Medicaid Provider Re-enrollment Process for Florida School Districts

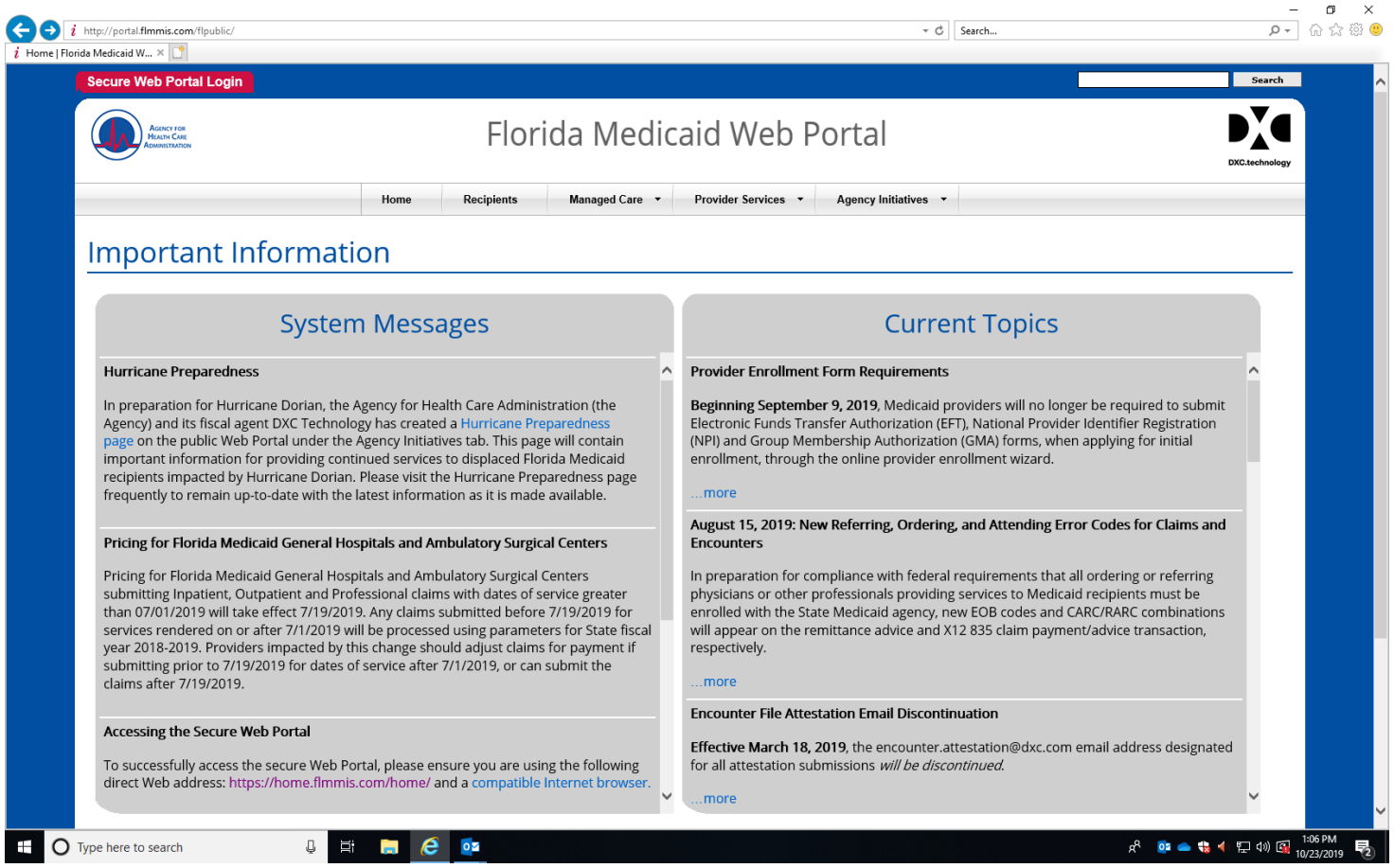
Prepared by Leon County Schools

Updated 11/19/2019

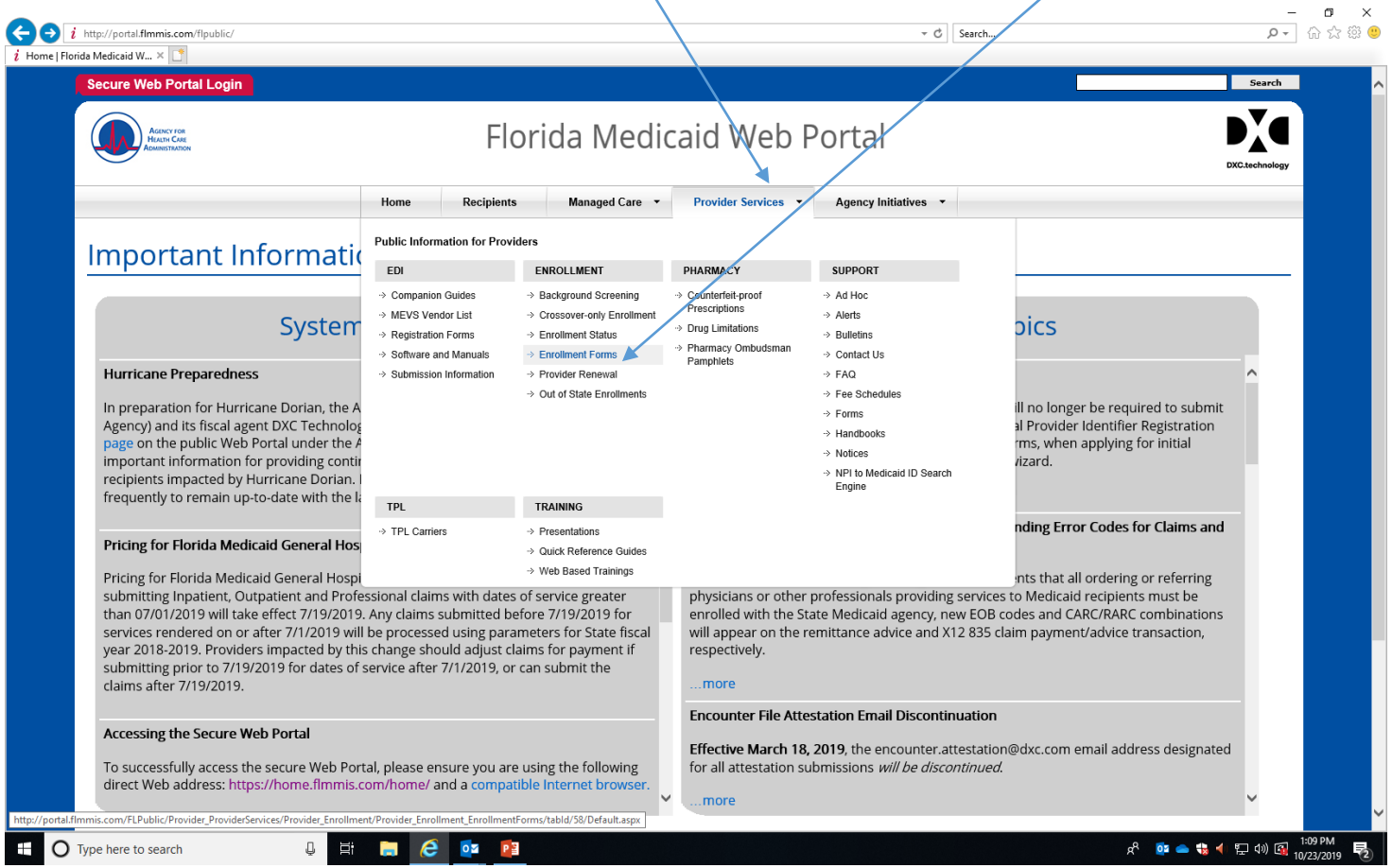
BASIC STEPS TO RE-ENROLL:

