

Enrolling as a Florida Medicaid Behavior Analysis Provider

Provider Enrollment Webinar



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Objectives

In this webinar, we will discuss...

1. Overview
2. Enrollment Process and Requirements
3. Proof of Certification
4. Submitting an Enrollment Application
5. Verifying an Enrollment Application Status
6. Maintaining Provider Information
7. Frequently Asked Questions
8. Resources

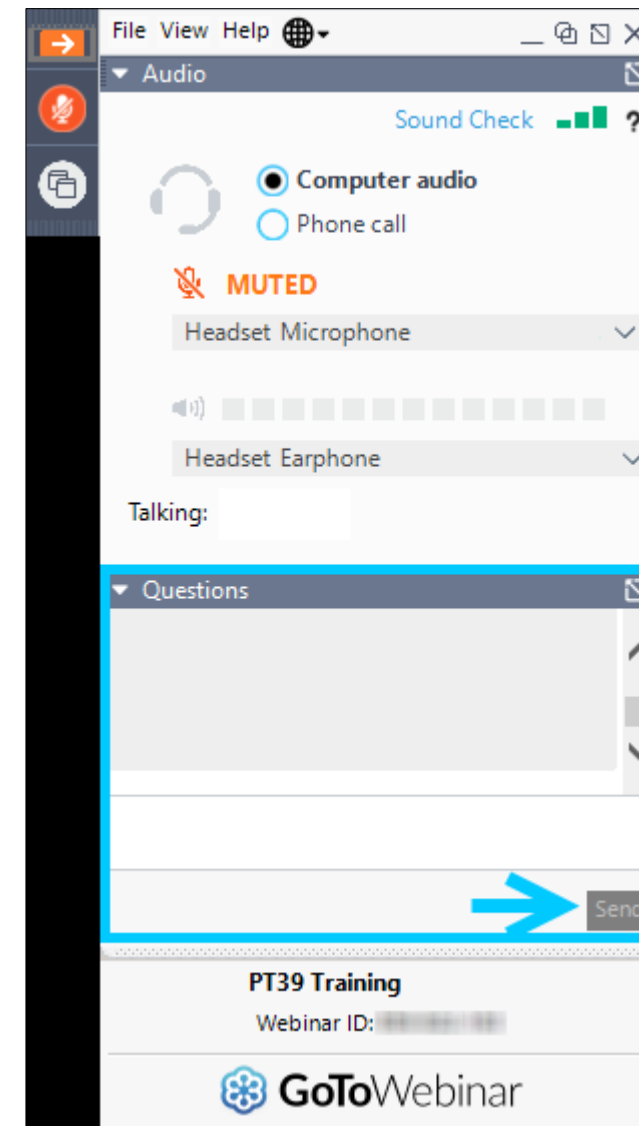
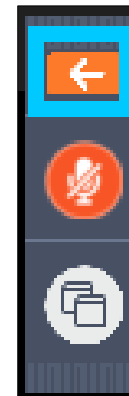


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Questions

Attendees will have the option to ask questions throughout the presentation.

To access the question panel, click the ← at the top right of your screen and a dialog box will display. Type your inquiry into the Questions panel and click **Send** to submit.



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An Overview of Florida Medicaid Behavior Analysis



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Enrolling in the Florida Medicaid Behavior Analysis Program

November 6, 2019

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Overview

The Agency for Health Care Administration (Agency) is committed to ensuring that every Florida Medicaid recipient receives the right service, at the right time, and by the right provider.

This presentation provides an overview of the enrollment requirements and process for enrolling as a Behavior Analysis provider.



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Before You Get Started

Enrolling providers are highly encouraged to access the **Interactive Enrollment Checklist** tool found on the **Provider Enrollment** page before starting their application.

To access the Interactive Enrollment Checklist, visit mymedicaid-florida.com. From the homepage, hover over the Provider Services tab, and click **Enrollment**. Once at the Provider Enrollment page, look under the New Medicaid Providers section, and click **Interactive Enrollment Checklist**.

New Medicaid Providers

Providers use this page to complete an enrollment application to become a participating provider in the Florida Medicaid program. The application uses a wizard to guide applicants through the enrollment form. An in-progress application can be saved and completed at a later time.

IMPORTANT! A new Interactive Enrollment Checklist is available to assist providers when enrolling in Florida Medicaid. The checklist allows providers to identify enrollment application requirements based upon enrollment type, application type, provider type, and specialty prior to starting the application process. This checklist is only for newly enrolling providers and will not be used for renewals. Click the Interactive Enrollment Checklist link below to access this helpful tool.

[INTERACTIVE ENROLLMENT CHECKLIST](#) ←

The Online Enrollment Wizard will assist with the completion of an application. Required documents, as stipulated in the applicable Handbook sections, are uploaded with the application. Include the Application Tracking Number (ATN) provided by the Online Enrollment Wizard when uploading supporting documents. The application process cannot be completed until all required documents including an accurately completed Florida Medicaid provider agreement and background screening are received and matched with the online submission.



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Interactive Enrollment Checklist

Interactive Enrollment Checklist

Select the option from below that best fits the reason you are applying to be a provider in Medicaid*

To participate in the network of a Medicaid health plan.

To bill for services and receive payment directly from Medicaid.

To participate in both the network of a Medicaid health plan, as well as to bill for services and receive payment directly from Medicaid.

To participate solely as a physician, or other professional practitioner, as a referring, ordering, certifying, or prescribing provider of items or services for Medicaid recipients.

Select the option that best describes your application type*

Sole proprietor

Sole proprietor enrolling as a member of a group

Group

Facility or other business entity

What is your provider type?*

39-BEHAVIOR ANALYSIS

What is your specialty?*

392-LEAD ANALYST

search

clear

Enrollment Checklist

Required Document(s)

BACKGROUND SCREENING

CERT-BEHAVIOR ANALYST (BCBA) OR CERT-BEHAVIOR ANALYST DOCTORAL (BCBA-D)

COPY OF PROFESSIONAL LICENSE OR CERTIFICATION

GROUP MEMBERSHIP AGREEMENT - DT39/DS393



Enrollment Requirements



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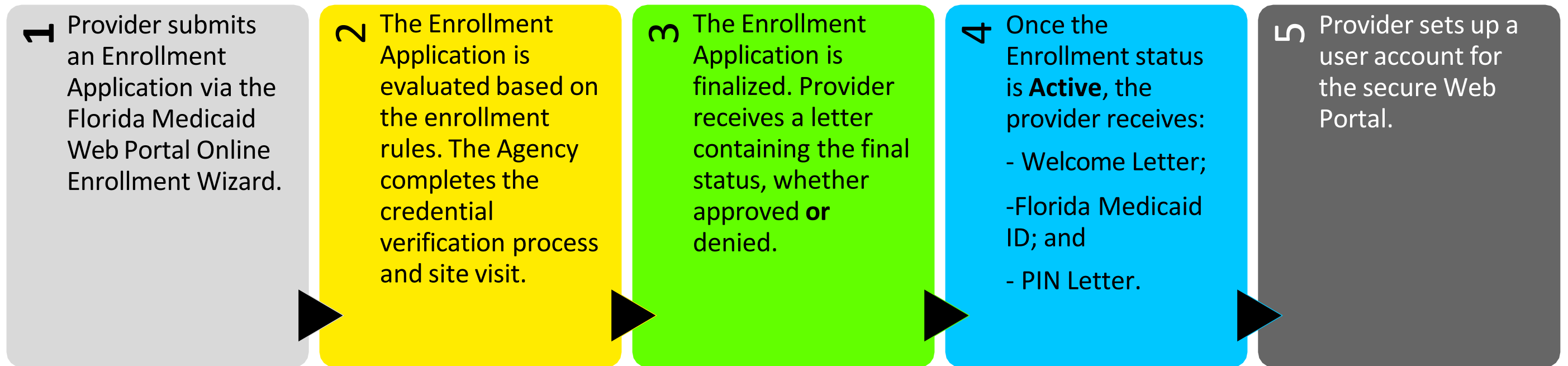
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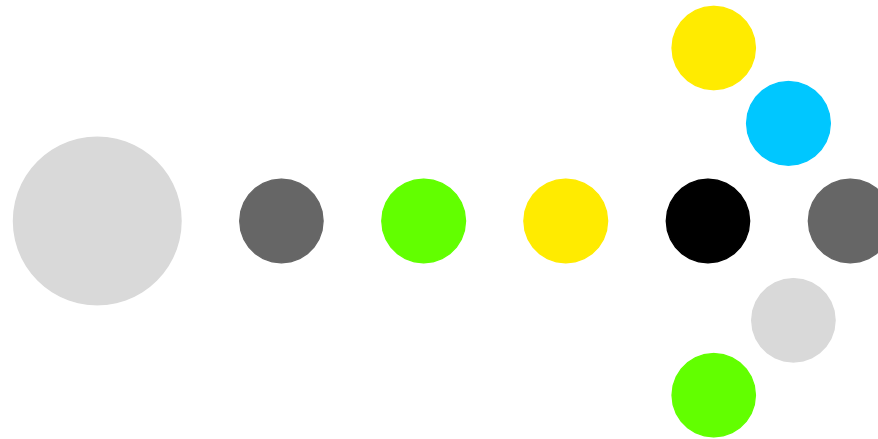


