



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEDICAID PROVIDER RENEWAL APPLICATION GUIDE

The Agency for Health Care Administration (Agency) must revalidate the enrollment of all providers regardless of provider type at least every 5 years per 42 CFR § 455.414.

Medicaid providers must complete a separate renewal for each Medicaid provider agreement they hold with the Agency. Each Medicaid provider agreement covers a seven-digit base Medicaid provider ID plus any two-digit service location codes associated with the base ID. One online renewal application covers all active locations associated with a single Medicaid base ID. Providers do not need to renew each individual service location separately.

Renewal notices are mailed to providers approximately 90 days before the expiration date of their current provider agreement. Providers with multiple base IDs will receive a separate renewal notice for each base ID approximately 90 days before the expiration of the associated agreement.

The renewal notice states the expiration date of the current agreement which is the deadline for completing the renewal. The notice also directs providers to access the renewal application available online in the secure **Florida Medicaid Web Portal** under the **Quick Links** dialog box. Through the online renewal process providers may verify the information currently on their provider file, submit any necessary corrections and upload any supporting documentation including a signed Medicaid Provider Agreement and proof of a current, Medicaid eligible background screening.

Providers will upload supporting documentation including

- Florida Medicaid Provider Agreement with appropriate signatures.
- Proof of current, Medicaid eligible background screening or proof of exemption from fingerprinting.
- Documentation of any adverse history associated with the applicant.
- Supporting documentation for any requested changes to information on the provider record such as name, tax id, address, national provider identifier, electronic funds transfer account, electronic remittance or data interchange configuration.

Incomplete or incorrectly completed renewal applications will trigger a deficiency letter to the applicant. The letter will detail the actions to be taken by the applicant to correct the application. The application will not be processed until all deficiencies are resolved.

If the fiscal agent for Florida Medicaid does not receive an accurately completed application and finish all processing tasks before the expiration date for the provider agreement, claims for dates of service after the provider agreement expiration date will suspend. Upon successful renewal of the provider, any suspended claims will be released to process.

Medicaid Provider Agreement – The agreement must be signed by the provider or by the provider's registered agent. 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.



A CEO or president of an organization may sign the agreement in lieu of all owners, principals, partners, and financial custodians. If a CEO or president 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.

Criminal History Screening – Florida Medicaid requires criminal background screening for enrolling and renewing Medicaid providers. All persons with direct or indirect ownership of, a partnership interest in, and/or managing control of the provider are required to be disclosed on the application and to submit fingerprints for purposes of obtaining a criminal history record check.

Person with an ownership or control interest means a person or corporation that—

- Has an ownership interest totaling 5 percent or more in a disclosing entity;
- Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- Is an officer or director of a disclosing entity that is organized as a corporation; or
- Is a partner in a disclosing entity that is organized as a partnership.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

Managing employees include the medical and financial records custodian, pharmacy managers, billing agents who are employees of the provider, and individuals authorized to sign on the depository account.

If any individual has more than one relationship to the provider, for example, an officer who is the financial records custodian, only one criminal history is required.

Submitting Fingerprints – All fingerprints must be submitted electronically. For more information on the screening process, please visit our Background Screening web page at www.mymedicaid-florida.com. Select **Public Information for Providers**, then **Enrollment**, then **Background Screening**.

Exemptions to Submission of Fingerprints – Subsection 409.907 (8)(a), F.S. exempts certain applicants from fingerprinting.

- Board members of a not-for-profit corporation or organization may submit a completed *Organization Affidavit for Exemption from Medicaid Criminal History Check* including the name, address, date of birth, and Social Security Number for each director if they meet all of the following criteria:
 - Serve solely in a voluntary capacity;
 - Do not take part in the day-to-day operational decisions of the corporation or organization
 - Receive no remuneration from the corporation or organization for their service on the board of directors
 - Have no financial interest in the corporation or organization; and
 - Have no family members with financial interest in the corporation or organization,
- Units of local government may submit a completed *FDLE Criminal History Check and Fingerprinting Exemption Request*
- Any business that derives more than 50 percent of its revenue from the sale of goods to the final consumer, **AND** either the business or its controlling parent is required to file a form 10-K or similar statement with the Securities and Exchange Commission or the business has a net worth of \$50 million or more may submit a completed *FDLE Criminal History Check and Fingerprinting Exemption Request*.

Accuracy of statements contained in any exemption request will be subject to verification by Medicaid.

Notice Regarding Use of Social Security Number – All individuals disclosed on the application are required to provide their name, address, date of birth, and Social Security Number to the Agency pursuant to 42 CFR § 455.104. This requirement applies even to individuals who are exempt from fingerprinting under Subsection 409.907 (8)(a), F.S.

FAQs

Q. Where do I find the online renewal application?

A. Log in to the Medicaid secure portal using your Medicaid ID and PIN. The renewal application is accessed through the Quick Links on the right hand side of the screen.

Q. What do I do if my password has expired?

A. For assistance with secure Florida Medicaid Web Portal access, please call 800 289 7799, option 5.

Q. What do I do if I can't access my secure portal?

A. For assistance with secure Florida Medicaid Web Portal access, please call 800 289 7799, option 5.

Q. I am having difficulty navigating through the renewal application. What do I do?

A. For assistance with completing the renewal application, please contact the Provider Enrollment Call Center at 1-800-289-7799, Option 4.

Q. I submitted my renewal application and want to check the status of my application. How do I do that?

A. The Renewal Application link from the Quick Links menu will automatically redirect users to the Renewal Status page once their application has been submitted. Users can view the current status of their renewal application, upload documents, and print a copy of their renewal application.

Q. I submitted my renewal application but need to make a correction. How do I do that?

A. The Renewal Application link from the Quick Links menu will automatically redirect users to the Renewal Status page once their application has been submitted. Users can upload documents, view the current status of their renewal application, and print a copy of their renewal application.

Q. What is considered proof of a current, Medicaid eligible background screening?

A. Upload a printout from the Care Provider Background Screening Clearinghouse or a receipt from a Livescan vendor showing a submission of fingerprints for a Level 2 screening.

See http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/index.shtml for information on the clearinghouse.

Q. I already submitted my renewal application but received another notice. What do I do?

A. Call Provider Enrollment at 1-800-289-7799, Option 4 to verify the status of your renewal application and to discuss any possible deficiencies requiring submission of corrected forms or additional supporting documentation.

Q. My claims are suspending because renewal was not completed before the deadline. What do I do?

A. Call Provider Enrollment at 1-800-289-7799, Option 4 to verify the status of your renewal application and to discuss any possible deficiencies requiring submission of corrected forms or additional supporting documentation.

Q. When will my suspended claims be released?

A. Upon completion of the renewal process. Call Provider Enrollment at 1-800-289-7799, Option 4 to verify the status of your renewal application and to discuss any possible deficiencies requiring submission of corrected forms or additional supporting documentation.

Q. I received a notice to renew but the location in question has closed or otherwise ceased operations. What do I do?

A. If any of the service locations associated with the base number has closed, the provider must report the closure to the Medicaid fiscal agent. The request must contain the full nine-digit Medicaid ID for the closed service location and the effective date of the closure.

Q. Where do I find Medicaid forms such as the Medicaid Provider Agreements and EFT?

A. Most Medicaid forms are available on the Medicaid public portal at www.mymedicaid-florida.com. Select "Public Information for Providers", then select "Enrollment".