- *STEP #1:* Determine who should sign your re-enrollment documents for your District. The signer will be known to AHCA as an "Owner" in addition to your District name, but they will need to sign documents as "Administrator." You will need this person's SS#. Future correspondence from AHCA will go to this person as well.
- *STEP #2:* Gather your documents: Provider Agreement and Finger Print Exemption Form.
- *STEP #3:* Sign into AHCA/DXC Web Portal and complete online enrollment.
- *STEP #4:* Print your Application (the portal creates this for you as you enter information online) Sign the printed Application and upload back into Portal along with your Finger Print Exemption form.
- *STEP #5: (IF REQUESTED)* Submit a letter on your School District letterhead authorizing the person who signed the documents to be the "Administrator" for your District. Upload this into the Portal.
- *STEP #6:* Sign back into the Portal periodically to check your re-enrollment status and call the Provider hotline to determine what (if any) additional documents or changes you need to make. AHCA/DXC will also send you letters with this information, but calling is faster.

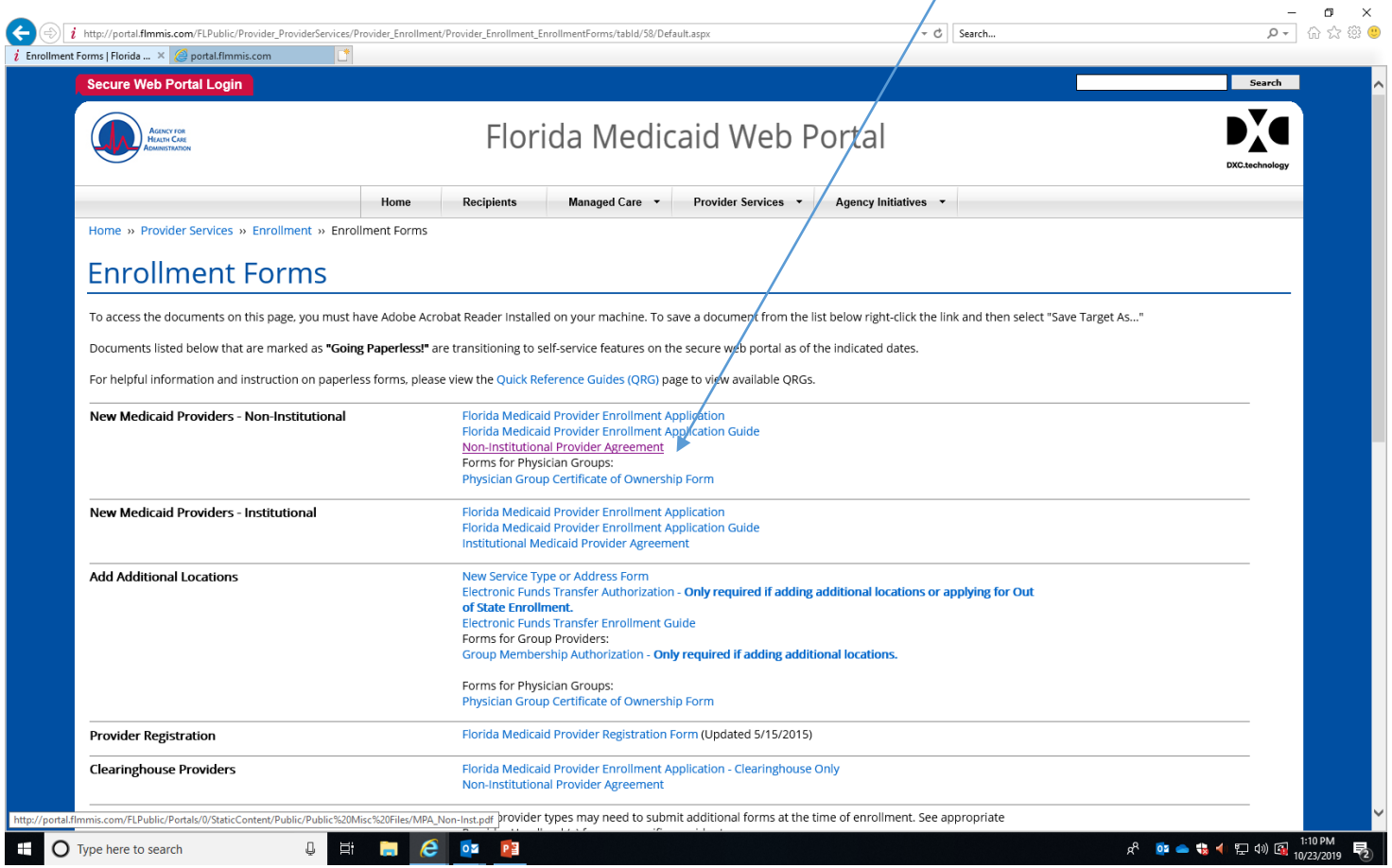
Open browser and navigate to: http://portal.flmmis.com