Enrollment Process

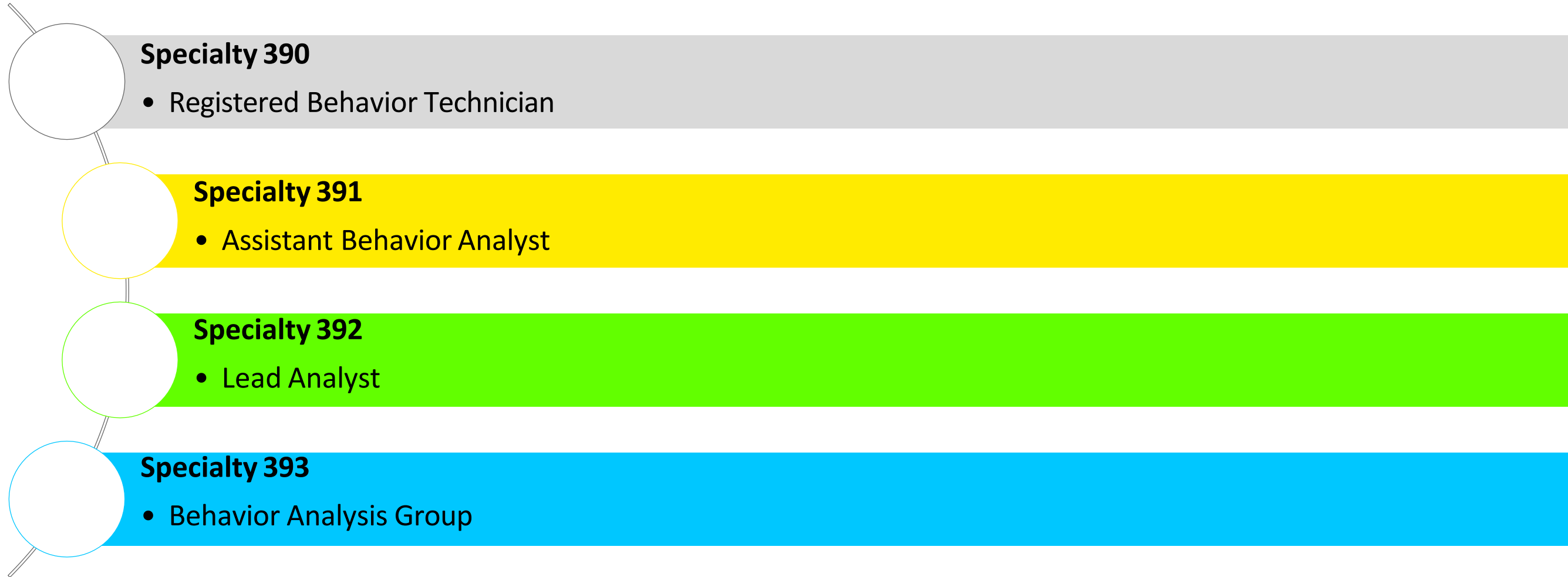


Enrollment Type

Behavior analysis providers may only apply to become a Fully enrolled provider.



Available Specialties for Behavior Analysis Providers



Application Types

Sole Proprietor

- An individual provider who will be providing services to Medicaid recipients.

Sole Proprietor Enrolling as a Member of a Group

- An individual provider who will be enrolling as a member of a group.

Group

- A business entity representing a group of individual Medicaid providers.



Application Types

Each Behavior Analysis specialty has a range of acceptable Enrollment Application Types.

390 Registered Behavior Technician

Application Type: Sole Proprietor Enrolling as a Member of a Group

391 Assistant Behavior Analyst

Application Type: Sole Proprietor Enrolling as a Member of a Group

392 Lead Analyst

Application Type: Sole Proprietor (if billing directly), or Sole Proprietor Enrolling as a Member of a Group

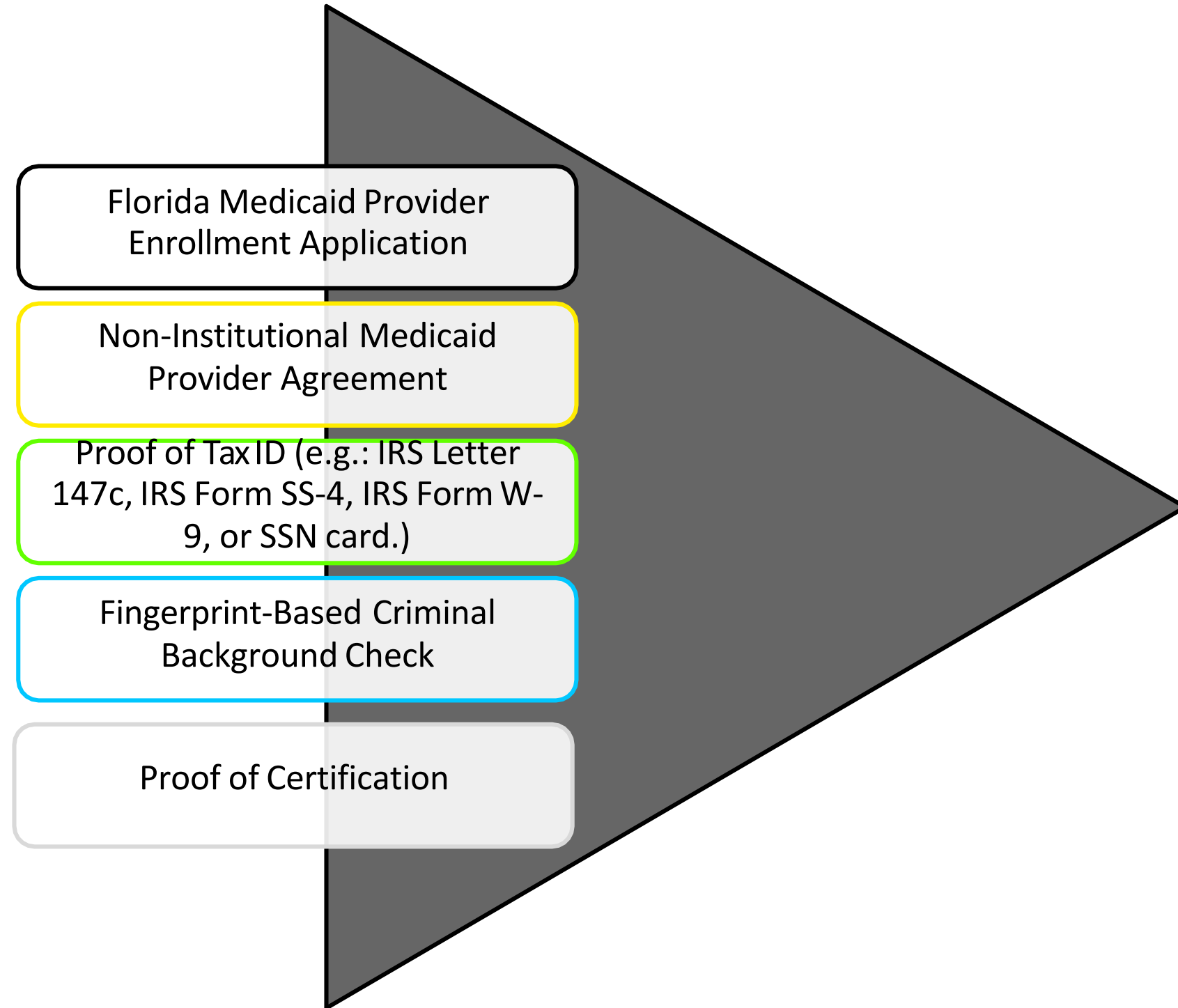
393 Behavior Analysis Group

Application Type: Group



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Requirements



Behavior Analysis Provider Enrollment Moratorium

The Agency intends to **partially lift** the moratorium for **Miami-Dade** and **Broward** counties: **Pending** federal approval.

