide for complete instructions.)	
16.	Include payment for background screening? (Include a check made payable to ACS State Healthcare in the amount of \$47.00 for each screening requested.)	
17.	Complete a Group Provider Application for Individual Membership in a Group? (All practice type 35 applicants must complete this form.)	
18.	Attach copies of all relevant licenses?	
19.	Submit the surety bond form, if required? (See page 19 of this guide for a complete list of who must submit a bond.)	
20.	Sign a Medicaid Provider Agreement? (See page 14 of this guide for complete instructions.)	
21.	Ensure that all signatures are original, not stamps or facsimiles?	
22.	Keep a complete copy of your entire application package for your files?	

Required forms are included in the Florida Medicaid Provider Application or are available as stand alone forms. To obtain a form visit the fiscal agent Medicaid web site listed below to download the form from the Internet or call the Medicaid fiscal agent at 1-800-377-8216 to request a hard copy be mailed to your attention.

This page left blank intentionally.

The Medicaid Provider Enrollment Application

Who Must Enroll

To receive Medicaid reimbursement, a provider must be enrolled in Medicaid and meet all provider requirements at the time the service is rendered. Every entity that provides Medicaid services to recipients or billing services of any kind to Medicaid providers must enroll as a Medicaid provider.

Enrollment Qualifications

Providers must meet all the provider requirements and qualifications and their practices must be fully operational before they can be enrolled as Medicaid providers. Specific qualifications for each provider type are listed in service-specific Coverage and Limitations Handbooks that are available on the web site listed at the bottom of this page.

Accuracy of Information

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

Instructions For Completing The Medicaid Provider Enrollment Application

If you have questions about completing the provider enrollment forms, please call the Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

Additional Forms – All of the forms that you need related to provider enrollment or changes in enrollment information are available on the Medicaid fiscal agent's Internet site at <http://floridamedicaid.acs-inc.com>. Click on "Provider Support" and then click "Enrollment" to obtain a complete list of all available enrollment forms or call the Medicaid fiscal agent at 1-800-377-8216 to request hard copies be mailed to your attention.

- 1. Provider Name:** Enter first name, middle name or initial, last name and professional title (e.g., M.D.) for an individual application. Entities enter the legal name of the entity (corporation, partnership, professional association, etc.).
- 2. Doing Business As (D/B/A):** List D/B/A name here for individual or entity applicants doing business under a trade or company name, i.e., John Doe, D/B/A Alton Medical Center would be entered as John Doe on line 1 and Alton Medical Center on line 2. Individual providers doing business under his/her own name should leave this section blank. Individual providers **should not** list the name of their employer here.
- 3. Tax identification Number:** These items are mandatory per Section 6109(a) of the Internal Revenue Code. The tax id entered here will be the one used to report earnings to the Federal Government each year.

Social Security Number: Enter the Social Security number of the individual applicant if the individual is not personally incorporated. Attach a copy of their Social Security card (preferred), or a legible copy of proof of tax id from the IRS such as an IRS Form W-9, SS-4, or 1072.
OR

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

NOTE: Individual providers **may not** use their employer's tax id on their individual provider file.

4. Physical Location (Business) Address: Enter the **physical location** (street address) of the place where services will be rendered in this section. **Post office box addresses are not acceptable. Your application will be returned to you if you enter only a post office box address in this space.** If you are unable to receive mail at the physical address you may list a post office box after your physical address but not in place of it. This is the address where paper handbooks will be mailed, if requested.

5. County Name: Enter the appropriate county for the physical (business) address shown.

6. Business Location Telephone Number: Enter the area code and phone number of the location where services will be provided.

Business Location Fax Number: Enter the area code and phone number of the fax machine at the location where services will be provided. (Optional information used only to assist the Medicaid fiscal agent with processing the application and not for general communication.)

Contact Person: List the person responsible for completing the application. The Medicaid fiscal agent may contact them if there are any questions regarding the application packet.

Contact Person's Telephone Number: List the area code and phone number for the contact person.

7. Business Email Address: Enter your business email address. This is for informational purposes only. No unsolicited postings will be sent.

However, you may visit <http://www.fdhc.state.fl.us/Medicaid/hipaa/index.shtml> to register for Florida Medicaid's Email Alert System. These automated email alerts will be used to keep providers informed of late-breaking Medicaid information.

8. Provider Type Code: Enter the two-digit code for the appropriate provider type from the listing provided on *Appendix A* in the back of this guide.

9. Practice Type Code: Enter the appropriate two-digit code for your type of practice from the listing provided on *Appendix B* in the back of this guide.

NOTE: If you are enrolling a new group provider, practice type 35, you must complete a *Group Provider Application for Individual Membership in a Group*. This form authorizes the fiscal agent to link members to your group. It is available from the Medicaid fiscal agent's website as listed at the bottom of this page or by calling the fiscal agent at 1-800-377-8216.

10. Category of Service Code: Enter the appropriate two-digit code(s) from the listing provided on *Appendix C* in the back of this guide. If you have questions about the appropriate category of service, call the Provider Enrollment Unit of the Medicaid fiscal agent at 1-800-377-8216.

- 11. Specialty Code:** Enter the appropriate two-digit code from the listings on *Appendix D* in the back of this guide and **all** requested information. List your primary specialty first and your secondary specialty, if applicable, second. Leave blank if you do not wish to have a specialty on file,

By signing the application the applicant is attesting to completion of the appropriate training program for the requested specialty. Under Section 409.920(2)(f), Florida Statutes, the filing of materially incomplete or false information with an enrollment request is a third degree felony and is sufficient cause for termination from the Florida Medicaid Program. It should be further understood that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws.

Please note the following:

- Physicians requesting Pediatric Surgery or Urology must submit a copy of their current Board Certificate from the medical board governing their specialty type.
- Dentist must submit a copy of their current Board Certificate from the medical board governing their specialty type.
- ARNP, Therapy, DME, and Assistive Care providers must submit a legible copy of their current, valid professional license indicating their specialty.
- Home and Community Based Waiver Services do not require an attachment but are certified by the signature of the Waiver Coordinator governing their program.
- Comprehensive Assessment and Specialized Therapeutic Foster Care require submission of a completed certification form Appendix C (Comprehensive Behavioral Health Assessment) or Appendix D (Specialized Therapeutic Foster Care) located in the Community Behavioral Health Provider Coverage and Limitations Handbook.

- 12. License Information:** Enter your professional license number, facility license number or CLIA license number as appropriate for your provider type. If you are required to be licensed in Florida, you **must** submit a legible copy of your professional license from the authorizing state agency with your application. If you are licensed through the Department of Health, you may submit a screen print from the Department of Health licensure web site, <http://www.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>, for proof of licensure through that department. Teaching certificates and certain types of temporary licenses are acceptable only under very limited circumstances. Please refer to the *Coverage and Limitation Handbook* for your provider type for further information. If you have both a professional license and a facility laboratory license, please also include a legible copy of your facility license.

Independent Laboratories, provider type 50, must send a copy of their Clinical Laboratory Improvement Amendment (CLIA) Certificate of Compliance with their application.

- 13. National Provider Identifier Number (NPIN) and Universal Provider Identification Number (UPIN):** Enter your NPIN or your UPIN, if available. NOTE: Providers of medical services may register for an NPIN now at the National Plan and Provider Enumeration System's website, <https://nppes.cms.hhs.gov>. Carriers will begin accepting NPIN submission with claims in May 2006 and NPIN usage becomes mandatory in May 2007.

- 14. Medicare Number:** Enter your Medicare provider number. Medicaid policy allows one Medicaid provider number to link to one Medicare provider number. If you operate more than one location in Medicaid, designate one of those locations to handle all crossover claims submission. Link your one Medicare provider number to this one Medicaid location only. If you have questions about linking a Medicare provider number to a Medicaid provider number, call the Provider Enrollment Unit of the Medicaid fiscal agent at 1-800-377-8216.

- 15. Provider Handbooks:** Up-to-date Medicaid provider handbooks are available for downloading free of charge on the Medicaid fiscal agent web site (<http://floridamedicaid.acs-inc.com>). If you want to receive an electronic version on CD then you must request so here. CDs will be mailed to the physical address on file.
- 16. Collaboration Agreement for Individual PA, ARNP, RN, CRNA, and RNFA:** Medicaid policy requires all individual Physician Assistant (PA), Advanced Registered Nurse Practitioner (ARNP), Registered Nurse (RN), Certified Registered Nurse Anesthetist (CRNA), and Registered Nurse First Assistant (RNFA) applicants to have a collaboration agreement with a licensed physician (MD, DO, or DDS). Please refer to the *Coverage and Limitation Handbook* for your provider type for further information.
- 17. Ownership Certification for Physician Groups:** All physician group applicants, provider type 25 and 26 with a practice type of 35, must certify their ownership. If the group is more than 50% owned by non-physicians or a for-profit hospital then a \$50,000 surety bond is required. The Medicaid Surety Bond form is available on the Medicaid fiscal agent web site as listed at the bottom of this page.
- 18. Home Medical Equipment License Exemption:** All Durable Medical Equipment, provider type 90, applicants must submit a copy of their Home Medical Equipment license with their application unless they meet one of the exemptions listed under this question.
- 19. Pharmacy Information:**
- Board of Pharmacy Permit:** Provide the business name, type of pharmacy, and the permit number.
 - Prescription Department Manager:** Provide the name and license number of the pharmacist who will be directing/managing your pharmacy. Attach a legible copy of the pharmacist's license.
 - Drug Enforcement Agency Number (DEA):** Enter your DEA number, if applicable and attach a legible copy of your current DEA license.
 - Is this facility part of a chain?** List corporate information for chain pharmacies.
 - Point of Service (POS):** To submit pharmacy claims electronically through a POS device, provide the system vendor name and certification number.
- 20. Group Membership Information:**
- a. Individual providers who wish to join a Medicaid enrolled group should enter the Medicaid provider number(s) assigned to any group practice with which you want to be affiliated. If you do not belong to a group practice, leave this line blank. The "begin date" is either your effective date in Medicaid or the date you became affiliated with the group, whichever is later.
 - b. If this is an individual application that is submitted along with a group application, identify the group applicant here. This will assist the Medicaid fiscal agent in processing and tracking the applications together.
- 21. Billing Agent Agreement:** any provider who wishes to designate a billing agent to submit claims for reimbursement by Florida Medicaid must complete this question. Any entity that submits claims to Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active provider number. Claims must be paid in the name of the provider or provider group that renders the services, not in the name of the billing agent. Payment for billing services must be made based upon an administrative fee per claim. Billing agents are prohibited from charging for their services based upon a percentage of the total dollar value of claims billed.