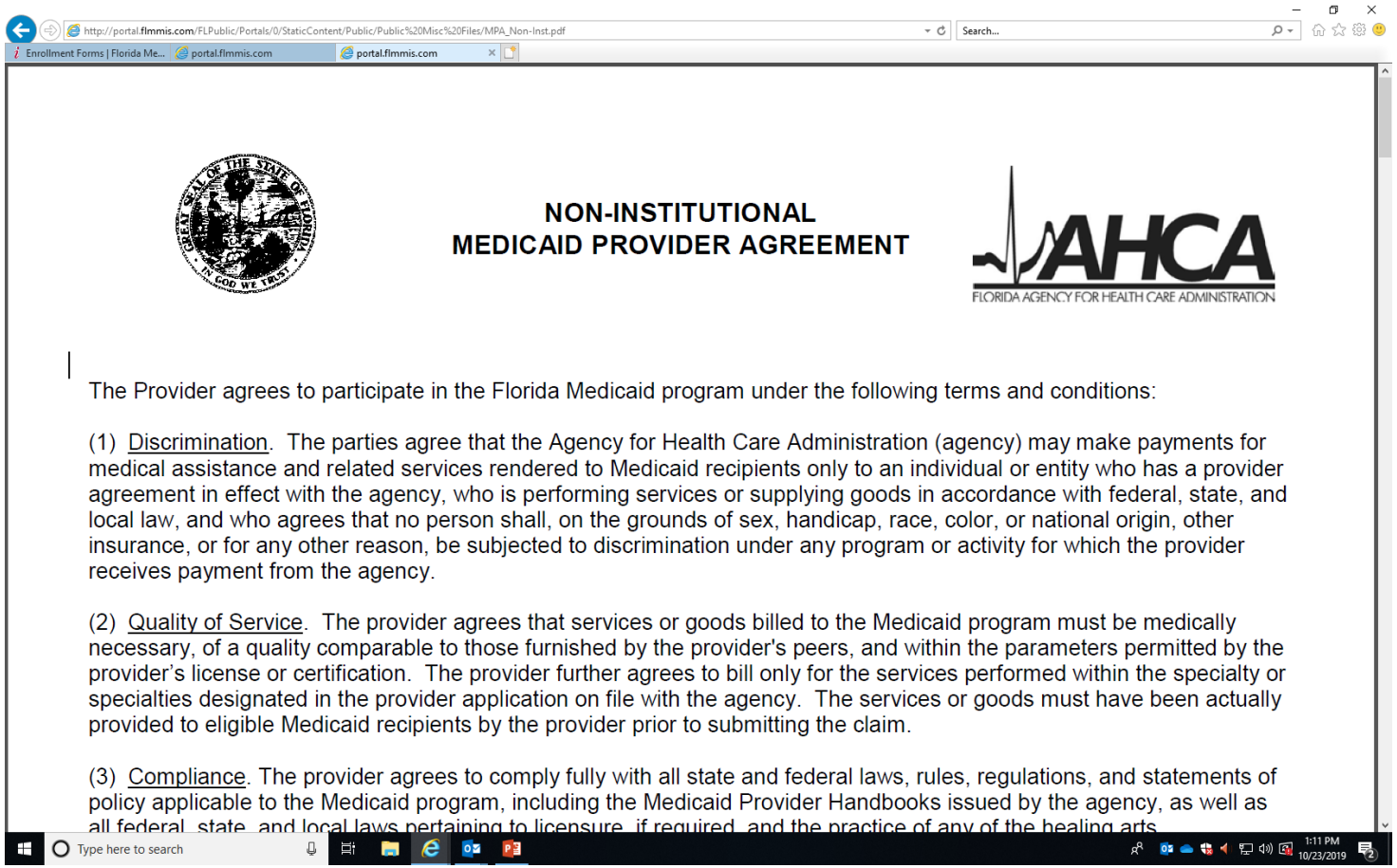
Click on “Provider Services” tab and select “Enrollment Forms”



Select “Non-Institutional Provider Agreement”



Print, review, complete and sign. Scan and save this on your computer. IF you choose to sign this yourself, list your title as “Administrator” Pay attention to the acceptable titles listed if you list someone else.



http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/MPA_Non-Inst.pdf

Enrollment Forms | Florida Me... portal.flmmis.com portal.flmmis.com

NON-INSTITUTIONAL
MEDICAID PROVIDER AGREEMENT

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

The Provider agrees to participate in the Florida Medicaid program under the following terms and conditions:

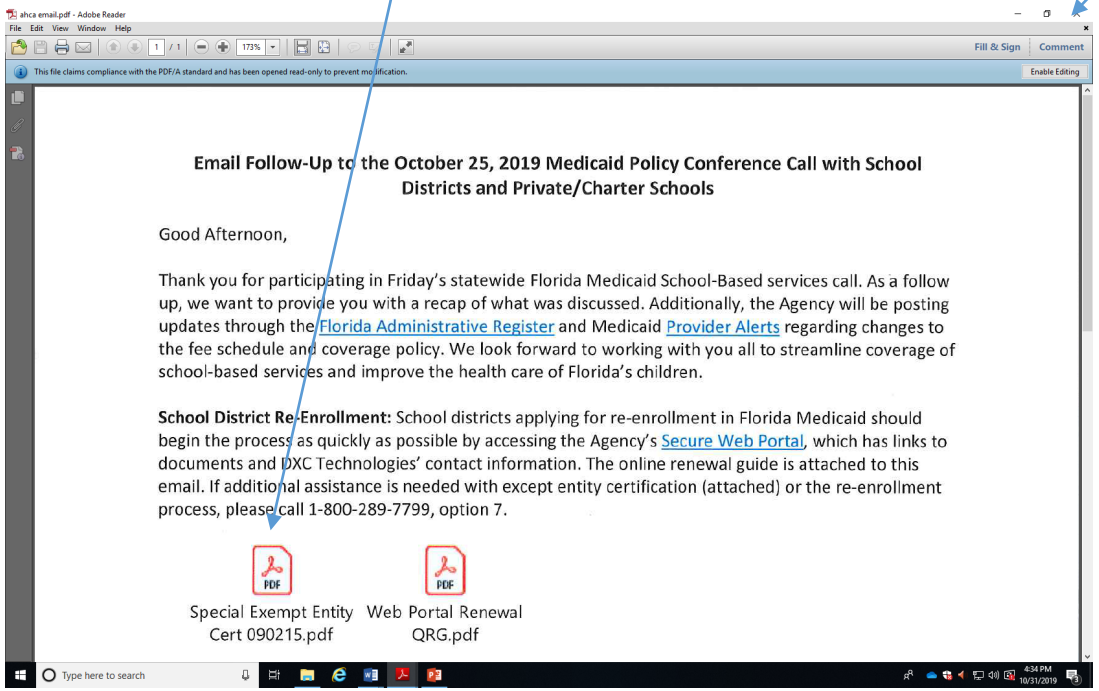
(1) Discrimination. The parties agree that the Agency for Health Care Administration (agency) may make payments for medical assistance and related services rendered to Medicaid recipients only to an individual or entity who has a provider agreement in effect with the agency, who is performing services or supplying goods in accordance with federal, state, and local law, and who agrees that no person shall, on the grounds of sex, handicap, race, color, or national origin, other insurance, or for any other reason, be subjected to discrimination under any program or activity for which the provider receives payment from the agency.