The partial moratorium lift serves rendering providers seeking enrollment to participate as a member of a **provider group that is already enrolled** in Florida Medicaid.

Rendering provider is defined as: registered behavior technician, lead analyst, or board certified assistant behavior analyst.

The moratorium **will remain** in effect for **group providers** seeking enrollment in Miami-Dade or Broward county.



Acceptable Documentation for Proof of Certification



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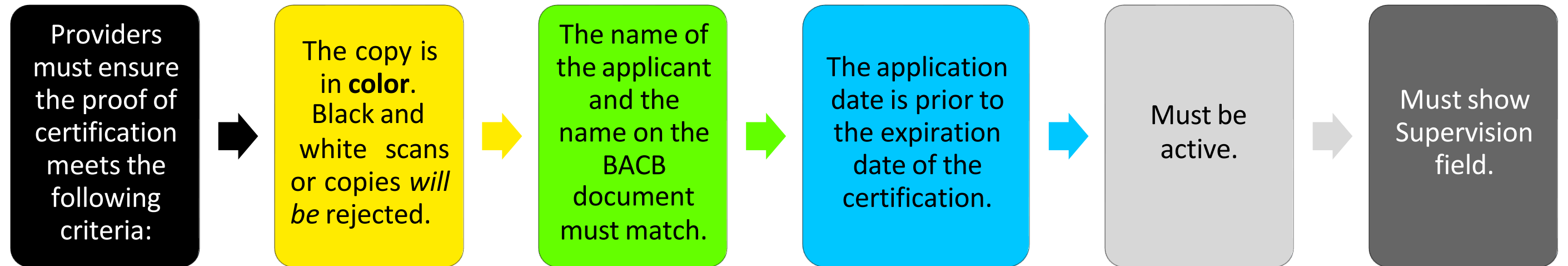
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Proof of Certification



Additional Information for 390 Registered Behavior Technician

In addition to the information in the Florida Medicaid Provider Enrollment Application Guide, here is additional information that will be useful in completing the enrollment applications.

- Proof of certification must include one of the following:
 - Behavior Analyst Certification Board (BACB) designation as a Registered Behavior Technician (RBT), or
 - A color copy from the BACB website (www.bacb.com) showing the applicant's RBT registration.
 - The copy must be in color.
 - Black and white scans or copies will be rejected.
 - The name on the application and the name on the BACB credentialing document must match exactly.

Must link to a Medicaid-enrolled Behavior Analysis Group.



Additional Information for 391 Assistant Behavior Analyst

In addition to the information in the Florida Medicaid Provider Enrollment Application Guide, here is additional information that will be useful in completing the enrollment applications:



Proof of certification must include:

- Behavior Analyst Certification Board designation as a Board Certified Assistant Behavior Analyst (BCaBA)



Must link to a Medicaid-enrolled Behavior Analysis Group.



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Additional Information for 392 Lead Analyst

In addition to the information in the Florida Medicaid Provider Enrollment Application Guide, here is additional information that will be useful in completing the enrollment applications.

- Proof of certification must include one of the following:
 - Behavior Analyst Certification Board designation as a Board Certified Behavior Analyst (BCBA)
 - Behavior Analyst Certification Board designation as a Board Certified Behavior Analyst Doctoral (BCBA-D)
 - Florida Certified Behavior Analyst (FL-CBA)
 - Florida Licensed Clinical Social Worker
 - Florida Licensed Mental Health Counselor
 - Florida Licensed Marriage and Family Therapist
 - Florida Licensed Psychologist
 - Florida Licensed School Psychologist

Must link to a Medicaid-enrolled Behavior Analysis Group (if enrolling as a Sole Proprietor Enrolling as a Member of a Group)

A site visit is required if enrolling as a Sole Proprietor



Additional Information for 393 Behavior Analysis Group

In addition to the information in the Florida Medicaid Provider Enrollment Application Guide, here is additional information that will be useful in completing the enrollment applications:



Behavior Analysis groups must have at least one Lead Analyst as a group member.



Group member must be enrolled in Medicaid as a Registered Behavior Technician, Assistant Behavior Analyst, or Lead Analyst.



For billing purposes, each Behavior Analysis group must submit a list of treating providers within the group.




Each of the group's treating providers must be individually enrolled in the Florida Medicaid program in order to be linked to the group in the Medicaid system.



A site visit is required.



Sample Board Certification: RBT



[About](#) ▾
 [Credentials](#) ▾
 [Ethics](#) ▾
 [News](#) ▾
 [Contact Us](#)
[My Account](#)

▶ [Redacted]	Calabasas	CA	United States	Active	Yes
▼ [Redacted]	PORT ST LUCIE	FL	United States	Active	Yes

Supervision:
[\[Redacted\]](#) (RBT Supervisor)



Sample Board Certification: BACB Certificate



The screenshot shows the BACB website interface. At the top, there is a navigation bar with links for "About", "Credentials", "Ethics", "News", "Contact Us", and "My Account". The BACB logo is centered in the header. Below the navigation bar, a table displays certification details for a user. The table has columns for location, state, country, certification level, and status. A dropdown menu is open for the location, showing "Mulberry, FL United States". Below the table, a detailed view of the certification is shown, including the location, certification level, number, status, and dates.

Location	State	Country	Certification Level	Status
Mulberry	FL	United States	BCaBA	Active

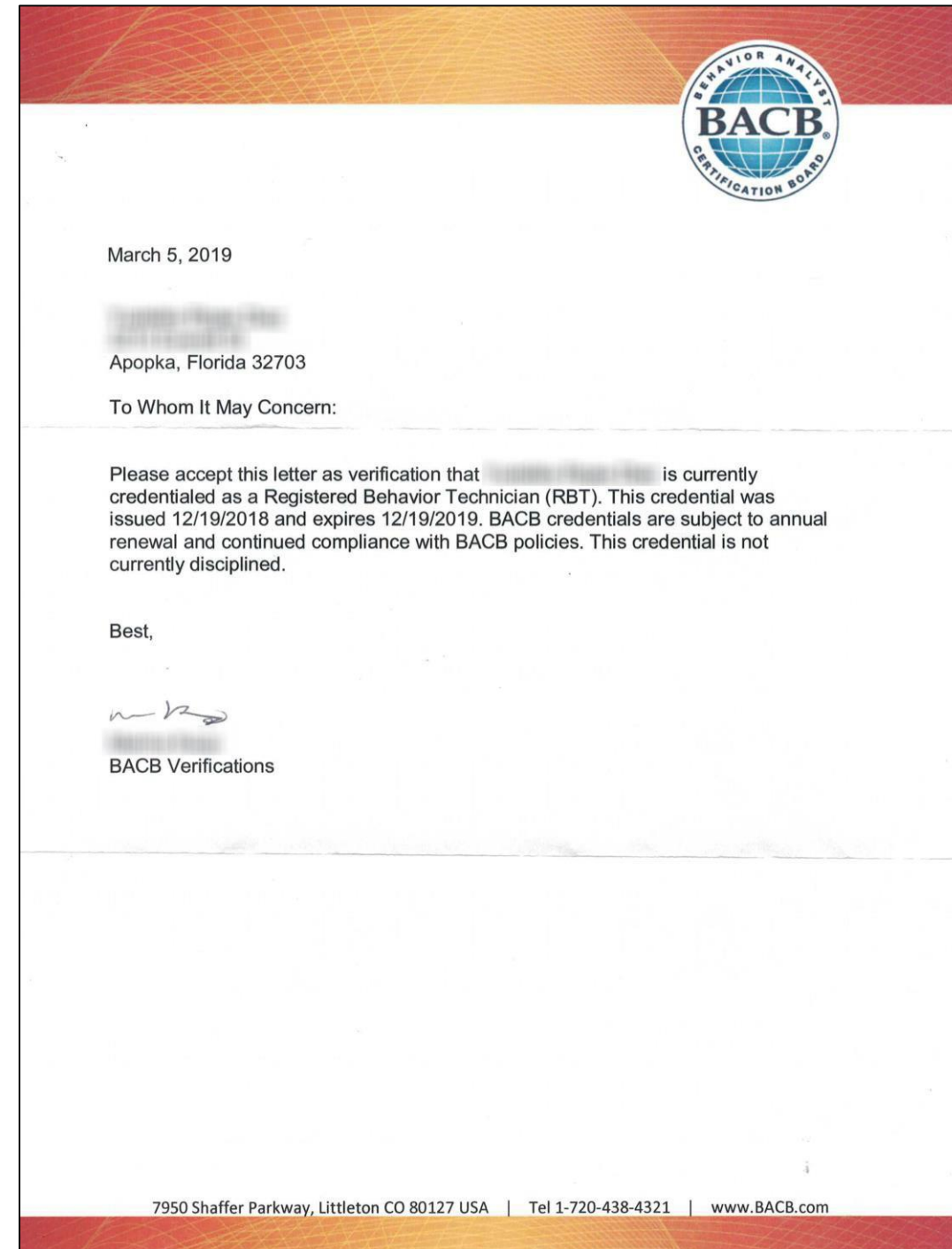
Location: Mulberry, FL United States
Certification Level: Board Certified Assistant Behavior Analyst
Certification Number: [REDACTED]
Status: Active
Original Certification Date: 2016-08-31
Next Recertification: 2020-08-31
Expiration Date: 2020-08-31
Supervision: [REDACTED] (BCaBA Supervisor)