- 22. Electronic Claims Submission:** Indicate which method of claims submission you will use, WinASAP, Vendor Software, Billing Agent, or Clearinghouse. NOTE: Any entity that submits claims to Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active provider number.
- 23. Electronic Remittance Voucher:** Paper copies of remittance vouchers will be mailed to you unless this option is chosen. Electronic remittance vouchers are recommended because they are available in a timelier manner for your review. Indicate who is to receive electronic remittance vouchers through the Medicaid fiscal agent's web site.
- 24. Mailing Address for Payment Information:** Enter the address where your Medicaid payment information (remittance vouchers) will be sent. **If you leave this line blank, your remittance vouchers will be sent to your physical address.**
- 25. Payment Method:** The Medicaid claim payment system uses electronic funds transfer (EFT) as the standard method of payment for all Medicaid disbursements. All providers will receive payments by EFT unless specific exemptions are met. Your claims will be paid directly into the bank account you designate.
- Option 1.** To receive direct deposit of funds complete this option listing the required banking information and all persons authorized to sign on the account. All authorized signers must also be listed in Question 29 and meet all background screening requirements. **Include a letter from the bank verifying the account holder's name, the ABA/Routing number and account number.**
- Option 2.** Complete this option if you will not receive direct payment for services rendered.
- 26. Change of Ownership:** Medicaid policy requires the owner of a Medicaid enrolled business to report any change of ownership (CHOW) to Medicaid 60 days in advance of the date of sale or stock transfer. Medicaid provider numbers are not transferable and the new owner must submit a complete Medicaid Provider Enrollment Application package to request a new Medicaid provider number. A copy of the stock transfer document or bill of sale must be submitted with the application to establish the effective date for the new Medicaid provider number. The effective date for a new provider number established after a CHOW is either the date of the sale or the date the application is received, whichever is later. List the seller's information here to assist with determining this date.
- 27. Ownership Code:** Enter the two-digit code for the appropriate ownership code from the listing provided on Appendix E of this guide.
- 28. Custodian(s) of Records:** Provide the names, phone numbers, and physical locations of the persons maintaining your Medicaid recipient and financial files. These must be actual people. Do not enter a business name here. The Financial Records Custodian must also be listed in Question 29 and meet all applicable background screening requirements.
- 29. Owners and Operators:** Choose one of the three scenarios below that best applies to the type of application you are submitting, comply with those instructions and then read and comply with the Background-Screening Instructions For All Applicants in the next section of this guide.

If you are:

- 1) **An Individual Applicant Who Plans To Bill Medicaid Directly:** If you plan to submit claims to Medicaid and receive payments directly, list yourself, your financial records custodian, and all individuals who hold signing privileges on your depository account, and the requested information for each. (Complete Questions 21 (if applicable), 22, 23, and 25, Option 1.)

OR

- 2) **An Individual Applicant Who Plans To Bill Medicaid Through A Group Membership:** If you plan to bill solely through a group membership and will not submit claims or receive payment directly from Medicaid, list only yourself and the requested information. (Complete Questions 20 and 25, Option 2.)

OR

- 3) **Group or Entity Applicant:** If you are a group or entity applicant, list all shareholders (five percent or more ownership), all partners of your business and subcontractors AND all individual officers, directors, managers, the financial records custodian, and all individuals who hold signing privileges on your depository account, and the requested information for each. (Complete Questions 21 (if applicable), 22, 23, and 25, Option 1.)

Definitions: Officers are deemed to be officers of the corporation or company – such as the President or Vice President. Directors are members of the company's board of directors. Managers are members of the company's management team. If you have a "Director of Therapy Services" or "Director of Clinical Services," these persons would qualify as managers for Medicaid purposes.

Background-Screening Instructions For All Applicants

The applicant and all of the individuals listed in Question 29 **must** submit a completed fingerprint card for the background screening requirement to become a Medicaid provider unless they meet one of the exemptions listed below. All Officers, directors and managers must complete a background screening whether or not they own a percentage of the company.

Notice Regarding Use of Social Security Number: As part of your application for enrollment as a Florida Medicaid provider, you are required to provide your social security number to the Agency for Health Care Administration pursuant to 26 U.S.C. 6109. Disclosure of your social security number is mandatory. Failure to provide your social security number will be a basis to refuse to enroll you as a Medicaid provider. Your social security number will be used to secure the proper identification of persons for whom the Agency is responsible for making a return, statement, or other document in accordance with the Internal Revenue Code, and to assist in the administration of the Florida Medicaid program.

Exemptions to Background Screening Requirement:

- 1) **Any of the individuals listed in Question 29 who previously submitted a fingerprint card to Medicaid for enrollment purposes.** You may call the fiscal agent for Medicaid, at 1-800-377-8216; to verify which of the individuals listed in Question 29 have previous screenings on file with Medicaid.
- 2) **Any of the individuals listed in Question 29 who had a state and national criminal history check completed within the past 12 months as part of employment requirements.** Attach a letter from the state department or agency that required the background screening to qualify for this exemption. The letter must be signed by a representative of the state agency or department that required the screening, and state the name of the individual who was screened, their Social Security Number and the date the screening was completed, the level of screening, and the results.
- 3) **Any Medical, Osteopathic, Podiatric, and Chiropractic Physician as well as Advanced Registered Nurse Practitioner and Registered Nurse applicants who are actively licensed by the Department of Health.** The screening completed by the Department of Health for licensure meets the Medicaid background-screening requirement. Please submit an Internet screen print showing the current, active status of your license from the Department of Health web site, <http://www.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>.
- 4) **Any applicant group or entity that qualifies for one of the following corporate exemptions:**
 - **School District, and is exempt under Section 409.908, Florida Statutes.**

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

- **Hospital licensed under Chapter 395, Florida Statutes.**
- **Nursing home licensed under Chapter 400, Florida Statutes.**
- **Hospice licensed under Chapter 400, Florida Statutes.**
- **Assisted living facility licensed under Chapter 400, Florida Statutes.**
- **Unit of local government.**
- **Organization which 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.**

To qualify for this exemption the applicant group or entity must complete an ***FDLE Criminal History Check Fingerprinting Exemption Request*** form which is available on the Medicaid fiscal agent web site as listed at the bottom of this page. Accuracy of statements contained in this affidavit will be subject to verification by Medicaid.

- 5) **Any members of the board of directors for an applicant group or entity that is a not-for-profit corporation or organization as defined in Florida Statutes where the members of the board of directors meet all of the following criteria:**
- **Serves solely in a voluntary capacity for the above-named organization;**
 - **Receives no remuneration from the above-named organization;**
 - **Does not take part in the day-to-day operational decisions of the above-named organization;**
 - **Has no financial interest in the above-named organization; and**
 - **Has no family member with a financial interest in the above-named organization.**

To qualify for this exemption the applicant group or entity must complete an ***Organization Affidavit for Exemption from Medicaid Criminal History Checks*** form which is available on the Medicaid fiscal agent web site as listed at the bottom of this page. This form requires the applicant to attach a list of all volunteer board members names and social security numbers.

- 30. Applicant History:** Answer all sections (a-f) listing information and attaching documentation as required. Failure to accurately complete this section and supply the required documentation will cause the application process to be delayed and may lead to denial of the application.

CERTIFICATION. Complete the signature block. The application must contain an original signature and date. Copies and signature stamps are not acceptable. Your signature on this application attests to the fact that all of the information included of the Enrollment Application is correct and complete. Intentional submission of false or misleading information in a Medicaid provider application is a third degree felony under subsection 409.920 (2) (f), Florida Statutes.

An authorized agent may sign the application in lieu of the applicant. Authorized agents are those individuals designated in writing by the organization to transact business on its behalf or who are so designated in the articles of incorporation filed with the Florida Department of State. If an authorized agent will be signing your application, the organization and its owners will be held accountable for the contents of the application just as if they had signed for themselves.

Steps After Completing The Medicaid Provider Enrollment Application

- 1. Complete a Medicaid Provider Agreement** – All Medicaid provider applications must be submitted with the appropriate provider agreement containing an **original signature**. The agreement is a legal contract between the provider and AHCA and affirms that the provider will comply with all laws and rules governing the delivery and reimbursement of services or goods to Medicaid recipients. The provider is responsible for his employees and contractors maintaining compliance with the terms of the agreement.

For Individual Providers: The provider agreement must be signed by the provider or by the provider's registered agent.

For Entities or Group Providers: All shareholders (five percent or more ownership), partners of your business and subcontractors AND all individual officers, directors, managers, financial custodian of records and Electronic Funds Transfer (EFT) authorized individuals are required to sign the agreement. A registered agent, a Chief Executive Officer (CEO), or a president of an organization may sign the agreement in lieu of the above.

***NOTE:** Registered agents are those individuals authorized to transact business on behalf of the provider in the provider's Articles of Incorporation filed with the Florida Department of State. If a registered agent signs the agreement, the organization and its owners will be held accountable for the contents of the agreement just as if they had signed it themselves. If a registered agent signs the agreement, a copy of the Articles of Incorporation must be included with the agreement to document the registered agent's status. Authorized agents who are not designated as "registered" agents in the Articles of Incorporation may sign the Enrollment Application but not the agreement.*

- 2. Keep a copy of the application and all required documentation for your files.** See Appendix F for a complete list of required documentation by provider type.
- 3. Mail the application and all required documentation to the appropriate office as indicated on page 10 of the provider application.**
- 4. Incomplete or Incorrect Application:** If it is determined that you have completed the application incorrectly, the material will be returned to you for revision. No State employee or its designee may make changes to the application. All information submitted must be complete, legible and accurate. All forms must be current. Review this guide and the instructions in the enrollment application carefully for additional materials that may need to be submitted with your application.