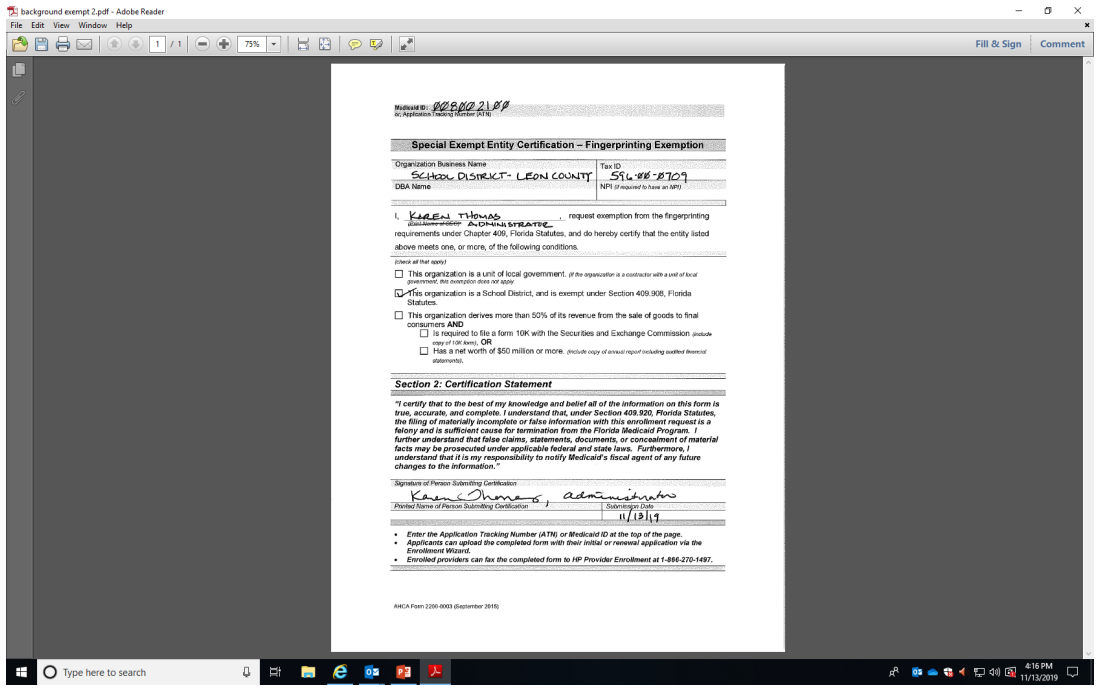
(2) Quality of Service. The provider agrees that services or goods billed to the Medicaid program must be medically necessary, of a quality comparable to those furnished by the provider's peers, and within the parameters permitted by the provider’s license or certification. The provider further agrees to bill only for the services performed within the specialty or specialties designated in the provider application on file with the agency. The services or goods must have been actually provided to eligible Medicaid recipients by the provider prior to submitting the claim.

(3) Compliance. The provider agrees to comply fully with all state and federal laws, rules, regulations, and statements of policy applicable to the Medicaid program, including the Medicaid Provider Handbooks issued by the agency, as well as all federal, state, and local laws pertaining to licensure, if required, and the practice of any of the healing arts

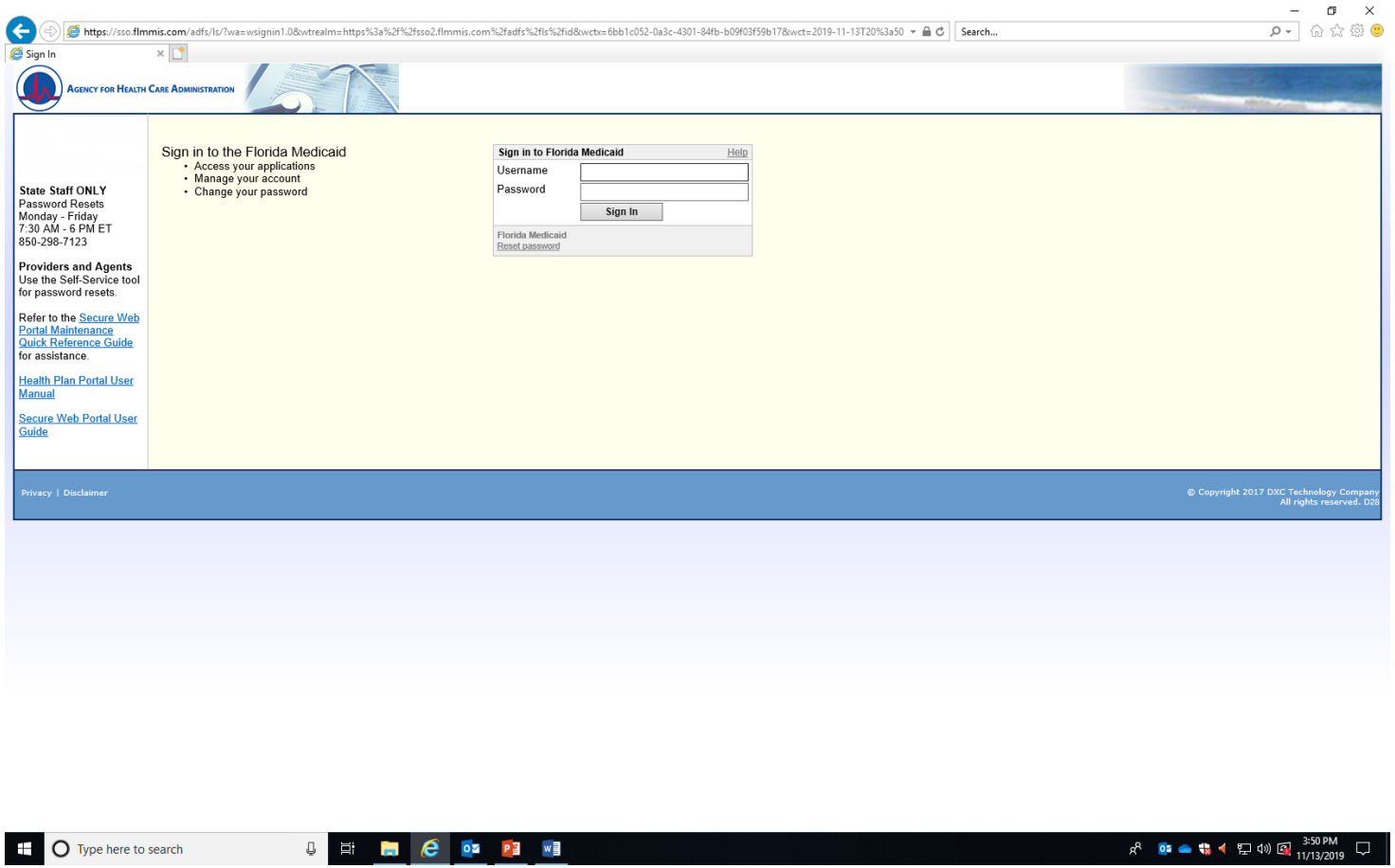
Type here to search 1:11 PM 10/23/2019

Locate your email from AHCA (Cynthia Joseph sent 10/29 and download the Fingerprinting Exemption Form. ***Be sure to click "Enable Editing" so that you can actually open the PDF.* Complete and sign and scan to your computer.