Sample Board Certification: Color BACB Letter



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Submitting an Enrollment Application



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Navigation

Online Enrollment Wizard

Button	Description
New application	Click to create a new application.
Continue application	Click to continue an application that was previously saved and assigned an ATN (Application Tracking Number).
Save and continue	Click to save changes made to the current panel and proceed to the next. <i>Note: Enrollment information is only temporarily stored in the Enrollment Wizard until you have reached the stage where an ATN has been created.</i>
Previous	Click to return to the previous panel.
Exit	Click to exit from the Online Enrollment Wizard.
?	Click to access contextual page help.
Delete	Click to delete the selected row.
Refresh session	Click to extend the Online Enrollment Wizard session expiration time. <i>Note: By default, the session will expire after 60 minutes. All unsaved information will be lost.</i>



Enrollment Application

Online Enrollment Wizard

To complete an Enrollment Application, start by navigating to Florida Medicaid Public Web Portal at <http://mymedicaid-florida.com>.

From the top navigation menu, hover over the Provider Services tab, then click **Enrollment**.

The screenshot displays the Florida Medicaid Web Portal interface. At the top, the logo for the Agency for Health Care Administration is on the left, and the DXG technology logo is on the right. The main title "Florida Medicaid Web Portal" is centered. Below the title is a navigation menu with tabs: Home, Recipients, Managed Care, Provider Services (highlighted with a circled '1'), and Agency Initiatives. Under the Provider Services tab, a dropdown menu is open, showing "Public Information for Providers" with a circled '2'. This menu is organized into four columns: EDI, ENROLLMENT, PHARMACY, and SUPPORT. The ENROLLMENT column is highlighted. Below the ENROLLMENT column, there are two more columns: TPL and TRAINING. The ENROLLMENT column lists the following items: Background Screening, Crossover-only Enrollment, Enrollment Status, Enrollment Forms, Provider Renewal, and Out of State Enrollments. The PHARMACY column lists: Counterfeit-proof Prescriptions, Drug Limitations, and Pharmacy Ombudsman Pamphlets. The SUPPORT column lists: Ad Hoc, Alerts, Bulletins, Contact Us, FAQ, Fee Schedules, Forms, Handbooks, Notices, and NPI to Medicaid ID Search Engine. The TPL column lists: TPL Carriers. The TRAINING column lists: Presentations, Quick Reference Guides, and Web Based Trainings. On the left side of the page, there is a section titled "Important Information" and another titled "Accessing the Secure Web Portal". At the bottom right, there is a notice about "Fax Line Discontinuation".



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Enrollment Application

Online Enrollment Wizard

On the Provider Enrollment page, under New Medicaid Providers, click **ONLINE ENROLLMENT WIZARD**.

New Medicaid Providers

Providers use this page to complete an enrollment application to become a participating provider in the Florida Medicaid program. The application uses a wizard to guide applicants through the enrollment form. An in-progress application can be saved and completed at a later time.

IMPORTANT! A new Interactive Enrollment Checklist is available to assist providers when enrolling in Florida Medicaid. The checklist allows providers to identify enrollment application requirements based upon enrollment type, application type, provider type, and specialty prior to starting the application process. This checklist is only for newly enrolling providers and will not be used for renewals. Click the Interactive Enrollment Checklist link below to access this helpful tool.

[INTERACTIVE ENROLLMENT CHECKLIST](#)

The Online Enrollment Wizard will assist with the completion of an application. Required documents, as stipulated in the applicable Handbook sections, are uploaded with the application. Include the Application Tracking Number (ATN) provided by the Online Enrollment Wizard when uploading supporting documents. The application process cannot be completed until all required documents including an accurately completed Florida Medicaid provider agreement and background screening are received and matched with the online submission.

[ONLINE ENROLLMENT WIZARD](#)



[Online Enrollment Wizard Frequently Asked Questions \(FAQ\)](#)

By clicking on the online enrollment wizard above, you will be enrolling as a new Medicaid provider. Upon completion of the online enrollment wizard, any additional documents, as required by provider type, may be uploaded.

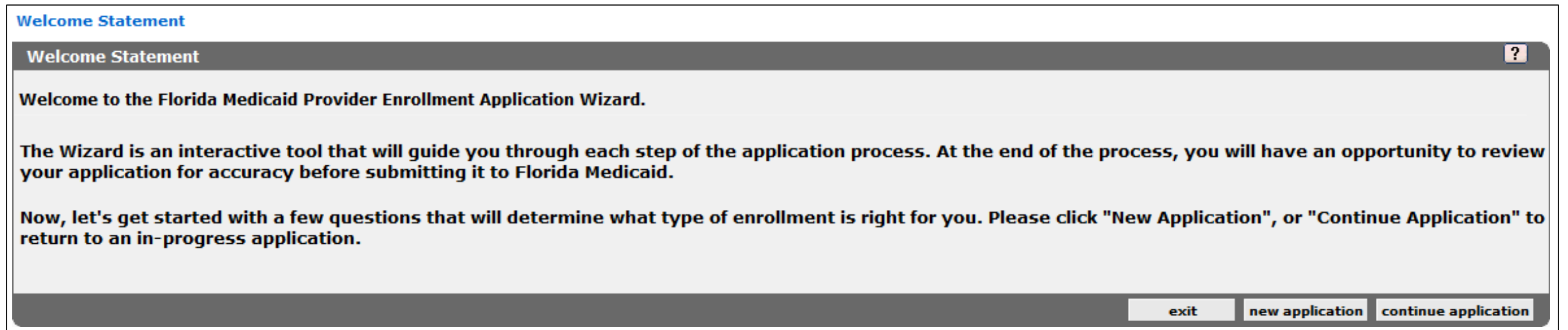
Please reference the [Provider General Handbook](#), Chapter 2, for general enrollment requirements. Applicants must meet all requirements and qualifications as specified in the Coverage and Limitations Handbooks for the provider type they are requesting. Practices and facilities must be fully operational before enrollment with Florida Medicaid. Payment for services provided to Medicaid recipients prior to full approval are contingent upon approval into the program.



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Enrollment Application

Welcome Statement Panel



Upon launching the Florida Medicaid Enrollment Provider Application Wizard, users are initially greeted with a Welcome Statement panel.

This area lists the steps involved in completing the online enrollment process. From the panel, users can choose to create a new application or access one that was previously started.



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Enrollment Application

Enrollment Type Determination Panel

Welcome Statement > Enrollment Type Determination

Enrollment Type Determination ?

Select the option from below that best fits the reason you are applying to be a provider in Medicaid.

To participate in the network of a Medicaid health plan.

To bill for services and receive payment directly from Medicaid.

To participate in both the network of a Medicaid health plan, as well as to bill for services and receive payment directly from Medicaid.

To participate solely as a physician, or other professional practitioner, as a referring, ordering, certifying, or prescribing provider of items or services for Medicaid recipients.

previous save & continue exit

The Enrollment Type Determination panel is where the applicant chooses which type of enrollment best serves their intentions. The selection made on this panel will determine all of the steps that will follow in the application because of the different requirements involved.