NOTE: If the application must be returned for corrections, the applicant has six months from the return date to resubmit the application and continue the enrollment process. If the fiscal agent for Florida Medicaid does not receive the application within six months of the return date, the application will be denied for an incomplete application. Once denied, the applicant must submit a new application to begin the process of obtaining a Medicaid provider number again.

- 5. Correcting Documents:** Make corrections in blue or black ink directly on the original documents. Do not use red ink.

General Enrollment Information For Medicaid Provider Applicants

Effective Date

Subsection (6) of 59G-5.010, Florida Administrative Code (F.A.C.) states “Enrollment of a Medicaid provider applicant is effective no earlier than the date of approval of the provider application.

“Approved application,” means an accurately and fully completed application with all the requirements which includes background screenings and on site inspections resolved and completed with approval of the Agency or its designee”.

Medicaid will only reimburse for claims with dates of service on or after the enrollment approval date. Enrollment will not be retroactive to the original receipt date of the application or any date prior to the approval date except as outlined below:

Subsection 409.907 (9)(a), Florida Statute (F.S.) states that the Agency may “Enroll the applicant as a Medicaid provider no earlier than the effective date of the approval of the provider application. With respect to providers who were recently granted a change of ownership and those who primarily provide emergency medical services transportation or emergency services and care pursuant to F.S. 395.1041 or F.S. 401.45, or services provided by entities under F.S. 409.91255, and out-of-state providers, upon approval of the provider application, the effective date of approval is considered to be the date the agency receives the provider application.

Fingerprinting and Criminal History

All new providers **must** undergo fingerprinting and criminal history background screenings before enrollment. Fingerprint cards are available from the Medicaid fiscal agent by calling 1-800-377-8216 or your local Area Medicaid Office. **Each screening costs \$47 per individual and must be paid by check or money order payable to ACS State Healthcare.** The fiscal agent cannot accept cash, journal transfers or purchase orders. The application must contain a list of all shareholders (five percent or more ownership) and partners of your business AND all individual officers, directors, managers, financial custodian of records and Electronic Funds Transfer (EFT) authorized individuals. Fingerprinting and criminal history background screenings are required for each of the above listed individuals. Please refer to pages 18 through 28 of this guide for a full explanation of the screening process and the use of information obtained from the screenings.

Site Visits

Durable medical equipment providers, community mental health services providers, certain transportation providers, and physician group practices that are more than 50 percent owned by non-physicians (except for physician groups owned by non-profit hospitals), are subject to mandatory site visits before enrollment. Additionally, in accordance with §409.907(7), Florida Statutes, other provider types may be subject to random onsite inspections before enrollment.

Multiple Locations

For certain provider types, both individual and group providers who have practices at more than one location, e.g., satellite office, must have separate location codes for each practice location. A location code is a physical location identifier that corresponds to the last two digits of the provider’s Medicaid number. Providers must use the location code assigned to the practice location when billing for services provided at that location. See the *Request for New Location Code* form instructions for the list of provider types who use this form. The form is available on the Medicaid fiscal agent website as listed below.

Additional practice locations created after the initial enrollment is completed must be reported to AHCA. Notification must be made in writing on a *Request for New Location Code* form.

The provider must report a closure of a practice location to the fiscal agent on official letterhead stationery. The letter must contain the provider number assigned to the practice location and the effective date of the closure.

Group Providers

Group providers who intend to provide services to Medicaid recipients also enroll using the Florida Medicaid Provider Enrollment Application form. A group is two or more health care practitioners whose practice is incorporated under the same federal employer identification number. The group provider must obtain a separate location code for each office location where group members practice. Each group member who provides services to Medicaid recipients must also be enrolled as an individual Medicaid provider, must furnish his or her Social Security Number, and sign the *Group Provider Application for Individual Membership in a Group* form that is available from the fiscal agent's web site as listed at the bottom of this page. See the Coverage and Limitations Handbook for your provider type for complete enrollment requirements and possible exceptions.

Payment for Services

Providers should not expect to be paid by Medicaid for services rendered to Medicaid recipients before they receive confirmation from the fiscal agent that they are enrolled in Medicaid. Under both state and federal law, a provider who is not officially enrolled in Medicaid cannot be paid for treating Medicaid recipients. There are no exceptions.

Georgia And Alabama Providers

Providers who are located in Georgia or Alabama and who regularly provide services to Florida Medicaid recipients may enroll as in-state providers. All the enrollment requirements that apply to in-state providers apply to Georgia and Alabama providers, except that they must have the licenses and permits applicable to the state in which they are located. Durable medical equipment and medical supply providers and pharmacies must be located within 50 miles of the Florida state line to enroll as in-state providers.

The effective date of enrollment is the date the provider application is approved. Medicaid cannot retroactively enroll Georgia and Alabama providers who enroll as in-state Medicaid providers.

Out-Of-State Laboratories

Out-of-state freestanding independent clinical laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and licensed by the state of Florida may enroll as in-state Florida Medicaid providers. All enrollment requirements that apply to in-state providers also apply to out-of-state independent clinical laboratories.

Medipass Applicants

Enrollment in MediPass is a separate procedure from enrolling in Medicaid. After a primary care provider is enrolled in Medicaid, they may apply for enrollment in MediPass by requesting an "Agreement for Participation" in MediPass from the area Medicaid office. See Appendix G of this guide for the office that serves your area.

Health Care Clinics

Florida Statutes, Section 456.0375, requires health care clinics that are not wholly owned by licensed health care practitioners and that charge reimbursement for services to register with the Department of Health.

Community Mental Health Services Providers

Florida Statutes authorize Medicaid to perform a pre-certification review on providers applying to enroll in the community mental health services program. Enrollment in the program is contingent upon compliance with the following:

1. Obtaining a contract with the Department of Children and Families, Substance Abuse and Mental Health (SAMH) district program office for the provision of community mental health or substance abuse services.
2. Employ, or have under contract, a Medicaid enrolled psychiatrist or other physician (provider type 25 or 26).
3. Score 85% or better in each domain reviewed during a pre-enrollment certification review to assure compliance with state and federal guidelines. The review includes: standards for facility/environment, leadership, management of human resources, staff credentials, records management, scope of and need for services provided, service area, access to care, quality improvement, services to be provided and records documentation.

30 days prior to the onsite review the facility seeking enrollment must provide a list of a minimum of 10 - 15 client records to the Peer Review Contractor for a sample selection as part of the records documentation review. Note: Providers of Behavioral Health Overlay Services and Therapeutic Group Home Services are subject to additional certification requirements.

The effective date for enrollment is the date that the Agency for Health Care Administration (AHCA) certifies in writing that the provider has met all the necessary standards for enrollment. Enrollment will not be retroactive to the application date. Enrollment will be no earlier than the effective date of the approval of the provider application. Medicaid will only reimburse for claims with dates of service effective on or after the enrollment date.

Please direct questions regarding the pre-certification review to Ms. Nasreen Kabani at (850) 488-8716, and questions regarding completion of the Medicaid provider application to ACS State Healthcare at 1-800-377-8216.

Durable Medical Equipment (DME) Providers

Site Review: After the applicant meets all the enrollment requirements, Medicaid will conduct an unannounced site visit on the following types of DME providers:

- Orthotic and prosthetic providers;
- Suppliers of diabetic monitors and disposable supplies; and
- Oxygen suppliers.

If the applicant is found **not** to be in compliance with Medicaid requirements, AHCA will instruct the fiscal agent to deny the applicant's enrollment in Medicaid.

Fingerprints: Medicaid requires fingerprints for the applicant and the following individuals in the applicant's organization: all officers, directors, billing agents, managing employees, and partners or shareholders with a five percent or more ownership interest in the business and financial custodian and authorized EFT signers. If an individual in the DME company had a criminal background check for Home Medical Equipment (HME) licensure within the past twelve months, a copy of the background screening results on AHCA letterhead stationery can be submitted in lieu of a new fingerprint card.

Questions: If you have any questions about DME provider enrollment, please call the Medicaid fiscal agent at 1-800-377-8216 or your area Medicaid office. The area office addresses and telephone numbers are available on page 52 of this guide or on the Internet at <http://ahca.myflorida.com>.

Home Health Agency Providers

The Initial Home Health Agency Medicaid Enrollment Process consists of the following:

I. The Application: To enroll as a Medicaid provider, a home health agency must be licensed in accordance with Chapter 400, Part IV, F.S. and Chapter 59A-8, F.A.C., or applicable laws of the state in which the services are furnished. The home health agency must comply with all requirements of the Florida Medicaid Provider Enrollment Application as well as the following:

- Meet the Medicare Conditions of Participation as determined through a survey conducted by the Agency for Health Care Administration (AHCA), Division of Health Quality Assurance (HQA); OR
- Be accredited and deemed by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) or the Community Health Accreditation Program (CHAP) as meeting the Medicare Conditions of Participation. Home health agencies receiving accreditation and deemed status by JCAHO or CHAP are responsible for providing accreditation documentation to HQA.

Once the Medicaid provider application has successfully met all Medicaid provider enrollment requirements including background screening the fiscal agent will notify Medicaid Contract Management who will in turn notify the Home Care Unit that the applicant entity is eligible for a survey.

II. The Survey: The Agency for Health Care, Division of Health Quality Assurance (HQA), Home Care Unit will instruct the home health agency applying to Medicaid, in writing, when to send a written request to the HQA Area Office for a Medicaid survey.

Note: The home health agency must have provided care to at least ten skilled nursing patients prior to the survey.

After receiving a written request from the home health agency, the HQA Area Office will conduct an unannounced survey for Medicaid. If the home health agency is found to be in compliance with all Federal Conditions of Participation, the HQA Area Office will recommend Medicaid program enrollment.

If the home health agency does not comply with federal requirements, the HQA Area Office will recommend denial of the application for enrollment in the Medicaid program. To re-apply for enrollment, the home health agency must submit a new Medicaid application to Medicaid Provider Enrollment and the process will begin again.

If approved the effective date is based on the survey approval date. Services rendered to Medicaid recipients before the approval date of enrollment are **not reimbursable**.