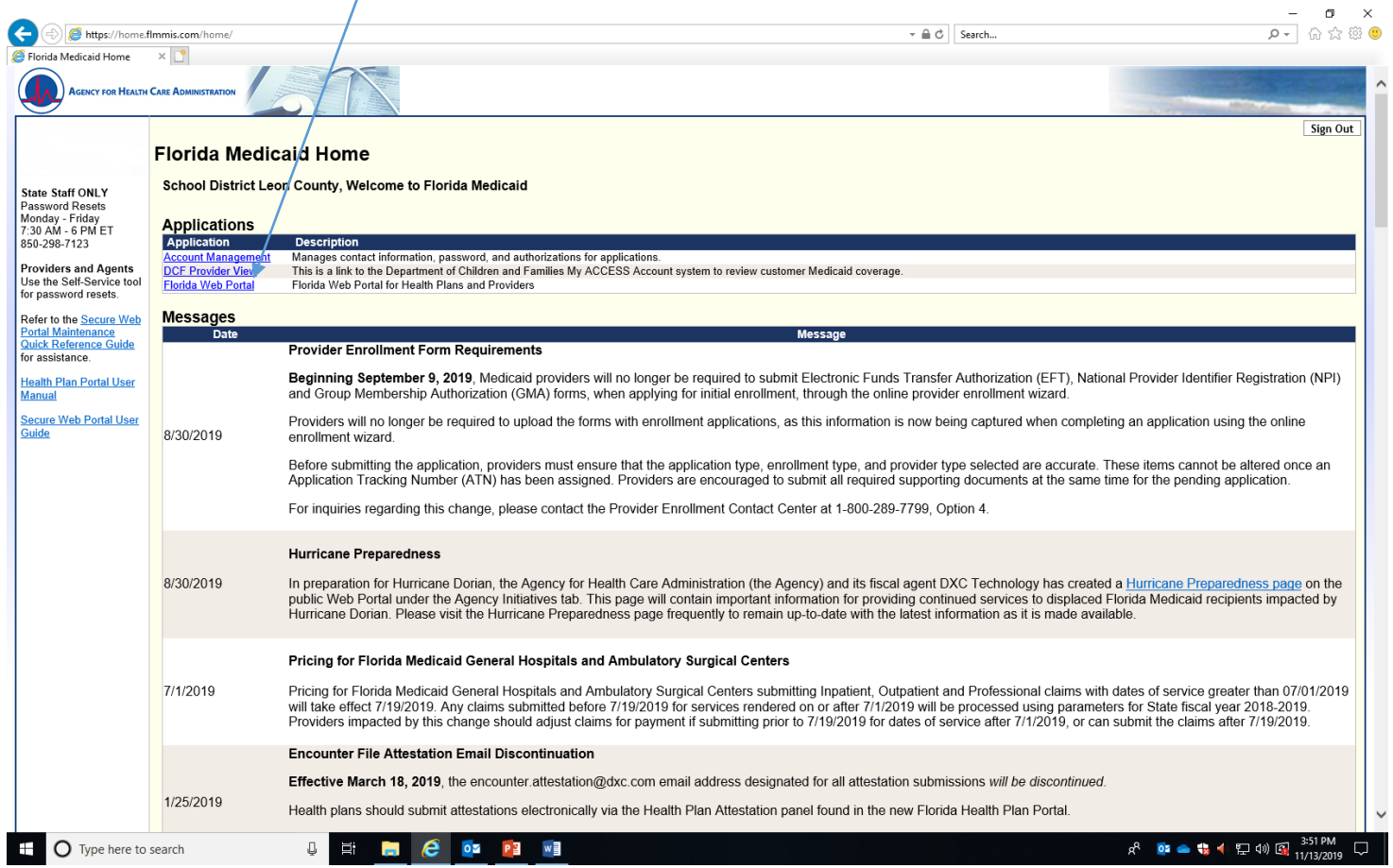




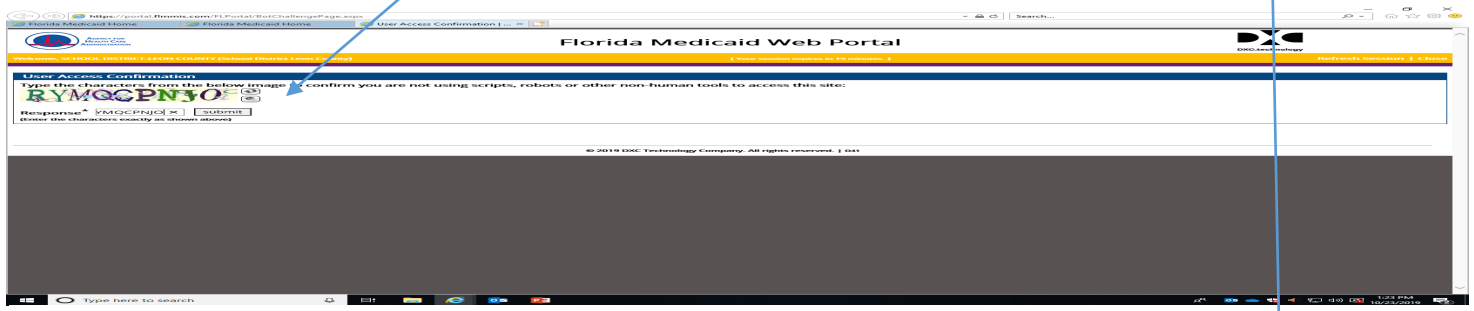
Navigate to: https://home.flmmis.com sign in using your username/password associated with your "Base"/Super-Agent Provider number. This is a nine digit number that begins with 008 and ends with 00. Your District will likely have several other numbers beginning with 008 and ending with 01, 12, 15, 16, 17, 18…but the "Base" number will end in 00. (see tips on last page if you get stuck)