Note: Behavior Analysis applicants must select “To bill for services and receive payment directly from Medicaid.”



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Enrollment Application

Enrollment Type Confirmation Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation

Enrollment Type Confirmation ?

Congratulations! You've elected to enroll as a **Fully Enrolled** Medicaid provider. This enrollment type allows you to participate in Florida Medicaid as a fee-for-service provider, a network provider in a Medicaid health plan and to order or refer services.

NOTE: Enrolled providers are not entitled to a contract with a Medicaid health plan. Contracts are awarded by the health plans through a separate application process.

Select "continue" to proceed with your Fully Enrolled Medicaid provider application, or select "previous" below to return to the selection page to select either the network provider or the ordering and referring provider option.

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

The Enrollment Type Confirmation panel is where the applicant sees a confirmation message regarding the option that was selected.

If a choice was made incorrectly, providers can click **previous**, or if correct, click **continue**.



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Enrollment Application

Application Tips Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips

Application Tips ?

Before you begin, you may want to gather the following documents or information:

- Name, date of birth, Social Security Number, and home address of each person with ownership or control interest in the provider.
- Name, Federal Employer Identification Number, and applicable addresses for each entity with ownership or control interest in the provider.
- Internal Revenue Service (IRS) document showing the provider's name and tax identification number.
- Professional or facility license number, as appropriate.
- National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES), as appropriate.
- Documentation of any adverse actions involving:
 - Criminal History,
 - Disciplinary action against any license,
 - Denial, termination, exclusion, suspended payments, or unpaid fines from Medicare or Medicaid in this or any state.
- Letter from the depository bank, or a voided check, verifying account information, if you will receive payment directly from Medicaid.
- Medicaid provider ID of any employer to whom you are reassigning payments, if you will not receive payment directly from Medicaid.

Select "continue" to proceed with your Fully Enrolled Medicaid provider application, or select "exit" now to leave the application in order to gather the appropriate information. You can return later to complete your application.

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

The Application Tips panel is where the applicant is advised of documentation that will be needed in the enrollment application process.



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Enrollment Application

Request Type Panel

On the Request Type panel, applicants will select the Application Type appropriate to their provider type and service method. For Enrollment, there are four options: SOLE PROPRIETOR, SOLE PROPRIETOR ENROLLING AS A MEMBER OF A GROUP, GROUP, OR FACILITY OR OTHER BUSINESS ENTITY.

Applicants may enter one specialty. For the specialty selected, a corresponding taxonomy in the Taxonomy fields is required. Applicants can select from the drop-down menu next to each Taxonomy field to search for the appropriate taxonomy.

The screenshot shows the 'Request Type' panel in a web application. The breadcrumb trail at the top reads: 'Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type'. The panel title is 'Request Type' with a help icon. A note states '*Indicates required item'. The form contains the following fields:

- Is the provider enrolled with Medicare?***: Radio buttons for 'No' (selected) and 'Yes'.
- Is this a Crossover only application?***: Radio buttons for 'No' (selected) and 'Yes'.
- Application Type***: Radio buttons for 'SOLE PROPRIETOR', 'SOLE PROPRIETOR ENROLLING AS A MEMBER OF A GROUP' (selected), 'GROUP', and 'FACILITY OR OTHER BUSINESS ENTITY'.
- Provider Type***: A dropdown menu with '39-BEHAVIOR ANALYSIS' selected.
- Primary Specialty***: A dropdown menu with '390-REGISTERED PROVIDER TECHNICIAN' selected.
- Primary Taxonomy***: A dropdown menu with '106S00000X-BEHAVIOR TECHNICIAN' selected.
- Secondary Specialty**: An empty dropdown menu.
- Secondary Taxonomy**: An empty dropdown menu.
- Third Specialty**: An empty dropdown menu.
- Third Taxonomy**: An empty dropdown menu.
- Fourth Specialty**: An empty dropdown menu.
- Fourth Taxonomy**: An empty dropdown menu.

At the bottom of the panel, there are three buttons: 'previous', 'save & continue', and 'exit'.



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Enrollment Application

Before You Continue Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue

Before You Continue ?

Enrollment Application

Before you continue:

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

- **National Provider Identifier (NPI)**
- **Facility or Professional License Number**
- **Clinical Laboratory Improvement Certificate (CLIA) Number**
- **Drug Enforcement Agency (DEA) Number**
- **Tax ID used for Income Reporting**
 - **Individual applicants use their Social Security Number**
 - **Incorporated individual or entity applicants use their FEIN**
- **Name, Home Address, Date of Birth, and SSN of all Managing Employees and Individuals with 5% or more Controlling Interest in the Provider**
- **Name, Business Address, and FEIN for all Entities with 5% or more Controlling Interest in the Provider**
- **Bank Account and Routing Number to Establish Electronic Payments**
- **Name, Telephone Number, and Email Address for Contact Person and the Medical and Financial Records Custodians**

previous save & continue exit

This panel lists any necessary items that the applicant may wish to have on hand before investing additional time in the enrollment process. It is tailored by the selections made in the previous panels, including the Enrollment Type selected.



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Enrollment Application

Identifying Information Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information

Identifying Information ?

Individual Last Name*

First, MI*

Doing Business As (D/B/A)

**Title/Degree
(As appears on license)**

Ownership Code*

Practice Type Code

Tax ID Type* FEIN
 SSN

Tax ID*

The Identifying Information panel is where applicants will enter general information for the provider, by either entering it into the fields or selecting values from the drop-down menus.



Enrollment Application

Certification and Attestation Panel

The screenshot shows a web browser window with a breadcrumb trail: Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information > Certification and Attestation. The main content area is titled "Certification and Attestation" and contains the following text and form fields:

"By entering my name below, I certify that I am duly authorized by the appropriate board or licensing entity to provide behavior analysis services under the designated board specialty or professional license"

I certify

Attest Type* BEHAVIOR ANALYSIS

Attest Option* REGISTERED BEHAVIOR TECHNICIAN (RBT)

Certification Number* [text input]

Effective Date* [text input]

End Date* 12/31/2299

Date Signed* 09/27/2019

Signed By* [text input]

Navigation buttons: previous, save & continue, exit

The Certification and Attestation panel is used to collect Behavior Analyst Certification (BACB) certificate information. **Please note**, certification data is required for the following only:

390 - Registered Behavior Technician

391 - Assistant Behavior Analyst 392

- Lead Analyst



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Enrollment Application

License & More Identifying Information Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information > License & More Identifying Information

License & More Identifying Information ?

Lic. Source* DOH HQA Other/Not Required

License

License State

DEA Number

CLIA Number

This panel is where a Lead Analyst who is licensed by the State of Florida provides his or her license information. All other applicants choose Other/Not Required. The Online Wizard will generate an error if the correct license type and active license information is not entered. If a license is entered, it must also be active.



Enrollment Application

Contact Information Panel

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#)

Contact Information ?

Contact Last Name

Contact First, MI

Contact Phone, Ext.*

Email*

The Contact Information panel is where applicants enter information for the individual who will serve as a point of contact for the provider. The email must be entered once and then reentered in an additional step to ensure it has been keyed correctly.



Enrollment Application

Service Location Panel

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#)

Service Location ?

Enter the complete address including county, telephone number, fax number (as appropriate), and the email address of the location where services are rendered. P.O. boxes and mail drop locations are not accepted.

(This cannot be a P.O. Box)

Address 1*

Address 2

City*

State*

Zip Code*

County*

Service Location E-mail

[yourname@domain.com]

Phone*

Fax

The Service Location panel is where applicants enter information for the location where services will be rendered.



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Enrollment Application

Mailing Address Panel

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#)

Mailing Address ?

Enter the address, phone and fax numbers, and email of your Mailing Address

Note:
Legal documents will be sent to the email-address entered below. If there is no email-address on file, the street address will be used.

Same as Service Location Address
 None of the above

Address 1*

Address 2

City*

State* ▼

Zip Code*

County* ▼

Mailing Address E-mail

[yourname@domain.com]

Phone*

Fax

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

The Mailing Address panel is where applicants enter information for the location they wish to receive legal documents.



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Enrollment Application

Pay To Address Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information > License & More Identifying Information > Contact Information > Service Location > Mailing Address > Pay To Address

Pay To Address ?