NOTE: Assuming the Medicaid application is complete and the applicant passes the survey, the entire application process can take several months.

Surety Bond Instructions

A \$50,000 original surety bond may be required as part of the enrollment application. (See pages 37-51 for a complete listing of provider specific enrollment requirements.)

If a bond is required, it must be on the Florida Medicaid Surety Bond form that is available for download from the Internet at <http://floridamedicaid.acs-inc.com>. **The bond must be maintained for the first twelve months of enrollment except as noted below.**

One bond is required for each provider location up to a maximum of five (5) bonds or an aggregate bond of \$250,000 statewide per tax id. Providers operating multiple locations under the same corporate tax identification number may cover two or more locations under one surety bond. A letter must accompany the bond listing the name, address, and Medicaid provider number of all locations covered by the bond.

Renewals, if required, must be received by AHCA at least 30 days in advance of the expiration date. If there is a gap in the bond coverage dates, there will also be a gap in payments for services that would otherwise be covered by the Medicaid program. The provider is responsible for maintaining current bond coverage.

NOTE: Surety bonds **must** be submitted by all of the following provider types unless they are owned and operated by government entities. The bond requirements listed in this section are not subject to any other exceptions or exemptions than those listed here.

- **Physician groups (provider types 25 and 26, with practice type 35, when more than 50 percent owned by non-physicians).** Exception: Physician groups that are owned by non-profit hospitals do not require a surety bond.
- **Transportation providers (provider types 41, 43, and 47 only).** Exception: No bond is required when these provider types enroll with zero dollar (\$0.00) rates.
- **Independent laboratories (provider type 50).**
- **Durable Medical Equipment (DME) providers (provider type 90).** Exception: Pharmacy providers (provider type 20) who are actively enrolled in Medicaid may request a DME locator number without submitting a surety bond.

NOTE: Medicaid requires that DME providers maintain a surety bond for the life of their provider file renewing the bonds annually effective as of the date the original bond expires. Medicaid cannot accept the surety bond that the provider obtained for Home Medical Equipment (HME) licensure. However, HME licensure may accept the Medicaid bond form for the licensure bond requirement.

- **Home and Community Based Services (HCBS) Waiver providers (provider type 67, when owned or controlled by a DME or Home Health Agency that is not Medicaid enrolled).**
 - Non-Medicaid enrolled DMEs applying as HCBS Waiver providers must comply with the surety bond requirements for Durable Medical Equipment providers (provider type 90) listed above.
 - Non-Medicaid enrolled Home Health Agencies applying as HCBS Waiver providers must comply with the surety bond requirements for Home Health Agency Providers (provider type 65) listed below.

- **Home Health Agency Providers (provider type 65).** Exceptions: A surety bond is not required for a Home Health Agency enrolling for the first time in the Medicaid program provided there have been no licensure terminations or sanctions within the last five years. If an enrolled Home Health Agency is exempt from the surety bond requirement, any subsequent programmatic or geographical expansions (including new Home Health Agencies opened in different geographical areas) that are operating under the same corporate tax identification number are also exempt.

A surety bond is required for Home Health Agencies if there have been (within the past 5 years) or currently are sanctions or terminations (voluntary or involuntary) involved. This requirement is applicable to future terminations or sanctions of a Home Health Agency.

Sanctions include any one of the following actions against a Home Health Agency:

- Disciplinary action as defined in Chapter 400.474, Florida Statutes (F.S.)
- Administrative fine(s) as defined in Chapter 400.474 and 400.484, F.S.

Terminations include any one of the following reasons:

- The denial, suspension, or revocation of license as defined in Chapter 400.474, F.S. and Chapter 400.484, F.S.
- Provider termination at the request of Medicaid Program Integrity
- "Without cause" terminations initiated by either AHCA, Department of Elder Affairs, Department of Children and Families, or the Home Health Agency
- Noncompliance with the Conditions of Participation as defined in 42 Code of Federal Regulations (CFR) 484.1 through 484.55
- Noncompliance with licensure standards as defined in Chapter 59A-8, Florida Administrative Code
- Noncompliance with Medicaid provider requirements as defined in the Medicaid Provider Agreement
- Noncompliance with Medicaid home health policy as defined in Chapter 59G-4.130, Florida Administrative Code

The Home Health Agency shall comply with the surety bond requirement for three (3) consecutive years. If at the end of three years there has been no adverse action taken against the Home Health Agency, it then becomes exempt from the surety bond requirement. However, the surety bond requirement will be extended for another three (3) years from the date of any subsequent final order imposing sanctions.

A surety bond is required if an enrolled Home Health Agency, which is currently exempt from maintaining a surety bond, subsequently receives notice of a final order imposing sanctions. AHCA will send a certified, return receipt letter to the Home Health Agency advising that a surety bond must be submitted within 30 days of receipt of the certified letter.

The Fingerprinting And Criminal History Check Process

The law requires submission of a **complete set of fingerprints** to the Agency for Health Care Administration for each provider or each principal of the provider if the provider is a corporation, partnership, association or other entity. Principals are defined as shareholders (five percent or more ownership), partners of your business and subcontractors, AND all officers, directors, managers, financial records custodians, and all individuals who hold signing privileges on your depository account.

The fingerprinting process described below and instructions on how to fill out the fingerprinting card on the next pages must be followed:

1. Each provider or principal of the provider must go to the local sheriff's office, police station, or nearest available Florida Department of Law Enforcement (FDLE) fingerprinting location to obtain a set of fingerprints.
2. Enclosed with the application are the official fingerprint card(s) that **must** be used to obtain the fingerprints. The Applicant Fingerprint Card (FD-258, Rev. 5-11-99) with Medicaid Provider Services and the originating agency identifier (ORI) preprinted in the "ORI" block must be used for all criminal history check requests. (See Block 4 on Sample Card on next page.)
3. The card **must be filled out in accordance with requirements listed on the following pages of this guide**. The Federal Bureau of Investigation (FBI) will reject cards that are not completed in accordance with these requirements. Rejected cards must be redone and resubmitted. Each card must be signed by the applicant and by the official taking the fingerprints. After two cards are rejected and returned by the FBI, additional payment will be required before a third submission.
4. The information on the fingerprint card should be typed; however, if typing is not possible, the information should be legibly printed.
5. The applicant is responsible for paying any and all fees to the agency that processes the fingerprint card.
6. Each fingerprint card must be submitted to ACS Provider Enrollment along with payment in the amount of \$47.00 per fingerprint card. By law, payment for this criminal history screening is the sole responsibility of the applicant.
7. The Federal Bureau of Investigation (FBI) reviews the fingerprint cards that you submit with your provider application. To expedite this process please make sure you comply with the following requirements when submitting your fingerprint cards.

DO NOT SUBMIT CARDS WITH:

- Poor quality print from a dot matrix printer
- Poor penmanship
- Highlighter in any entry block
- Information written outside of the boundaries of the entry block
- Labels applied to "Leave Blank" areas
- Writing in pencil or ink other than black
- Incomplete data (e.g., incomplete birth date)
- Missing originating agency identifiers (ORI)
- Fingerprints that are missing, out of sequence, of poor quality or rolled on the back of the card
- Fingerprints that are missing and no reason is given
- Fingerprints rolled in any color ink other than black

Guide for Completing a Florida Medicaid Provider Enrollment Application

The FBI requires that all fingerprints be submitted on a standard form and include ten rolled impressions and four plain impressions.

Sample Fingerprint Card

You must use the fingerprint cards supplied with your Medicaid Provider Application packet for fingerprinting purposes. The FBI will not accept any other fingerprint cards. The correct fingerprint cards must match the sample below including the exact information as shown in Box 4 preprinted on the cards.

APPLICANT		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME		FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED (2)		ALIASES <u>AKA</u>	(4)			
RESIDENCE OF PERSON FINGERPRINTED (6)		(3)	FL922013Z MEDICAID PRVDR SVCS TALLAHASSEE, FL		DATE OF BIRTH DOB MONTH DAY YEAR (5)	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (15)	CITIZENSHIP <u>CTZ</u>	(7)	8) 9) (10) (11) (12) (13)	(14)	
OFFICE AND ADDRESS (17)		TITLE <u>OCA</u>	(16)	LEAVE BLANK		
PERSON FINGERPRINTED (21)		PRINTED FBI	(18)			
		APPROVED FOR	(19)			
		DATE OF EXPIRATION	(20)			
		PRINTED SIGNATURE	(22)			
SAMPLE						
<p>LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY</p> <p>RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY</p>						

Guide For Filling Out A Fingerprint Card

Each block on the “Applicant Fingerprint Card” must be filled out in accordance with the following guidelines.

1. NAME

Last Name, First Name, Middle Name, and Suffix (e.g., Smith, John Wayne, Jr.). You must use a comma to separate Last Name and First Name and a space must follow and separate First Name and Middle Name or Initial.

If the person has no middle name or initial, indicate this as NMN. If the person has an initial only for first and/or middle indicate this as IO.

2. SIGNATURE OF PERSON FINGERPRINTED

The person being fingerprinted must sign his legal name in this field. This should be completed prior to the actual taking of the fingerprints to avoid the possibility of smearing the prints on the card.

3. ALIASES (AKA)

Use the same format as NAME (Last Name, First Name, suffix), where possible. Where not possible, as in the case of one or two-word aliases or nicknames, separate each by a comma and a space (e.g., Duke, Little Man, Dingo, Ace, etc.) Women applicants using their married surname in the “NAME” block should enter the maiden surname in the “Aliases” block.

4. ORI

This block will be pre-printed with the Medicaid Provider Enrollment ORI, Name and City. When fingerprinting is done, the fingerprint card used must have the correct information in the “ORI” block. If your agency has multiple ORIs assigned, make sure that the correct pre-printed fingerprint card is used for each applicant being fingerprinted.

5. DATE OF BIRTH (DOB)

A complete date of birth expressed as month, day and year, or age must be furnished. Where month and day are unknown, zeroes may be used. Two zeroes (00) in the year position indicate 1900.

Example:	<u>Date</u>	<u>Written As</u>
	June 12, 1935	061235
	000030	000030
	000000	000000
	June, 1900	060000

6. RESIDENCE OF PERSON FINGERPRINTED

This field must contain the present or last known street address, city and state of the applicant being fingerprinted.