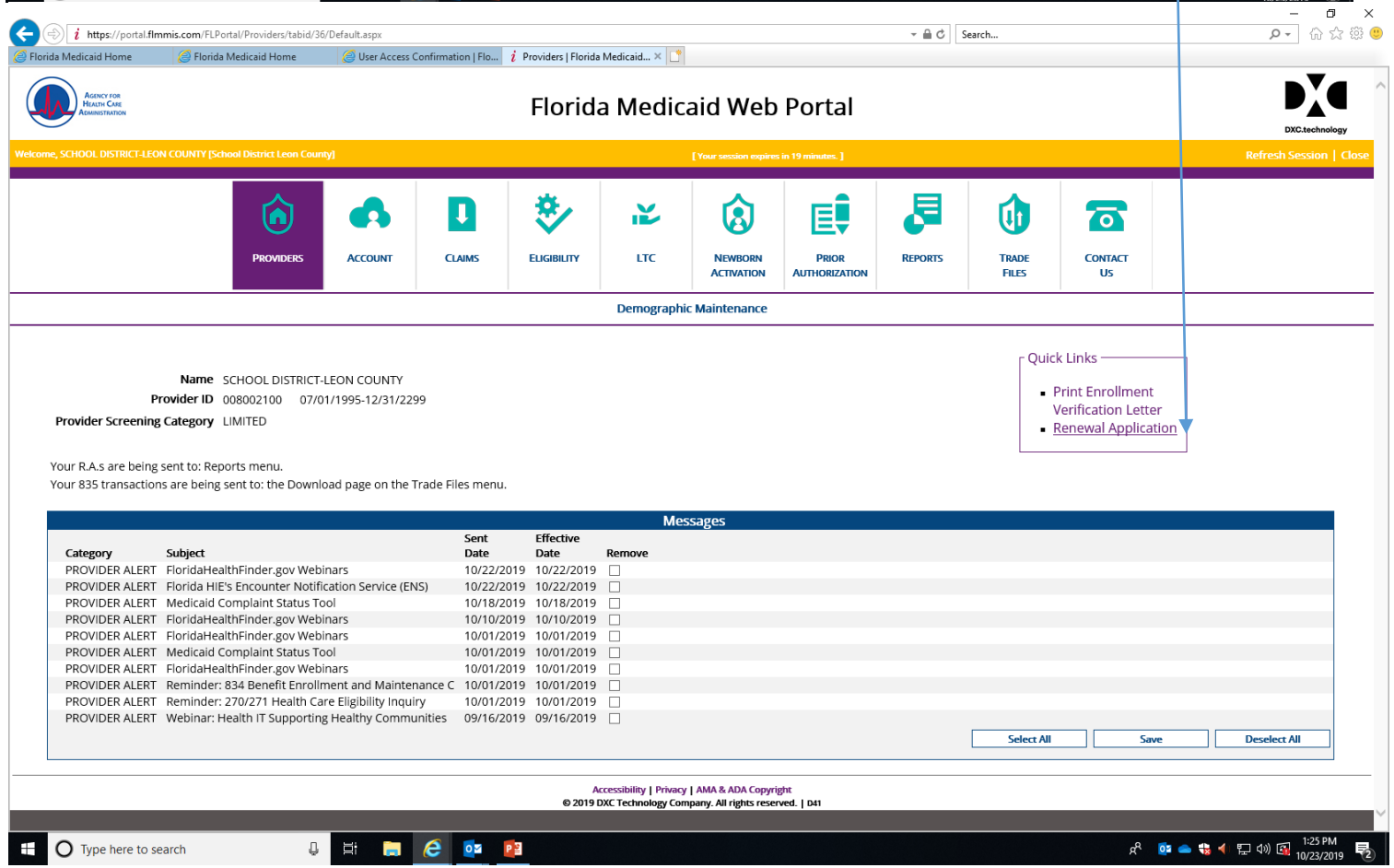


Select “Florida Web Portal”

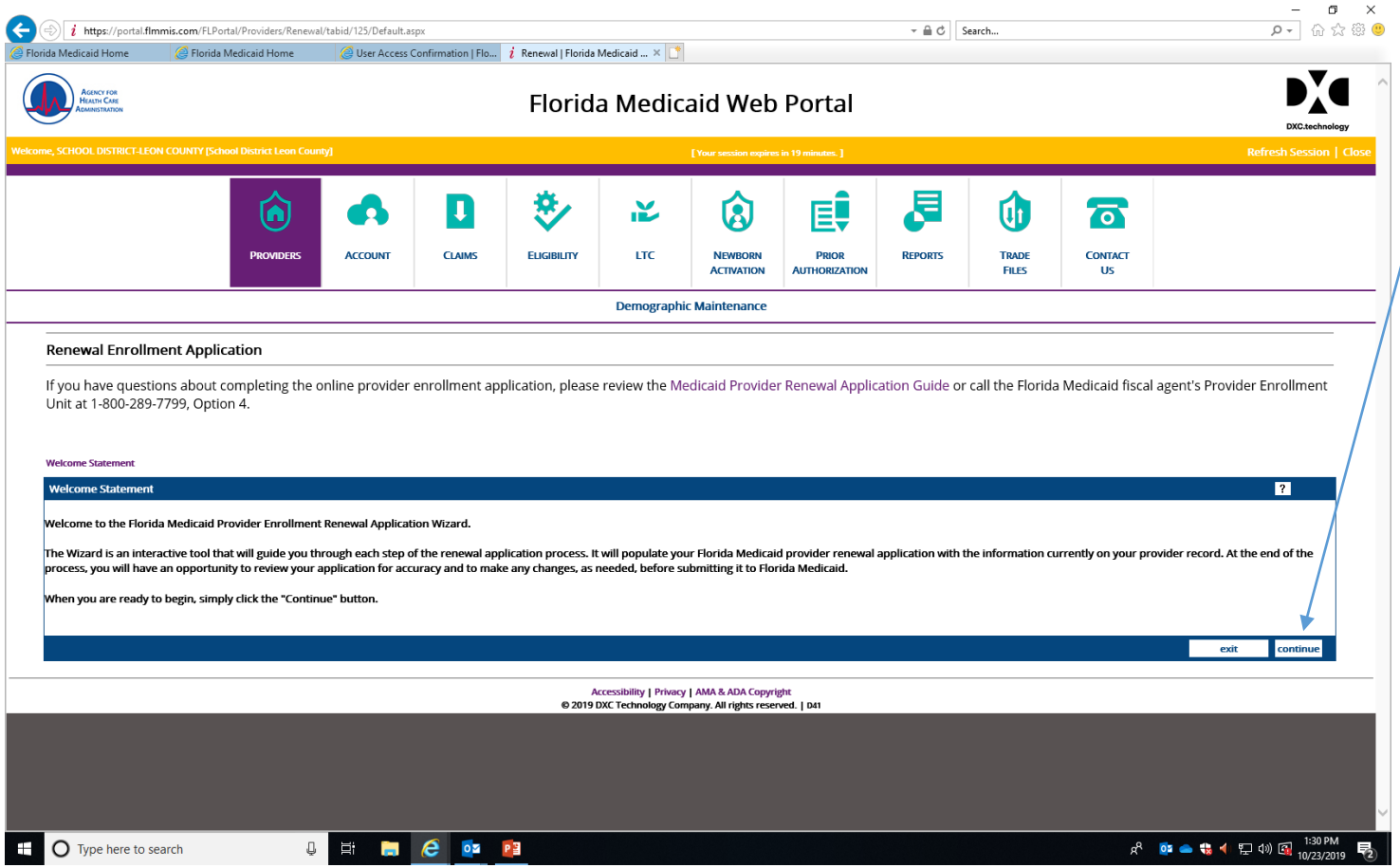


Type in letter/numerals shown in box, hit submit and then select “Renewal Application” from the “Quick Links” box. If you do not see “Renewal Application” in the Quick Links box…it is likely you are not using the Username/Password associated with your Base/Super-Agent provider number. (See tips on last page if you are stuck)