Enter the address, phone and fax numbers, and email of your 'Pay To' Address

Same as Service Location Address
 Same as Mailing Address
 None of the above

Address 1*
Address 2
City*
State*
Zip Code*
County*
Pay To Address E-mail
[yourname@domain.com]
Phone*
Fax

previous save & continue exit

The Pay To Address panel is where applicants enter information for the location they wish to receive payments.

Note: If submitting a W-9 or 147c, the Pay To address must match the address on the document provided.



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Enrollment Application

Home/Corp Office Address Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information > License & More Identifying Information > Contact Information > Service Location > Mailing Address > Pay To Address > Home/Corp Office Address

Home/Corp Office Address

Enter the address, phone and fax numbers, and email of your 'Home/Corp Office' Address

Same as Service Location Address
 Same as Mailing Address
 Same as Pay To Address
 None of the above

Address 1*
Address 2
City*
State*
Zip Code*
County*
Home/Corp Office Address E-mail
[yourname@domain.com]
Phone*
Fax

The Home/Corp Office Address panel offers the option for applicants to select a previously entered address, or enter a new address if different.



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Enrollment Application

ATN Information Panel

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#) > [Pay To Address](#) > [Home/Corp Office Address](#) > **ATN Information**

Please make note of your ATN: 743957 and Name: TESTER

ATN Information ?

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

Your application has been assigned Application Tracking Number (ATN) 743957 and the name entered for this Application is TESTER. Please write down both the ATN and name and keep them in a safe place.

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

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

When applicants have entered sufficient information in the previous steps of the application, an application tracking number (ATN) is created. The ATN Information panel is displayed. The panel lists the ATN information for the provider and advises them that enough information has been entered to leave and continue the application at a later date, if desired.



Enrollment Application

Member of the Following Groups Panel

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#) > [Pay To Address](#) > [Home/Corp Office Address](#) > [ATN Information](#) > **Member of the Following Groups**

Please make note of your ATN: 743957 and Name: TESTER

Member of the Following Groups

*** No rows found ***

Select row above to update -or- click Add button below.

Group ID	Effective Date
----------	----------------

I work under the group provider number(s) listed above.

I understand that by enrolling as a group member all disbursements for services performed by myself under the group(s) will be made directly to the group(s) on my behalf. I further understand that these payments will be reported to the Federal Government under the tax id on the group(s)'s provider file and not under my own.

The Member of the Following Groups panel is where applicants enter information for the group they would like to be a part of.

Note: The Effective Date cannot be earlier than the application submission date.



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Enrollment Application

Owners and Operators Panel

This panel is where the applicant enters all individuals and entities with 5% or more controlling interest as well as all managing employees. Combined ownership cannot exceed 100% in the panel.

Note: Sole Proprietors Enrolling as a Member of a Group do not require medical and financial custodians.

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#) > [Pay To Address](#) > [Home/Corp Office Address](#) > [ATN Information](#) > [Member of the Following Groups](#) > [Owners and Operators](#)

Please make note of your ATN: 743957 and Name: TESTER

Business Name	Last Name	First Name	Title	Affiliation	Tax ID Type	Tax ID	Lic. Source	License #	% Owner	Date of Birth	
Type data below for new record.											
To complete this panel, list yourself along with all required information. Sole Proprietors must disclose their name, home address, date of birth, and SSN.											
Business Name	<input type="text"/>										
Last Name	TESTER										
First Name, MI	DXC <input type="text"/>										
Affiliation*	<input type="text"/>										
Title	<input type="text"/>										
Lic. Source*	<input type="radio"/> DOH <input type="radio"/> HQA <input checked="" type="radio"/> OTHER										
License	<input type="text"/>										
Tax ID Type*	<input checked="" type="radio"/> FEIN <input type="radio"/> SSN										
Tax ID*	123456789										
Date of Birth*	<input type="text"/>										
% Owner	<input type="text" value="0"/>										
Home Address (This should be home address of the individual listed above):											
Phone*	<input type="text"/>										
Address 1*	<input type="text"/>										
Address 2	<input type="text"/>										
City*	<input type="text"/>										
State*	<input type="text"/>										
Zip*	<input type="text"/>										
<input type="checkbox"/> Add this owner as Financial Record Custodian											
<input type="checkbox"/> Add this owner as Medical Record Custodian											
										<input type="button" value="delete owner"/>	
										<input type="button" value="add additional owner"/>	
					<input type="button" value="previous"/>	<input type="button" value="save & continue"/>			<input type="button" value="exit"/>		



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Enrollment Application

Applicant History Panel

The Applicant History panel is where applicants enter historical information regarding criminal history, disciplinary actions related to their professional license, and other Medicaid or Medicare enrollments.

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#) > [Pay To Address](#) > [Home/Corp Office Address](#) > [ATN Information](#) > [Member of the Following Groups](#) > [Owners and Operators](#) > **Applicant History**

Please make note of your ATN: 743957 and Name: TESTER

Applicant History

Has any entity or individual owner/operator ever::

1. Been convicted of a felony, had adjudication withheld on a felony, pled nolo contendere to a felony, or entered into a pre-trial agreement for a felony?
 No Yes. If yes, please submit supporting documentation.
Name

2. Had any disciplinary action taken against any business or professional license held in this or any other state or surrendered a license in this or any state?
 No Yes. If yes, please submit supporting documentation.
Against Whom?
What Date?

3. Been denied enrollment, been suspended or excluded from Medicare or Medicaid in any state, or been employed by a corporation, business or professional association that has ever been suspended or excluded from Medicare or Medicaid in any state?
 No Yes. If yes, please submit supporting documentation.
Name
Provider Number

4. Had suspended payments from Medicare or Medicaid in any state, or been employed by a corporation, business or professional association that ever had suspended payments from Medicare or Medicaid in any state?
 No Yes. If yes, please submit supporting documentation.
Name
Provider Number

5. Owes money to Medicaid or Medicare that has not been paid?
 No Yes. If yes, please submit supporting documentation.
Name
Provider Number

6. Have ownership in any other Medicaid enrolled business?
 No Yes. If yes, please submit supporting documentation.
Name of Other Business
Provider Number
Name of Owner



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Enrollment Application

Certification Panel

The Certification panel is the panel where the applicant agrees to terms and conditions for participation as an enrolled Florida Medicaid provider.

This panel is also the end of the Enrollment Application process. The user will click **submit** to have the remaining information updated in the system and initiate processing of their application.

[Welcome Statement](#) > [Enrollment Type Determination](#) > [Enrollment Type Confirmation](#) > [Application Tips](#) > [Request Type](#) > [Before You Continue](#) > [Identifying Information](#) > [License & More Identifying Information](#) > [Contact Information](#) > [Service Location](#) > [Mailing Address](#) > [Pay To Address](#) > [Home/Corp Office Address](#) > [ATN Information](#) > [Member of the Following Groups](#) > [Owners and Operators](#) > [Applicant History](#) > **Certification**

Please make note of your ATN: 743957 and Name: TESTER

Certification

MEDICAID PROGRAM PROVIDER ENROLLMENT AGREEMENT

This is to certify that

Name of Provider or Registered Agent*

Title

Date*

"For the purpose of establishing eligibility to receive direct or indirect payment for services rendered to recipients of the Florida Medicaid Program, I understand that, under Section 409.920, Florida Statutes, 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 and is sufficient cause for termination from the Florida Medicaid Program. I further understand that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws. I understand that I am responsible for the information presented on this application and that the information is true, accurate, and complete. Furthermore, I agree to abide by the provisions of this provider agreement from the date it is effective per Section 409.907(11), Florida Statutes.

Furthermore, I understand that it is my responsibility to notify Medicaid's

I accept the terms of the Enrollment Agreement

[previous](#) [submit](#) [exit](#)



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Enrollment Application Submission Panel

Once the application has been submitted, a confirmation message will be displayed along with contact information for questions about the application process. A list of required documents is displayed as well.

Providers must click **upload required documents** to submit required documentation. Applications **will not** be processed until all required documentation is received. Do not close the browser while the page is submitting.

Note: Providers may add NPI information after they have successfully enrolled. This can be done by uploading the NPI form via their secure Web Portal account.