7. CITIZENSHIP

This field must contain the country of which the applicant is a citizen.

8. SEX

Use only the one-character alpha codes as follows:

Male	M
Female	F

9. RACE

Use only the one-character alpha codes as follows:

White *	W
Black	B
American Indian Or Alaskan Native	I
Asian or Pacific Islander **	A
Unknown	U

* Includes: Hispanics

** Includes Asian Indians, Eskimos, Filipinos, Indonesians, Koreans, Polynesians and other non-whites.

10. HGT

Express height in feet and inches.

Example:	<u>Height</u>	<u>Written As</u>
	5' 11"	511
	6' 0"	600
	70"	510

Minimum allowable: 4' (400)

Maximum allowable: 7'11" (711)

(Do not use fractions of an inch. Round off to the nearest tenth.)

11. WGT

Express weight in pounds.

Example:	<u>Weight</u>	<u>Written As</u>
	94 lbs.	094
	186 lbs.	186

Minimum allowable: 50 lbs. (050)

Maximum allowable: 499 lbs. (499)

(Do not use a fraction of a pound. Round off to the nearest pound.)

12. & 13. EYES AND HAIR

Colors of eyes and hair are to be coded as follows:

<u>Color</u>	<u>Code</u>
Bald *	BAL (Hair only)
Black	BLK
Blond or Strawberry	BLN
Blue	BLU
Brown	BRO
Gray or Partially Gray	GRY
Green	GRN (Eye only)
Hazel	HZL (Eye only)
Maroon	MAR (Eye only)
Pink	PNK (Eye only)
Red or Auburn	RED (Hair only)
Sandy	SDY (Hair only)
White	WHI (Hair only)
Unknown	XXX (Eyes and Hair)

* Bald (BAL) is to be used when subject has lost most of the hair on the top of his head.

14. PLACE OF BIRTH

Indicate state (U.S.), territorial possession, province (Canada), or country of birth.

15. SIGNATURE OF OFFICIAL TAKING FINGERPRINTS AND DATE

The official taking the fingerprints should sign his name in this block and date the card to the left of his signature. This should be done before the fingerprints are rolled to avoid smearing the prints on the card.

16. OCA

This block is for the contributor's use. It provides a space to record a local identification number that may be used for internal control, filing, etc.

17. EMPLOYER AND ADDRESS

List the current employer or agency to be employed by and address in this space.

18. FBI NUMBER (FBI)

If you are not aware of an FBI number assigned to this individual, leave this space blank.

19. ARMED FORCES NUMBER

Enter the Armed Forces Number of the applicant in this space.

20. SOCIAL SECURITY NUMBER (SSN)

Enter the Social Security Number of the applicant in this space.

21. REASON FINGERPRINTED

The following must be entered in this block to ensure processing by the FBI:
Florida Statute 409.907(8)(a), Medicaid Provider Enrollment

Guide for Completing a Florida Medicaid Provider Enrollment Application

22. MISCELLANEOUS NO. (MNU)**

Miscellaneous numbers for entry in this block are as follows:

AF	- Air Force Serial Number	MP	- Royal Canadian Mounted Police Identification Number (FPS No.)
AR	- Alien Registration Number	NS	- Navy Serial Number
AS	- Army Serial Number, National Guard Serial Number or Air National Guard Serial Number (regardless of state)	PP	- Passport Number
CG	- U.S. Coast Guard Serial Number	PS	- Port Security Card Number
MD	- Mariner's Document or Identification Number	SS	- Selective Service Number
MC	- Marine Corps Serial Number	VA	- Veteran's Administration Claim No.

- * Omit any alpha character(s) prefixed to Army, National Guard, and Air National Guard serial numbers. That is, only the numeric characters should be entered. For example: Army serial number RA 18901645 and National Guard serial number NG 21001999 should be written as AS-18901645 and AS-21001999, respectively.

The appropriate two-letter identifying code must precede the number and is separated from the miscellaneous number by a hyphen (-). Any alpha character(s) that are part of the miscellaneous number are to be included.

- ** **Per instructions from FDLE, information normally entered in this block needs to be entered in the OCA block 16, until further notice.**

Rejected Fingerprint Cards

Applicant fingerprint cards that are rejected by the FBI will be returned directly to Medicaid Contract Management. Rejected fingerprint card(s) will be accompanied by a United States Department of Justice Form 1-17 a, Rev. 5-2-96, or Form 1-12, Rev. 4-28-97, that lists the various reasons a fingerprint card may be rejected. If a fingerprint card is rejected, it will be necessary for the applicant to be fingerprinted again.

In order to preclude duplicate payments and to receive a complete FBI record, the applicant must submit the rejected fingerprint card along with **a new fingerprint card** to Medicaid. After two cards are rejected and returned by the FBI, additional payment will be required before a third submission. Failure to successfully submit a new fingerprint card may result in termination of the provider number.

Payment And Processing Of Fingerprinting

- The fingerprint cards submitted with a provider's application are sent to FDLE. Upon receipt of a fingerprint card, FDLE will run a criminal history check on the individual whose fingerprints are submitted and will then remit the fingerprints to the FBI.
- The FBI searches the National Criminal Information Center's database to determine if the applicant has any criminal history record.
- A check in the amount of **\$47.00** must be made payable to **ACS State Healthcare** for each **individual** for whom you need a criminal history record check.
- When submitting several individual applications at one time, such as therapists or case managers, criminal history check payments **may not be combined into one payment** on one check. Separate checks must be submitted for each fingerprint submitted.
- When submitting a group or corporately owned provider application the criminal history check payments **may be combined into one payment** on one check. For example, if there are six officers, directors or owners, the check should be for \$282.00, or (6 X \$47.00 = \$282.00).
- Send all checks and completed fingerprint cards with the provider enrollment application to:

**ACS Provider Enrollment
PO Box 7070
Tallahassee, FL 32314-7070**

You must be certain that the information you send in is complete in all respects. Be sure that every principal in your organization who is required to undergo the criminal history check is included in the application.

Knowingly submitting false or misleading information or statements to the Medicaid program for the purpose of being accepted as a Medicaid provider is a felony.

**Florida Medicaid Provider Applicant's Responsibility
To Comply With Section 409.907, Florida Statutes**

It is the responsibility of the provider applicant to know the provisions of Section 409.907, F.S., and to be certain that the names and appropriate identifying information for all provider personnel on whom criminal history checks are required are submitted with the provider enrollment application to ACS State Healthcare.

Examples Of Medicaid Provider Enrollment Disqualifying Offenses

Section 409.907, Florida Statutes (F.S.), permits the Agency for Health Care Administration (AHCA) to deny enrollment in the Florida Medicaid program to any individual provider or any provider who is a corporation, partnership or other business entity if the provider, or any officer, director, billing agent, managing employee, affiliated person or any partner or shareholder having an ownership interest of five percent or greater if the provider has:

- a. Conviction for a crime relating to delivery of goods or services under Medicare, Medicaid or any other private or public health care or health insurance program including the performance of management or administrative services relating to delivery of goods or services under any such program. Examples include, but are not limited to, fraudulent billing for services never rendered; soliciting, offering, paying or receiving a kickback or bribe; or making a false claim for items or services not authorized for reimbursement.
- b. Conviction for a crime relating to the neglect or abuse of a patient in connection with the delivery of any health care goods or services.
- c. Conviction for a crime relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance. Examples include, but are not limited to, the unlawful sale, manufacture or delivery of controlled substances such as illegal drugs or narcotics.
- d. Conviction for a crime relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct. Examples include, but are not limited to, theft, robbery, or dealing in stolen property; counterfeiting and forgery; credit card crimes; public assistance, Medicaid, workers' compensation, or welfare fraud.
- e. Conviction for a crime punishable by imprisonment of a year or more that involves moral turpitude. Examples include, but are not limited to, murder, manslaughter, aggravated assault, sexual battery, arson, or burglary.
- f. The applicant has made false representations in or omissions of material fact from the application. Examples include but are not be limited to, concealing the controlling or ownership interest of any officer, director, agent, managing employee, affiliated person, partner or shareholder who may not be eligible to participate; failure to disclose criminal conviction; or failure to disclose involuntary termination from the Florida Medicaid program or any other state or federal health insurance program, including Medicaid and Medicare;
- g. The applicant has been found to have violated federal or state laws, rules, or regulations governing Florida's Medicaid program or any other state's Medicaid program, the Medicare program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly;

Guide for Completing a Florida Medicaid Provider Enrollment Application

- h. The applicant has been previously found by a licensing, certifying or professional standards board or agency to have violated the standards or conditions relating to licensure or certification of the quality of services provided;
- i. The applicant has failed to pay any fine or overpayment properly assessed under the Medicaid program in which no appeal is pending or after resolution of the proceeding by stipulation or agreement unless the agency has issued a specific letter of forgiveness or approved a repayment schedule to which the provider agrees to adhere;
- j. Been excluded, suspended, terminated or has involuntarily withdrawn from participation in Florida's Medicaid program or any other state's Medicaid program or from participation in any other governmental or private health care or health insurance program;
- k. Been convicted in connection with the interference with or obstruction of any investigation into any criminal offense listed under Section 409.907, F.S.; or
- l. The Agency may deny the provider enrollment application if the agency finds that it is in the best interest of the Medicaid program to do so. Factors that could affect the effective and efficient administration of the program, including the current availability of medical care, services, or supplies to recipients, taking into account geographic location and reasonable travel time; the number of providers of the same type already enrolled in the same geographic area; and the credentials, experience, success, and patient outcomes of the provider for the services that it is making application to provide in the Medicaid program.

AHCA, may at its discretion, deny an applicant's request for provider enrollment in the Medicaid program if any of the above conditions are found whether or not adjudication was withheld or the applicant entered a plea of nolo contendere. These examples are for information purposes only and should not be considered all-inclusive.