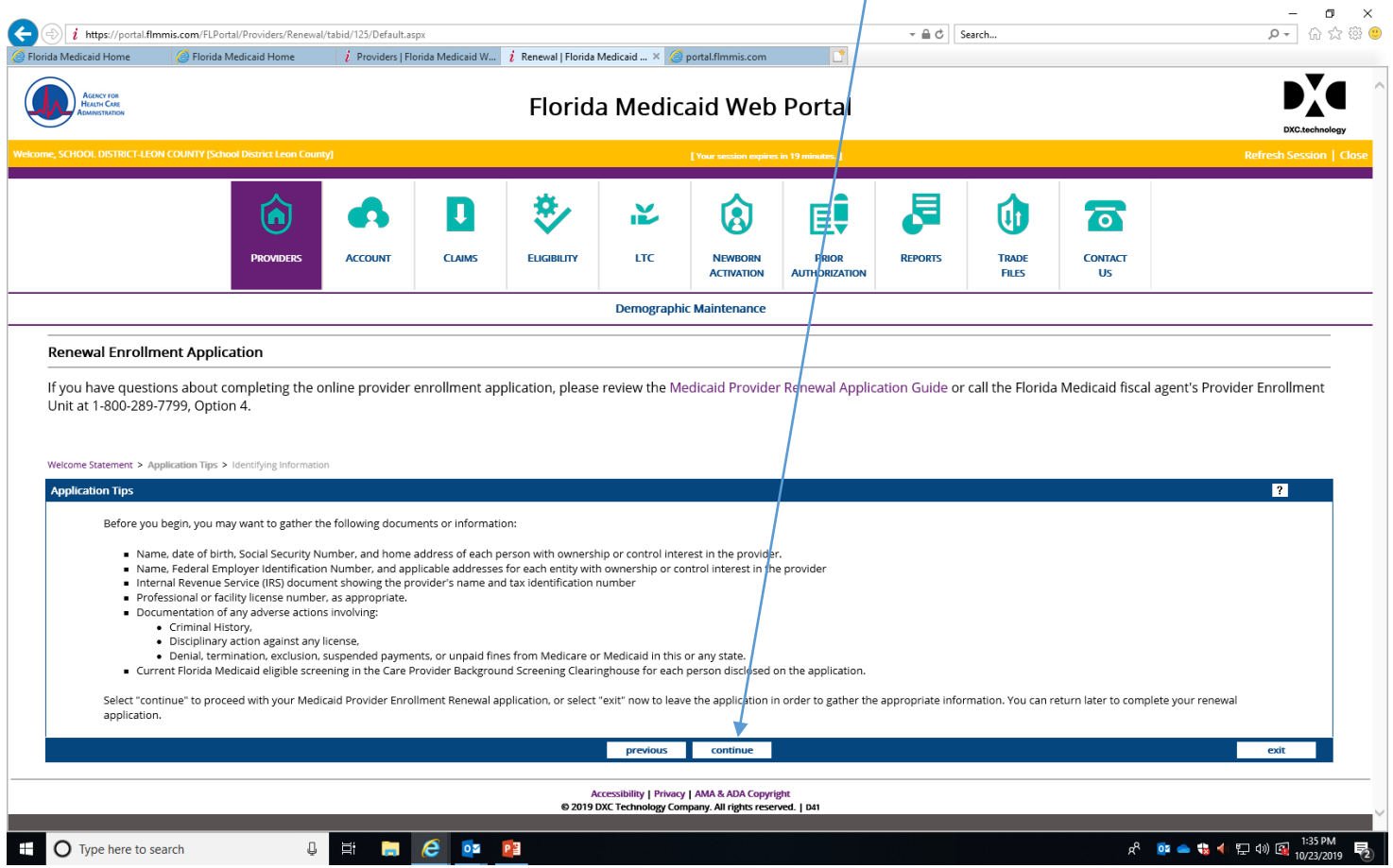




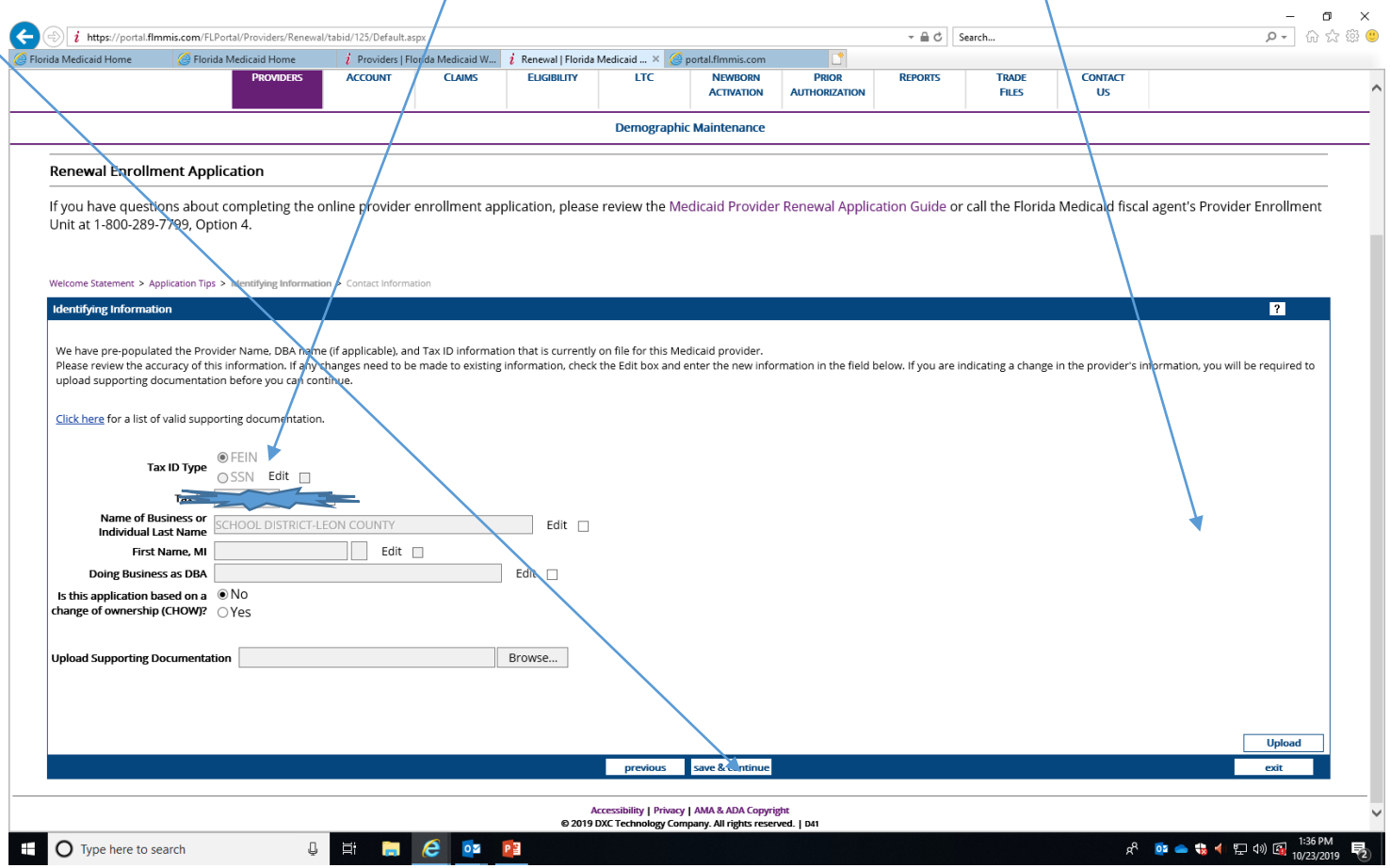
Click “Continue” button in bottom corner.