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation > Application Tips > Request Type > Before You Continue > Identifying Information > License & More Identifying Information > Contact Information > Service Location > Mailing Address > Pay To Address > Home/Corp Office Address > ATN Information > Member of the Following Groups > Owners and Operators > Applicant History > Certification >

Please make note of your ATN: 743957 and Name: TESTER

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

The Application Tracking Number (ATN) is: 743957 **Provider Screening Category: MODERATE**

Status:
Your application has been successfully submitted.
Once your application meets all technical requirements, a site visit will be conducted by Medicaid area office staff.

WHAT'S NEXT?
Your application will be processed once you upload the following documents:

Document	Status
BACKGROUND SCREENING	NOT RECEIVED
CERT-REGISTERED BEHAVIOR TECHNICIANS (RBT)	NOT RECEIVED
GROUP MEMBERSHIP AGREEMENT - PT39/PS393	NOT RECEIVED
NON-INSTITUTIONAL PROVIDER AGREEMENT	NOT RECEIVED
PROOF OF TAX ID	NOT RECEIVED

GENERAL INSTRUCTIONS

- Print a copy of the application for your records. [Print Application](#)
- [Enrollment forms](#) are available on this site.
- Required documents can be uploaded:
 - [Upload required documents.](#)
- You can check the status of this application and status of receipt of documents from the [Enrollment Status](#) page.

If you have questions regarding your enrollment or on any message(s) received on this enrollment, please call Provider Enrollment at 1-800-289-7799, Option 4.

exit



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Verifying the Status of an Enrollment Application



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Verifying the Status of an Enrollment Application



Once the application is submitted and supporting documents are uploaded, the application will be reviewed for accuracy and compliance with all provider eligibility requirements.



Due to a high volume of providers seeking to enroll in the Behavior Analysis program, the length of time an application pends for the credential verification process is currently at sixty (60) days.



For applicants that require an onsite review, a minimum of sixty (60) days is added to the processing time.



Providers are urged to utilize the Enrollment Tracking Search tool (https://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentStatus/tabId/57/Default.aspx) to view and confirm the current status of their application(s).



Enrollment Tracking Search Tool

Attention Behavior Analysis Applicants (Provider Type 39)

The Agency for Health Care Administration (Agency) verifies the credentials of all providers applying to the Medicaid program. Due to a high volume of providers seeking to enroll in the Behavior Analysis program, the length of time an application pends for the verification process is currently at sixty (60) days. For applicants that require an onsite review, a minimum of sixty (60) additional days is added to the processing time. Providers are urged to utilize the Enrollment Tracking Search tool located below to view and confirm the current status of their application(s). Applications pending verification by the Agency will show a status of "State Review".

Please note: DXC cannot provide information regarding applications that are under review by the Agency.



The screenshot shows a web-based search interface titled "Enrollment Tracking Search". It features two input fields: "ATN*" with the value "123456" and "Business OR Last Name*" with the value "FORD". To the right of the input fields are two buttons: "search" and "clear". The interface also includes a help icon (?) and a refresh icon (↕) in the top right corner.

To search for an application's status, enter the corresponding ATN, followed by either the registered business name or last name. Once the correct information is entered, click **search**.




Enrollment Tracking Search Tool Results

Search Results

ATN	Name	Document	Status	Status Date	Provider ID	Effective Date	Provider Screening Category
123456	TOM FORD	FULL ENROLLMENT PROCESS	STATE REVIEW	04/05/2019			MODERATE
123456	TOM FORD	BACKGROUND SCREENING	VERIFIED	04/01/2019			
123456	TOM FORD	CERT-REGISTERED BEHAVIOR TECHNICIANS (RBT)	VERIFIED	04/01/2019			
123456	TOM FORD	GROUP MEMBERSHIP AGREEMENT - PT39/PS393	VERIFIED	04/01/2019			
123456	TOM FORD	NON-INSTITUTIONAL PROVIDER AGREEMENT	VERIFIED	04/01/2019			
123456	TOM FORD	PROOF OF TAX ID	VERIFIED	04/01/2019			

- Print a copy of the application for your records. [Print Application](#)
- Required documents can be uploaded:
 - [Enrollment forms](#) are available on this site.
 - [Upload required documents.](#)


Hello! Let me know if I can help with any questions.

A Search Results panel will appear under the Enrollment Tracking Search panel. The Status column shows the application status in the first row, followed by each application component's status in the following rows. Providers are encouraged to use the Web Chat feature for any questions or concerns regarding their application. To initiate a web chat, click the green button found on the bottom-right of the Search Results panel.



Application Deficient Status

An application status is assigned when the application or supporting documentation is deemed invalid. A letter detailing the items to be corrected and resubmitted is sent to the applicant.

Deficiencies **increase** the enrollment application processing timeframe.

Most common application deficiencies include:

- ▶ Missing and/or invalid RBT documentation, such as supplying a BACB email confirmation or not submitting BACB documentation in color.
- ▶ Missing background screening.
- ▶ Missing proof of Tax ID.

Applicants must adhere to the documentation criteria previously mentioned in the webinar to ensure their applications are processed without any delays.



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State Review

Applications pending verification by the Agency will show a status of “State Review.”

State Review consists of validating the information provided on an enrollment application and ensuring that all requirements for enrollment are met. There is a special emphasis on the BACB certification and expiration dates, and any prior history with the applicant and Medicaid or any other state agency.

State review includes an on-site visit or face-to-face interview, if required for the provider type.



Final Enrollment Status

Approved

Applicants receive a Welcome Letter and a Florida Medicaid Secure Web Portal PIN Letter via mail.

PIN Letter instructions must be followed exactly for providers to gain access to their secure Web Portal account.

Denied

The application or supporting documentation was deemed deficient.

Applicants receive a letter from the Agency informing them their application was denied.



Maintaining Provider Information



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Enrolling in the Florida Medicaid Behavior Analysis Program

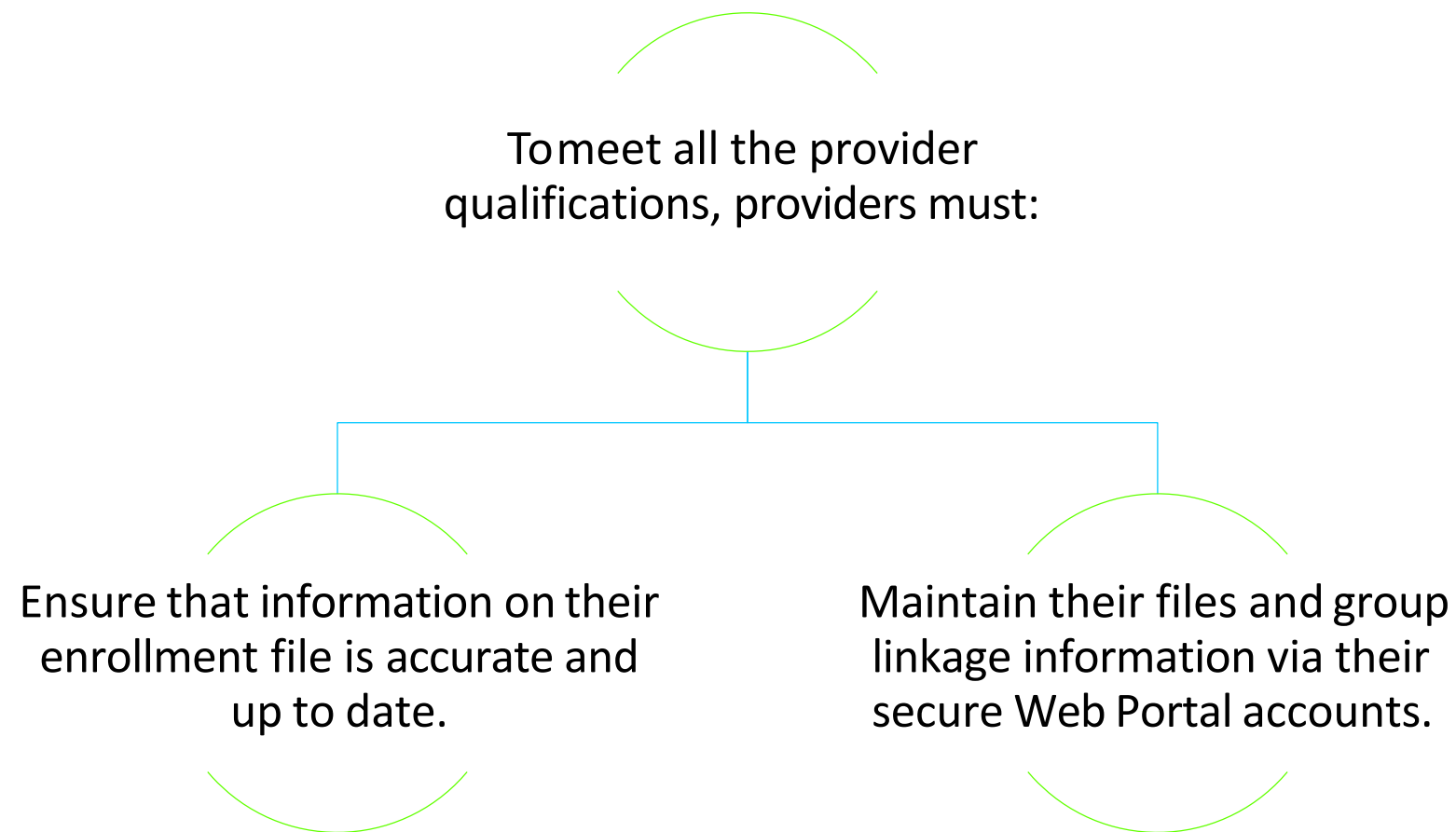
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Provider Responsibilities