**Denial, Termination And Appeal Of Medicaid Enrollment
Based Upon Criminal History Records**

Denials of Medicaid enrollment based upon accurate criminal history records are not subject to appeal. To ensure that you are not denied enrollment as a Florida Medicaid provider due to inaccurate criminal history information you should:

- Be certain that the information in your criminal history file is correct.
- If you have a national criminal record or a criminal history from another state that AHCA obtains through the FBI's search of the NCIC database, federal statute (Public Law 92-544) prohibits AHCA from sending a copy of that history with the termination or denial letter to you, the Medicaid provider applicant. In order to disclose the NCIC record to an applicant, he or she must be positively identified to AHCA by fingerprints. Only at that point is AHCA permitted to deliver a copy of the NCIC report to the applicant.
- If you have a criminal record, you have the right to challenge and correct any errors or omissions in that record with the appropriate agency. However, if you are issued a denial or termination letter based upon information contained in the FDLE or FBI reports, you will not be permitted to enroll in the program until the issuing agency accepts your challenge and corrects the criminal record accordingly.
- The address that an applicant should write to change, correct or update an NCIC record is:
FBI Criminal Justice Information Services Division
Attention: Personal Review
1000 Custer Hollow Road
Clarksburg, West Virginia 26306
- The address that an applicant should write to change, correct or update an FDLE record is:
Florida Department of Law Enforcement
User Services Bureau
Post Office Box 1489
Tallahassee, Florida 32302

If you wish to appeal your criminal-history-based denial or termination from the Medicaid program, you may do so based on a certified, corrected copy of the FDLE or FBI report that gave rise to the original AHCA determination. This document, along with a copy of your termination letter, should be submitted as an attachment to your letter requesting an appeal under Section 120.57, F.S.

Questions about the criminal history check process should be directed to the area Medicaid office of the county in which you are located (see page 52 of this guide).

Appendices

Appendix A – Provider Type Codes

Use these codes to complete Question 8 of the Provider Enrollment Application form.

80	Aging & Adult Services	41	Non-Emergency Transport
42	Air Ambulance	46	Non-Profit Transportation
40	Ambulance	86	Non-Provider Mail List Only
06	Ambulatory Surgery Center	30	Nurse Practitioner (ARNP)
33	Approval Agency	63	Optician
14	Assistive Care Services	62	Optometrist
60	Audiologist	82	Paraprofessional Early Intervention Services
99	Billing Agent	20	Pharmacy
69	Birth Center	26	Physician (D.O.)
79	Bureau of Blind Services	25	Physician (M.D.)
91	Case Management Agency	29	Physician Assistant
78	Children’s Medical Services	27	Podiatrist
28	Chiropractor	51	Portable X-ray Company
05	Community Mental Health Services	72	Prepaid Mental Health Services
77	County Health Department	24	Prescribed Medical Rehab Services (PPEC)
35	Dentist	12	Private ICF/DD Facility
76	Developmental Disability Agency	45	Private Transportation
89	Dialysis Center	81	Professional Early Intervention Services
90	Durable Medical Equipment/ Medical Supplies	31	Registered Nurse/Registered Nurse First Assistant
68	Federally Qualified Health Center	66	Rural Health Clinic
01	General Hospital	08	School District
44	Government/Municipal Transport	10	Skilled Nursing Facility
61	Hearing Aid Specialist	09	Skilled Nursing Unit Hospital Based
70	HMO	32	Social Worker/Case Manager
67	Home & Community-Based Services Waiver	07	Specialized Mental Health Practitioner
65	Home Health Agency	11	State ICF/DD Facility
15	Hospice	04	State Mental Hospital
50	Independent Laboratory	13	Swing Bed Facility
98	Leinholder	43	Taxicab Company
34	Licensed Midwife	83	Therapist (PT, OT, ST, RT)
23	Medical Foster Care/ Personal Care Provider	75	Vocational Rehabilitation Agency
47	Multi-Load Private Transport		

Appendix B – Practice Type Codes

Use these codes to complete Question 9 of the Provider Enrollment Application.

01	General Hospital	33	Individual, Outpatient or Clinic Only
02	General Hospital, Except OB	35	Group Practice
03	Pediatric Hospital	40	Rural Health Clinic, Independent
04	Psychiatric Hospital	41	Rural Health Clinic, Provider Based
05	Rehabilitation	50	HMO, Prepaid Health Plan, or Prepaid Mental Health Plan
10	Nursing Home, Dual Certified	89	DME, Disposable Incontinence Supplies (Statewide Contract Only)
11	Nursing Home, ICF Only	90	DME, Single Store
12	Christian Scientist Sanatorium	91	DME, Chain, 2-5 locations
20	Pharmacy	92	DME, Chain, more than 5 locations
21	Pharmacy, Infusion	93	DME, Medicaid Pharmacy location
22	Pharmacy, LTC Non Comm	94	DME, Ophthalmologist's office
23	Pharmacy, Hospital Based	95	DME, Physician owned orthopedic group practice
24	Pharmacy, Nursing Home Based	96	DME, Non-physician owned orthopedic group practice
25	Pharmacy, Tax Supported	97	DME, County Health Department
30	Individual Practice	98	DME, Government Entity
31	Individual, Inpatient Hospital Only	99	Other
32	Individual, Emergency Room Only		

Appendix C – Category Of Service Codes

Use these codes to complete Question 10 of the Medicaid Provider Enrollment Application.

01	Inpatient Hospital
02	Outpatient Hospital
04	State Mental Health Hospital
05	Community Mental Health Services
06	Ambulatory Surgical Center
10	Skilled Nursing Facility
11	Intermediate Care Facility/DD
13	Swing Bed Facility
15	Hospice
16	End Stage Renal Disease (ESRD)
20	Prescribed Drugs
24	Prescribed Medical Rehab Services
25	Physician Care
27	Podiatry
28	Chiropractic Services
30	Other Practitioner Services
35	Dental Care
40	Transportation Services

50	Independent Laboratory Services
51	Portable X-Ray Services
55	Child Health Check-Up
60	Hearing Services
62	Visual Services
64	Family Planning Services
65	Home Health Services
66	Rural Health Services (also used by FQHC providers)
69	Birth Center Services
70	HMO, PHP, or PMHP
71	Primary Care Case Management
72	MediPass (Granted only through MediPass office)
75	Targeted Case Management
80	Home & Community Based Services
82	Regional Perinatal Intensive Care Center (RPICC)
83	Therapy Services
89	Medicare Crossover
90	DME

Appendix D – Provider Specialty Type Codes

Use these codes to complete Question 11 of the Medicaid Provider Enrollment Application.

PHYSICIAN SPECIALTY CODES

NOTE: Most specialties are granted upon completion of the attestation clause included in Question 11 of the Medicaid Provider Enrollment Application.

Exceptions:

- Pediatric Surgery and Urology require full Board Certification.
- Comprehensive Assessment and Specialized Therapeutic Foster Care require submission of a completed certification form Appendix C (Comprehensive Behavioral Health Assessment) or Appendix D (Specialized Therapeutic Foster Care) located in the Community Behavioral Health Provider Coverage and Limitations Handbook.

01	Adolescent Medicine	35	Pediatrics
02	Allergy	36	Pediatrics, Allergy
03	Anesthesiology	37	Pediatrics, Cardiology
04	Cardiovascular Medicine	PC	Pediatrics, Critical Care
05	Dermatology	PE	Pediatrics, Emergency Care
06	Diabetes	38	Pediatrics, Oncology/Hematology
07	Emergency Medicine	39	Pediatrics, Nephrology
08	Endocrinology	41	Physical Medicine & Rehab
09	Family Practice	42	Psychiatry
10	Gastroenterology	43	Psychiatry, Child
11	General Practice*	44	Psychoanalysis
GE	Genetics	45	Public Health
12	Preventive Medicine	46	Pulmonary Diseases
13	Geriatrics	47	Radiology
14	Gynecology	48	Radiology, Diagnostic
15	Hematology	49	Radiology, Pediatric
16	Immunology	50	Radiology, Therapeutic
17	Infectious Diseases	51	Rheumatology
18	Internal Medicine	52	Surgery, Abdominal
19	Neonatal/Perinatal	53	Surgery, Cardiovascular
20	Neoplastic Diseases	54	Surgery, Colon/Rectal
21	Nephrology	55	Surgery, General
22	Neurology	56	Surgery, Hand
23	Neurology/Children	57	Surgery, Neurological
24	Neuropathology	58	Surgery, Orthopedic
26	Obstetrics	59	Surgery, Pediatric
27	OB-GYN	60	Surgery, Plastic
28	Occupational Medicine	61	Surgery, Thoracic
29	Oncology	62	Surgery, Traumatic
30	Ophthalmology	63	Surgery, Urological
31	Otolaryngology	65	Maternal/Fetal
32	Pathology	66	Comprehensive Behavioral Health Assessment
33	Pathology, Clinical	67	Specialized Therapeutic Foster Care
34	Pathology, Forensic		

Continued

Provider Specialty Type Codes, Cont.

ARNPs	
75	Adult Primary Care
76	Clinical Nurse Specialist Psych. Mental Health
77	College Health Nurse
78	Diabetic Nurse Practitioner
80	Family Nurse
81	Family Planning
82	Geriatric
83	Maternal/Child Health Family Planning
84	Certified Registered Nurse Anesthetist
85	Certified Registered Nurse Midwife
86	OB/GYN Nurse
87	Pediatric Nurse

Dentists	
70	Adult Dentures Only
71	General Dentistry
72	Oral Surgery (Dentist)
73	Pedodontist
74	Other Dentist
88	Orthodontist

Therapists	
90	Occupational Therapist
91	Physical Therapist
92	Speech Therapist
93	Respiratory Therapist

Therapeutic Services	
66	Comprehensive Assessment
67	Therapeutic Foster Care

Durable Medical Equipment Providers	
69	Medical Oxygen Retailer

Assistive Care Services	
A1	Licensed Assisted Living Facility
A2	Licensed ALF with Extended Congregate Care (ECC) Specialty License
A3	Licensed ALF with Limited Nursing Service (LNS) Specialty License
A4	Licensed ALF with Limited Mental Health (LMH) Specialty License
A5	Licensed Adult Family Care Home
A6	Licensed Residential Treatment Facility (RTF's) with less than 16 beds

Continued

Provider Specialty Type Codes, Cont.