Review and click “Continue” ***Some of the items listed do not apply to our Provider Type.*



Select FEIN for tax type, enter your district FEIN number. Your Finance Department should be able to provide this to you. Your School District name should appear. Select the box on the right side of the screen to "Add additional owners" Enter the last name, first name and social security for the person you want to name as the person that will be signing things for your District. Skip over/bypass the information about licensure. Select Roll as "Affiliated Person" and enter "Administrator" as the title. Choose "Save & Continue"

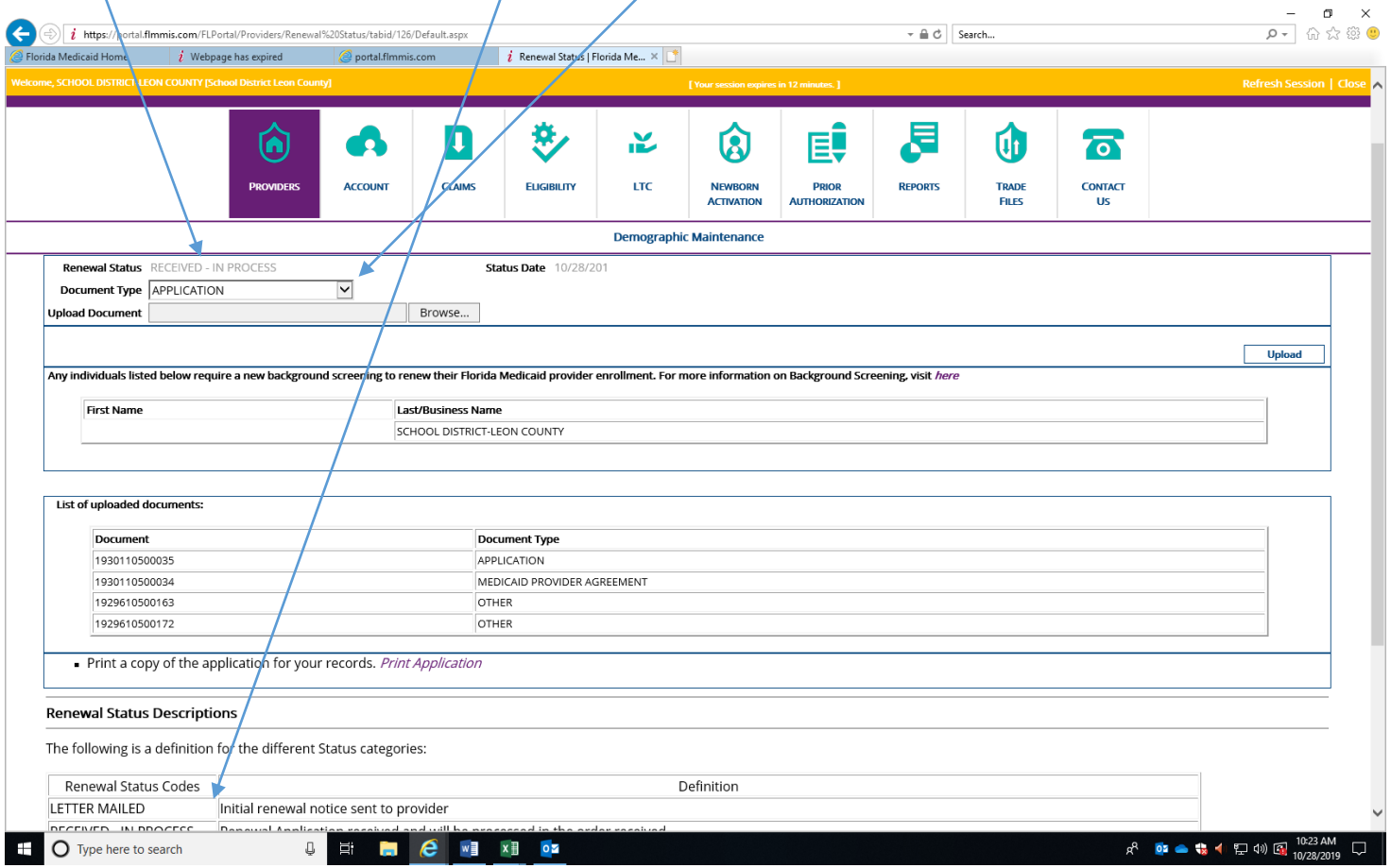


Next Steps… (unable to screen shot) follow prompts as directed on screen.

- A message will pop up about fingerprinting, you will be uploading an exemption/waiver form for this so no need to worry.
- Next I completed a series of six questions answering “No” to those and was given the option to print my application.
- PRINT your application, sign it and add “Administrator” next to your name upload it into the webportal. **
- Upload your signed Provider Agreement shown in slide 6. **
- Upload your Finger-Print Exemption form. **

***See instructions on how to upload on next slide.*

When you sign into the Web Portal again and select “Renewal Application” in the Quick Links box you will see the status of your application. Status code descriptions are below. When you need to upload documents, first select the type of document you are uploading from the drop down box. Then click Browse and find your scanned document and then click Upload. Repeat this process if you need to make any changes to your documents.



TIPS:

- Every District has multiple Florida Medicaid Provider numbers associated with their account. These are 9 digit numbers that all start with 008. Your “Base/Super-Agent”provider number ends with 00. You should have a portal username and password associated with each of these. Each different service you bill for has a separate provider number. Ex: Leon County has seven: Base, Administrative Claiming, Nursing, Therapy, Psychology, Social Work and Transportation. Your District will also have NPI numbers. (National Provider ID#’s) *For the purposes of this AHCA renewal you need to use your Florida Medicaid Base Provider ID.*

- Your Provider ID is listed in the RE: section of the letter your district received from AHCA about renewal. Just add 00 to the end of the number shown and that will be your Base/SuperAgent number. If you do not know your web portal Username/Password: Call 1-800-289-7799 and select option 5 for username/password reset so that you can proceed with online renewal.

- Remember every correction or change you make, you will be uploading back into the Portal. See slide 15 and pay attention to the “Document Type” you select before you upload.