Providers must continue to meet all the provider qualifications to remain enrolled in Florida Medicaid. Florida Medicaid will terminate any provider's enrollment who no longer meets a provider qualification.



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Provider File Maintenance

Medicaid provider file change requests must be submitted via the Florida Medicaid Secure Web Portal. Providers can enter changes to their address, group membership, Electronic Funds Transfer (EFT) account, and Electronic Data Interchange (EDI) Agreement in their secure Web Portal account. All other change request types must be submitted using the Trade Files Upload panel in the secure Web Portal.

Access the File Upload panel by visiting <http://home.flmmis.com> and use the appropriate account credentials. From the secure Web Portal landing page, select **Trade Files**, then **upload**.

For detailed instructions on how to successfully upload documents via the File Upload panel, refer to the [Provider File Maintenance Quick Reference Guide](#) found on the public Web Portal.



Group Linkage

Individual providers can link their Provider IDs to a group provider for billing purposes when the individual and group are eligible to perform the same services. Only individual providers can perform a linking action. Groups must request that their individual providers perform the linking action for themselves.

When any group membership details have been changed, an email notification of the link or delink action will be sent to the primary user and targeted provider's Florida Medicaid Secure Web Portal account.

To access the Group Membership or My Group panels visit <http://home.flmmis.com> and log into the secure Web Portal using the correct account credentials. From the secure Web Portal landing page, select **Providers**. Group providers should select **Members of My Group**. Individual providers should select **Group Membership**. After making a selection, the group membership details will display.

For detailed instructions on how to successfully link to a group, refer to the [Group Linking and Delinking Quick Reference Guide](#) found on the public Web Portal.



Frequently Asked Questions



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Enrollment

Frequently Asked Questions

What level of background screening is needed, and how recent does it need to be for Florida Medicaid Enrollment?

A Medicaid Provider Enrollment Level 2 background screening is required, and it must be within the last 5 years. Additional information regarding the background requirements can be found on the Background Screening page of the Agency's website:

http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/index.shtml.

Can sole proprietors be linked as a member of a group?

Yes, a sole proprietor can be linked as a member of the Behavior Analysis Group. During the initial enrollment process, this may be accomplished by entering the information directly into the Member of the Following Groups panel of the enrollment application or by completing and submitting the Medicaid Group Membership Authorization form. You may obtain a copy of the form from the Enrollment Forms section of the public Web Portal. Actively enrolled sole proprietors must complete group linkage using the Self-Service feature in the secure Web Portal.

Will the group enrollment application need to be activated, before the group's members submit their individual applications?

Providers can, and are encouraged to, submit their individual applications at any time, however, providers enrolling with specialties 390-Registered Behavior Technician and 391-Assistant Behavior Analyst must wait until the group they are affiliated with or plan to link to has successfully enrolled in order to submit claims for reimbursement.



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Helpful Resources



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Gainwell is here to help!

For application tracking status, visit the [Enrollment Status](#) page. There is also a Web Chat feature available to assist with resolving your enrollment application concerns.

Provider Enrollment is available to assist with resolving your enrollment application concerns. Call 1-800-289-7799, Option 4.

Provider Services Field Representatives are available for your training needs, contact 1-800-289-7799, Option 7.

If you have additional questions you would like a response to, please send us an email by completing the Contact Information form accessible from Florida Medicaid Public Web Portal [Contact Us](#) page.

Access the Florida Medicaid Public Web Portal [Quick Reference Guides](#) page for detailed information on how to successfully upload documents, or how to update group memberships, via the secure Web Portal.



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The Agency

The Agency has established a web page for Behavior Analysis and Behavior Health services.

Note: Providers should contact the Agency with policy questions.

Behavior Analysis Services Information page

[http://ahca.myflorida.com/medicaid/Policy and Quality/Policy/behavioral health coverage/bhfu/BA Services.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/BA_Services.shtml)

Medical and Behavioral Health Coverage Policy page

[http://ahca.myflorida.com/Medicaid/Policy and Quality/Policy/behavioral health coverage/index.shtml](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/index.shtml)

Behavioral Health and Health Facilities page

[http://ahca.myflorida.com/Medicaid/Policy and Quality/Policy/behavioral health coverage/bhfu/index.shtml](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/index.shtml)

Health Care Clinics page

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



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Summary

In this webinar, we discussed...

1. Overview
2. Enrollment Process and Requirements
3. Proof of Certification
4. Submitting an Enrollment Application
5. Verifying an Enrollment Application Status
6. Maintaining Provider Information
7. Frequently Asked Questions
8. Resources

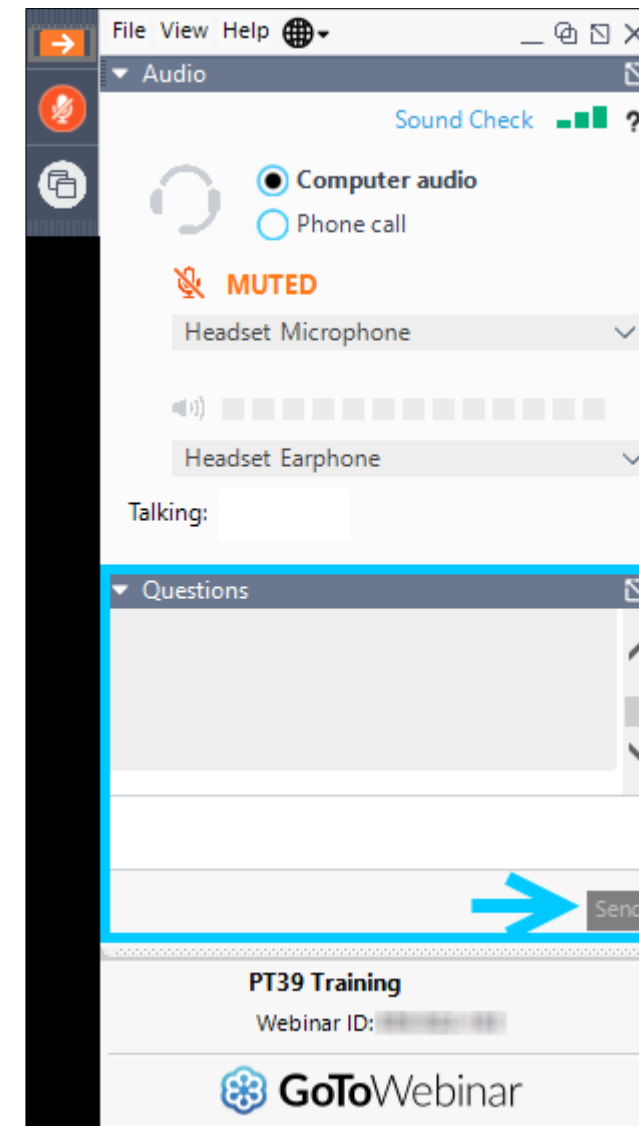
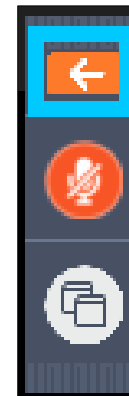


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Questions

Attendees will have the option to ask questions throughout the presentation.

To access the question panel, click the ← at the top right of your screen and a dialog box will display. Type your inquiry into the Questions panel and click **Send** to submit.



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Thank you!

For attending



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