Waivers	
CF	Adult Cystic Fibrosis
95	Aged/Disabled Adults
AZ	Alzheimer's
89	Assisted Living for the Elderly
97	Channeling
98	Community Supported Living Arrangement
68	Consumer Directed Care
96	Developmental Disability
94	Model
99	Project AIDS Care
79	Traumatic Brain Injury and Spinal Cord Injury

Appendix E – Ownership Type Codes

Use these codes to complete Question 27 of the Provider Enrollment Application.

1	County Owned
2	State Owned
3	City Owned
4	Church Owned
5	Privately Owned, for Profit
6	Privately Owned, Not-for Profit
7	Publicly Traded Corporation
8	Other

Appendix F – Provider Documentation Requirements

The following pages contain charts that provide special requirements for each type of provider that uses the Florida Medicaid Provider Enrollment Application to enroll in Medicaid. You may use these charts as a guide in completing the enrollment process for the Florida Medicaid program.

Please note: All providers must complete either an Institutional or a Non-Institutional Medicaid Provider Agreement and submit the agreement with the enrollment application. Enrollment applications that do not include the designated agreement will be returned to the provider. Providers must resubmit the enrollment application with the designated agreement before the enrollment can be processed.

All provider enrollment forms can be obtained from ACS State Healthcare's Florida Medicaid website at <http://floridamedicaid.acs-inc.com> or from ACS Provider Enrollment by calling 1-800-377-8216 or from the area Medicaid office. See page 52 of this guide for the office that serves your area.

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Aging & Adult Services (AAS)	80	35	25 80		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Group practice Sheet
Ambulatory Surgical Center (ASC)	06	30	06		<ul style="list-style-type: none"> • Enrollment Application • Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Have an agreement with CMS to operate as an ASC • Be licensed by HQA as an ASC
Assistive Care Services (ACS)	14	30	80	A1 A2 A3 A4 A5 A6	<ul style="list-style-type: none"> • Enrollment Application • Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Copy of ALF, AFCH or RTF license
Audiologist	60	30 35	60		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of professional License from MQA
Billing Agent	99	30			<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47)

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Birth Center	69	30	69 55		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of Birth Center license from HQA • Copy of current facility license • Include Medicaid ID numbers for all practitioners
Case Management Agency Mental Health Targeted Case Management	91	35	75		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Group practice sheet • Have current ADM contract plus Appendix A, B, or C of the Medicaid Coverage and Limitations Handbook • Have individual staff providing TCM services certified by ADM or CMS (Appendix D or E of the Medicaid Coverage and Limitations Handbook or Child Welfare TCM Agency Certification form)
Children's Medical Services (CMS)	78	35	25 35 55 60 62 75		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Group practice sheet • Have a contract with CMS • Be certified by CMS • Have individual staff providing TCM services certified by CMS

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Chiropractor	28	30 31 33 35	28 66 89		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Copy of professional license from DOH • Group practice sheet (if applicable)
Community Mental Health Services	05	35	05		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Current contract with ADM • Have a waiver letter from DCF approving contract • Have copy of contract between provider agency and consulting physician or psychiatrist as a staff member • Have documentation the physician or psychiatrist is independently enrolled in Medicaid • Group practice sheet • Pre-certification review and approval by Medicaid Services are required prior to enrollment activation.
County Health Department (CHD)	77	35	25 30 35 55 64 72		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Group Practice sheet • Approval by Medicaid Services for CHD Certified Match Program

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Dentist	35	30 33 35	35 66	70 71 72 73 74 88	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of professional license from MQA • Specialty 72, 73, 88 requires Board Certification or Board Eligibility • Group practice sheet (if applicable)
Durable Medical Equipment (DME) Medical Supplies	90	30	90 65	69	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Current copy of all required licenses (Specialty code 69, Oxygen, requires a copy of the valid oxygen Retailer license.) • Copy of current occupational license • \$50,000 Medicaid Surety Bond • Site Visit
Early Intervention Services Para-professional	82	30 35	24		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • CMS/EIP approval recommendation letter • Early Intervention Training Certificate from CMS/EI • Copy of professional/paraprofessional healing arts license

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Early Intervention Services Professional	81	30 35	24 75 80		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • CMS/EIP approval recommendation letter • Early Intervention Training Certificate from CMS/EI • Copy of professional/paraprofessional healing arts license
Federally Qualified Health Center (FQHC)	68	35	25 27 28 30 35 55 62 72		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of Public Health Grant document
Free-Standing Dialysis Center	89	30	16 89		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Medicare certification letter with Medicare number
Hearing Aid Specialist	61	30 35	60		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of professional license from MQA • Group practice sheet (if applicable)

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Home & Community Based Services	67	30 35	80	68 79 89 94 95 96 97 98 99 CF AZ	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Approval by Waiver Specialist in the approving department, agency or organization co-administering the waiver type • Surety bond required for DME or HHA entities that are not Medicaid enrolled.
Home Health Agency (HHA)	65	30 99	65 90	90 91 92	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • HHA approval (survey by HQA) • Copy of current license from HQA • Surety bond required if have had sanctions or terminations within the past 5 years.
Hospice	15	30	15 89		<ul style="list-style-type: none"> • Certification & Transmittal Survey form from HQA • Non-Institutional Medicaid Provider Agreement • Medicare certification letter
Independent Laboratory	50	30	50		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of current clinical laboratory facility license from HQA • CLIA certification • HCFA-1513 form • \$50,000 Medicaid surety bond (1st yr of enrollment)

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Licensed Midwife	34	30 35	30 55		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of current professional license from MQA • Group practice sheet (if applicable)
Medical Foster Care Personal Care	23	30	24		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Be licensed by DCF • Have a copy of completion of a Medical Foster Care training program conducted by CMS
Nurse Practitioner (ARNP)	30	30 35	30 55 64 66 72 75	75 76 77 78 80 81 82 83 84 85 86 87	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Copy of professional license from DOH • Group practice sheet (if applicable) • Collaborative agreement (form in application or on a separate collaboration form signed by a physician)
Optician	63	30 35	62		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of professional license from DOH • Group practice sheet (if applicable)

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Optometrist	62	30 35	62 66 25		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of professional license from DOH • Group practice sheet (if applicable)
Pharmacy	20	20 21 22 23 24 25 89	20		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of DEA License, Pharmacy permit & Pharmacist's license
Physician (MD & DO)	25 / 26	30 31 32 33 35	25 55 60 62 64 66 72 82 89	01 Thru 67	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Copy of professional license from DOH • Pediatric Surgery and Urology require copy of Board Certification • Group practice sheet (if applicable) • If Group – need Certificate of Ownership form • Physician Groups more than 50% owned by non-physicians require: <ul style="list-style-type: none"> ➤ \$50,000 Medicaid surety bond ➤ Site Visit

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Physician Assistant	29	30 35	30 55 64 66 72		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of professional license from DOH • Collaborative agreement (form in application or on a separate collaboration form signed by a physician) • Group practice sheet (if applicable)
Podiatrist	27	30 31 33 35	27 66 89		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Copy of professional license from DOH • Group practice sheet (if applicable)
Portable X-ray	51	30	51		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of Medicare certification from HQA • HCFA-1513
Prescribed Medical Rehabilitative Services (PPEC)	24	99	24		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of current PPEC license • Copy of current occupational license

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Registered Nurse (RN) Registered Nurse First Assistant (RNFA)	31	30 35	30 55 64 75		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Copy of professional license from DOH • Group practice sheet (if applicable – required with CHD or CMS)
Rural Health Clinic (RHC)	66	35	25 27 28 30 55 62 64 66 72 89		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Proof of Medicare certification
School District	08	30 35	05 25 30 35 40 55 60 62 75 80 83		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Electronic Funds Transfer form • Medicaid Services approval
Social Worker Case Manager	32	30	75		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Be certified by ADM or CMS • Be member of a Case Management Agency (PT-91) or CMS office or clinic (PT-78) • If with ADM – need appropriate appendix form • Copy of current occupational license

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Specialized Mental Health Practitioner	07	30 35	05	66 67	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Be certified by AHCA, ADM and DJJ • Have current contract with ADM • Completed certification forms Appendix C (Comprehensive Behavioral Health Assessment) or Appendix D (Specialized Therapeutic Foster Care) of the Medicaid Provider Coverage and Limitations Handbook
Therapist	83	30 35	83	90 91 92 93	<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Copy of current license • Group practice sheet (if applicable)
Transportation Air Ambulance	42	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Copy of EMS permit from DOH • Local & State licensure (as applicable) • Area Medicaid office approval

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Transportation Ambulance	40	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Copy of EMS permit from DOH • Local & State licensure (as applicable) • Copy of Medicare licensure & certification • Area Medicaid office approval
Transportation Multi Load Private Transportation	47	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Local & State licensure (as applicable) • Proofs of insurance • Contract with CTC • Surety bond for first year of enrollment, unless enrolled with zero rates • Area Medicaid office approval
Transportation Non Emergency Medical Vehicles	41	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Local & State licensure (as applicable) • Proofs of insurance • Contract with CTC •

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Transportation Non Emergency Medical Vehicles (cont.)					<ul style="list-style-type: none"> • Surety bond for first year of enrollment, unless enrolled with zero rates • Area Medicaid office approval
Transportation Non Profit Transportation Carrier	46	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Local & State licensure (as applicable) • Proofs of insurance • Contract with CTC • Area Medicaid office approval
Transportation Private	45	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) – not required with Medical Foster Care license from DOH • Electronic Funds Transfer form • Copy of vehicle registration • Proofs of insurance • Valid Florida driver's license • Area Medicaid office approval
Transportation Public	44	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Local & State licensure (as applicable) • Contract with CTC • Area Medicaid office approval

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Guide for Completing a Florida Medicaid Provider Enrollment Application

Provider Description	Provider Type	Practice Type	Category of Service	Specialty	Requirements for Medicaid Provider Applicants:
Transportation Taxi	43	30	40		<ul style="list-style-type: none"> • Enrollment Application • Non-Institutional Medicaid Provider Agreement • Background Screening (fingerprint card & \$47) • Electronic Funds Transfer form • Rate sheet from area Medicaid office • Local & State licensure (as applicable) • Proofs of insurance • Contract with CTC • Surety bond for first year of enrollment, unless enrolled with zero rates • Area Medicaid office approval

Appendix G – Medicaid Area Offices

Areas—Counties Covered	Address	Phone
Area 1—Escambia, Okaloosa, Santa Rosa, Walton	160 Governmental Center Rm 510 Pensacola, Florida 32502	Escambia and Santa Rosa— (850) 595-5700 Okaloosa and Walton— (800) 303-2422
Area 2A—Bay, Gulf, Franklin, Holmes, Jackson, Washington	651 W 14th St Ste K Panama City, Florida 32401	(850) 872-7690 (800) 699-7068
Area 2B—Calhoun, Gadsden, Jefferson, Liberty, Leon, Madison, Taylor, Wakulla	2727 Mahan Dr MS # 42 Bldg 2, 3 rd Fl Tallahassee, Florida 32301	(850) 921-8474 (888) 503-5163
Area 3A—Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	14101 NW Hwy 441 Ste 600 Alachua, Florida 32615-5669	(386) 418-5350
Area 3B—Citrus, Hernando, Lake, Marion, and Sumter	2441 W Silver Springs Blvd Ocala, Florida 34475	(352) 732-1349
Area 4—Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia	Duval Regional Service Center 921 N Davis St Bldg A Ste 160 Jacksonville, Florida 32209-6806	(904) 353-2100 (800) 273-5880
Area 5—Pasco and Pinellas	525 Mirror Lake Dr N Ste 510 St. Petersburg, Florida 33701	(727) 552-1191 (800) 299-4844
Area 6—Hardee, Highlands, Hillsborough, Manatee, and Polk	6800 N Dale Mabry Hwy Ste 220 Tampa, Florida 33614	(813) 871-7600 (800) 226-2316
Area 7—Brevard, Orange, Osceola, and Seminole	400 W Robinson St Ste 309 S Tower Orlando, Florida 32801	(407) 317-7851 (877) 254-1055
Area 8—Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota	2295 Victoria Ave Rm 309 Ft. Myers, Florida 33901 All mail should be addressed to: PO Box 60127 Ft. Myers, Florida 33906	(941) 338-2620 (800) 226-6735
Area 9—Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie	1710 E Tiffany Dr Ste 200 West Palm Beach, Florida 33407	(561) 881-5080 (800) 226-5082
Area 10—Broward	1400 W Commercial Blvd Ste 110 Ft. Lauderdale, Florida 33309	(954) 202-3200
Area 11—Dade and Monroe	Doral Center, Manchester Bldg 8355 NW 53rd St 2 nd Flr Miami, Florida 33166	(305) 499-2000

Appendix H – Area Agency On Aging District Offices

Areas—Counties Covered	Address	Phone
PSA 1—Escambia, Okaloosa, Santa Rosa, Walton	NW Florida Area Agency on Aging, Inc 3300 N Pace Blvd, Ste 200 Pensacola, FL 32505	(850) 595-5420 FAX: (850) 595-5427
PSA 2—Bay, Calhoun, Gadsden, Gulf, Franklin, Holmes, Jackson, Jefferson, Liberty, Leon, Madison, Taylor, Wakulla, and Washington	Area Agency on Aging for N Florida, Inc 2614 Mahan Dr Tallahassee, FL 32308	(850) 488-0055 FAX: (850) 922-2420
PSA 3—Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union	Mid-Florida Area Agency on Aging, Inc 5700 SW 34 th St Ste 222 Gainesville, FL 32608	(352) 378-6649 FAX: (352) 378-1256 Resource Center: 1-800-262-2243
PSA 4—Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia	NE Florida Area Agency on Aging, Inc 4401 Wesconnett Blvd 2nd Fl Jacksonville, FL 32210-7387	(904) 777-2106 FAX: (904) 777-2128
Area 5—Pasco and Pinellas	Area Agency on Aging of Pasco-Pinellas, Inc 9887 4 th St N Ste 100 St. Petersburg, FL 33702	(727) 570-9696 Ext 243 FAX: (727) 217-7618
PSA 6—Hardee, Highlands, Hillsborough, Manatee, and Polk	West Central Florida AAA, Inc 5905 Breckenridge Pkwy Ste F Tampa, FL 33610	(813) 740-3888 or 1-800-336-2226 FAX: (813) 623-1342
PSA 7—Brevard, Orange, Osceola, and Seminole	Senior Resource Alliance 988 Woodcock Rd Ste 200 Orlando, Florida 32803	(407) 228-1811 (407) 228-1808 FAX: (407) 228-1835
PSA 8—Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota	Area Agency on Aging for SW Florida, Inc 2285 1st St Fort Myers, FL 33901	(239) 332-4233 FAX: (941) 332-3596
PSA 9—Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie	Area Agency on Aging of Palm Beach/Treasure Coast 1764 N Congress Ave Ste 201 West Palm Beach, Florida 33409	(561) 684-5885 FAX: (561) 697-7250
PSA 10—Broward	Area Agency on Aging of Broward County, Inc 5345 NW 35 th Ave Ft. Lauderdale, FL 33309	(954) 714-3456 FAX: (954) 497-1586 Info/Ref: (954) 714-3464
PSA 11—Dade and Monroe	Alliance for Aging, Inc 9500 S Dadeland Blvd Ste 400 Miami, FL 33156	(305) 670-6500 FAX: (305) 670-6516

Visit the fiscal agent web site for electronic versions of all enrollment forms: <http://floridamedicaid.acs-inc.com>

Appendix I – Developmental Disabilities – District Offices

Areas—Counties Covered	Address	Phone
District 1 – Escambia, Santa Rosa, Okaloosa, and Walton	Developmental Disabilities Program 160 Governmental Center Pensacola, FL 32501	850-595-8352
District 2 – Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington	Developmental Disabilities Program Cedars Executive Center, 100A 2639 N Monroe St Tallahassee, FL 32399-2949	850-487-1992
District 3 – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union	Developmental Disabilities Program 1621 NE Waldo Rd P O Box 390 I/O 18 Gainesville, FL 32602	352-955-5777
District 4 – Duval, Nassau, Baker, Clay, and St. John's	Developmental Disabilities Program 3631 Hodges Blvd Jacksonville, FL 32224-1288	904-992-2426
Suncoast Region – Hillsborough, Pinellas, Pasco, Manatee, Sarasota, Desoto	Developmental Disabilities Program 1201 102 nd Ave N St. Petersburg, FL 33716	727-217-7016
District 7 – Orange, Seminole, Osceola, and Brevard	Developmental Disabilities Program 400 W. Robinson St Ste S-430 S Tower Orlando, FL 32801	407-245-0440 Ext. 612
District 8 – Charlotte, Collier, Glades, Hendry, and Lee	Developmental Disabilities Program 2295 Victoria Ave PO Box 60085 Ft. Myers, FL 33906	941-338-1575
District 9 – Palm Beach	Developmental Disabilities Program 111 S Sapodilla Ave West Palm Beach, FL 33401	561-837-5564
District 10 – Broward	Developmental Disabilities Program 201 W Broward Blvd Ste 307 Ft. Lauderdale, FL 33301	954-467-4203
District 11 – Dade and Monroe	Developmental Disabilities Program 401 NW 2 nd Ave Ste S821 Miami, FL 33128	305-377-7133
District 12 – Flagler and Volusia	Developmental Disabilities Program 210 N Palmetto Ave Ste 210 Daytona Beach, FL 32114	386-238-4714
District 13 – Citrus, Hernando, Lake, Marion, and Sumter	Developmental Disabilities Program 1601 W Gulf Atlantic Hwy Wildwood, FL 34785	352-330-2177, ext. 6265
District 14 – Hardee, Highlands, and Polk	Developmental Disabilities Program 4720 Old State Rd 37 Lakeland, FL 33813-2030	863-619-4224
District 15 – Indian River, Martin, Okeechobee, and St. Lucie	Developmental Disabilities Program 337 N 4 th St Ft. Pierce, FL 34950	772-467-4119

Appendix J – Children’s Medical Services Office

Program	Address	Phone
Early Steps Program OR Targeted Case Management	Send via overnight delivery to: Children’s Medical Services Provider Enrollment Specialist 4025 Esplanade Way, Suite 235 Tallahassee, FL 32399-1707	(850) 245-4444 ext. 2262

Appendix K – Definitions

“Affiliate” or “affiliated person” means any person who directly or indirectly manages, controls, or oversees the operation of a corporation or other business entity that is a Medicaid provider, regardless of whether such person is a partner, shareholder, owner, officer, director, agent, or employee of the entity.

“Billing agent” means any entity that offers claims submission services to providers. Providers may submit claims themselves or choose to have a billing agent. Billing agents must be enrolled in the Medicaid program.

“Applicant” means an individual, group or organization whose written application to become a Medicaid provider has been submitted to AHCA but has not yet received final action.

“Convicted” or “conviction” means a finding of guilt, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere, regardless of whether an appeal from judgment is pending.

“Managing employee” means a general manager, business manager, administrator, director, or other person who exercises financial, billing, operational or managerial control of a provider or provider group or who directly or indirectly conducts the day-to-day operations of a provider or provider group.

“Ownership interest” means possession of equity in the capital, the stock or the profits of a provider or applicant. An **“indirect ownership interest”** means an ownership interest in an entity that has an ownership interest in the provider or applicant. This term includes an ownership interest in any entity that has an indirect ownership interest in the provider.

“Person” includes natural persons, corporations, partnerships, associations, clinics, groups, and other entities.

“Principal” means any officer, director, billing agent, managing employee or affiliated person, or any partner or shareholder who has an ownership interest equal to five percent or more in the provider.

“Provider” is any person who has enrolled in the Medicaid program to furnish medical care, services or supplies; or to arrange for the furnishing of such care, services or supplies; or to submit claims for such care, services or supplies for or on behalf of another person. Only a Medicaid provider may order or prescribe and seek reimbursement for care, services or supplies provided to a Medicaid recipient.



Jeb Bush
Governor

Alan Levine
Secretary

2727 Mahan Drive
Tallahassee, FL 32308
www.fdhc.state.fl.us