

Medicaid Provider Re-enrollment Process for Florida School Districts

Prepared by Leon County Schools

Updated 11/19/2019

Updated for 2024 Enrollment on 10/22/24

SIX 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. (See slides 3-8 for where to locate these blank forms) you will upload these during the enrollment process on the Portal.
- STEP #3: Sign into AHCA/DXC Web Portal and complete online enrollment.
- STEP #4: (IF Needed/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 #5: Print a copy of your Application (the portal creates this for you as you enter information online)
- STEP #6: Sign back into the Portal periodically to check your re-enrollment status and call the Provider enrollment hotline at 1-800-289-7799 Option 4 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.**

GATHERING NECESSARY DOCUMENTS

Provider Agreement, Fingerprinting Exemption,
Possible Administrator Authorization letter.

IMPORTANT NOTE: You must save these as PDFs

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

The screenshot shows a web browser window displaying the Florida Medicaid Web Portal. The browser's address bar shows the URL <http://portal.flmmis.com/flpublic/>. The page features a blue header with the Florida Medicaid logo on the left, the text "Florida Medicaid Web Portal" in the center, and the DXC Technology logo on the right. Below the header is a navigation menu with options: Home, Recipients, Managed Care, Provider Services, and Agency Initiatives. The main content area is titled "Important Information" and is divided into two columns: "System Messages" and "Current Topics".

System Messages

- Hurricane Preparedness**
In preparation for Hurricane Dorian, the Agency for Health Care Administration (the Agency) and its fiscal agent DXC Technology has created a [Hurricane Preparedness page](#) on the public Web Portal under the Agency Initiatives tab. This page will contain important information for providing continued services to displaced Florida Medicaid recipients impacted by Hurricane Dorian. Please visit the Hurricane Preparedness page frequently to remain up-to-date with the latest information as it is made available.
- Pricing for Florida Medicaid General Hospitals and Ambulatory Surgical Centers**
Pricing for Florida Medicaid General Hospitals and Ambulatory Surgical Centers submitting Inpatient, Outpatient and Professional claims with dates of service greater than 07/01/2019 will take effect 7/19/2019. Any claims submitted before 7/19/2019 for services rendered on or after 7/1/2019 will be processed using parameters for State fiscal year 2018-2019. Providers impacted by this change should adjust claims for payment if submitting prior to 7/19/2019 for dates of service after 7/1/2019, or can submit the claims after 7/19/2019.
- Accessing the Secure Web Portal**
To successfully access the secure Web Portal, please ensure you are using the following direct Web address: <https://home.flmmis.com/home/> and a [compatible Internet browser](#).

Current Topics

- Provider Enrollment Form Requirements**
Beginning September 9, 2019, Medicaid providers will no longer be required to submit Electronic Funds Transfer Authorization (EFT), National Provider Identifier Registration (NPI) and Group Membership Authorization (GMA) forms, when applying for initial enrollment, through the online provider enrollment wizard.
[... more](#)
- August 15, 2019: New Referring, Ordering, and Attending Error Codes for Claims and Encounters**
In preparation for compliance with federal requirements that all ordering or referring physicians or other professionals providing services to Medicaid recipients must be enrolled with the State Medicaid agency, new EOB codes and CARC/RARC combinations will appear on the remittance advice and X12 835 claim payment/advice transaction, respectively.
[... more](#)
- Encounter File Attestation Email Discontinuation**
Effective March 18, 2019, the encounter.attestation@dxc.com email address designated for all attestation submissions *will be discontinued*.
[... more](#)

The Windows taskbar at the bottom shows the search bar, task view, and system tray with the date and time: 1:06 PM 10/23/2019.

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

The screenshot displays the Florida Medicaid Web Portal interface. At the top, there is a navigation bar with tabs for Home, Recipients, Managed Care, **Provider Services**, and Agency Initiatives. The **Provider Services** tab is selected, and a dropdown menu is open, showing categories: EDI, ENROLLMENT, PHARMACY, SUPPORT, TPL, and TRAINING. The ENROLLMENT category is expanded, and the **Enrollment Forms** link is highlighted with a blue arrow. The URL in the browser's address bar is http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_EnrollmentForms/tabId/58/Default.aspx. The page content includes sections for Hurricane Preparedness, Pricing for Florida Medicaid General Hospital Services, and Encounter File Attestation Email Discontinuation.

Select "Non-Institutional Provider Agreement"

The screenshot displays the Florida Medicaid Web Portal interface. The page title is "Enrollment Forms". Below the title, there is a navigation menu with options: Home, Recipients, Managed Care, Provider Services, and Agency Initiatives. The main content area lists various enrollment forms categorized by provider type. A blue arrow points to the "Non-Institutional Provider Agreement" link under the "New Medicaid Providers - Non-Institutional" category.

| Category | Forms |
|---|---|
| New Medicaid Providers - Non-Institutional | <ul style="list-style-type: none">Florida Medicaid Provider Enrollment ApplicationFlorida Medicaid Provider Enrollment Application GuideNon-Institutional Provider AgreementForms for Physician Groups:Physician Group Certificate of Ownership Form |
| New Medicaid Providers - Institutional | <ul style="list-style-type: none">Florida Medicaid Provider Enrollment ApplicationFlorida Medicaid Provider Enrollment Application GuideInstitutional Medicaid Provider Agreement |
| Add Additional Locations | <ul style="list-style-type: none">New Service Type or Address FormElectronic Funds Transfer Authorization - Only required if adding additional locations or applying for Out of State Enrollment.Electronic Funds Transfer Enrollment GuideForms for Group Providers:Group Membership Authorization - Only required if adding additional locations.Forms for Physician Groups:Physician Group Certificate of Ownership Form |
| Provider Registration | Florida Medicaid Provider Registration Form (Updated 5/15/2015) |
| Clearinghouse Providers | <ul style="list-style-type: none">Florida Medicaid Provider Enrollment Application - Clearinghouse OnlyNon-Institutional Provider Agreement |

provider types may need to submit additional forms at the time of enrollment. See appropriate

Print, review, complete and sign. **Scan and save this as a PDF** on your computer. List your title as “Administrator” Pay attention to the acceptable title options on the “Owners and Operators” page if you select something else. Use your District FEIN # here. List your other Provider ID suffixes next to your Base ID.

**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.

materially incomplete, misleading or false provider application unless subsequently ratified or approved by the agency.

IN WITNESS WHEREOF, the undersigned have caused this agreement to be duly executed under the penalties of perjury, and now affirms that the foregoing is true and correct.

| | | | |
|--|-------------------------------|----------------------------------|-------------------------|
| <u>KAREN THOMAS</u> (legibly print name of signatory) | <u>ADMINISTRATOR</u> Title | <u>Karen Thomas</u> Signature | <u>10/22/24</u> Date |
| _____ | _____ | _____ | _____ |

(legibly print name of signatory) Title Signature Date
(ATTACH ADDITIONAL SIGNATURE PAGES IF NECESSARY)

Please complete the following information:

Provider's Name: SEAZZ DISTRICT - LEON COUNTY

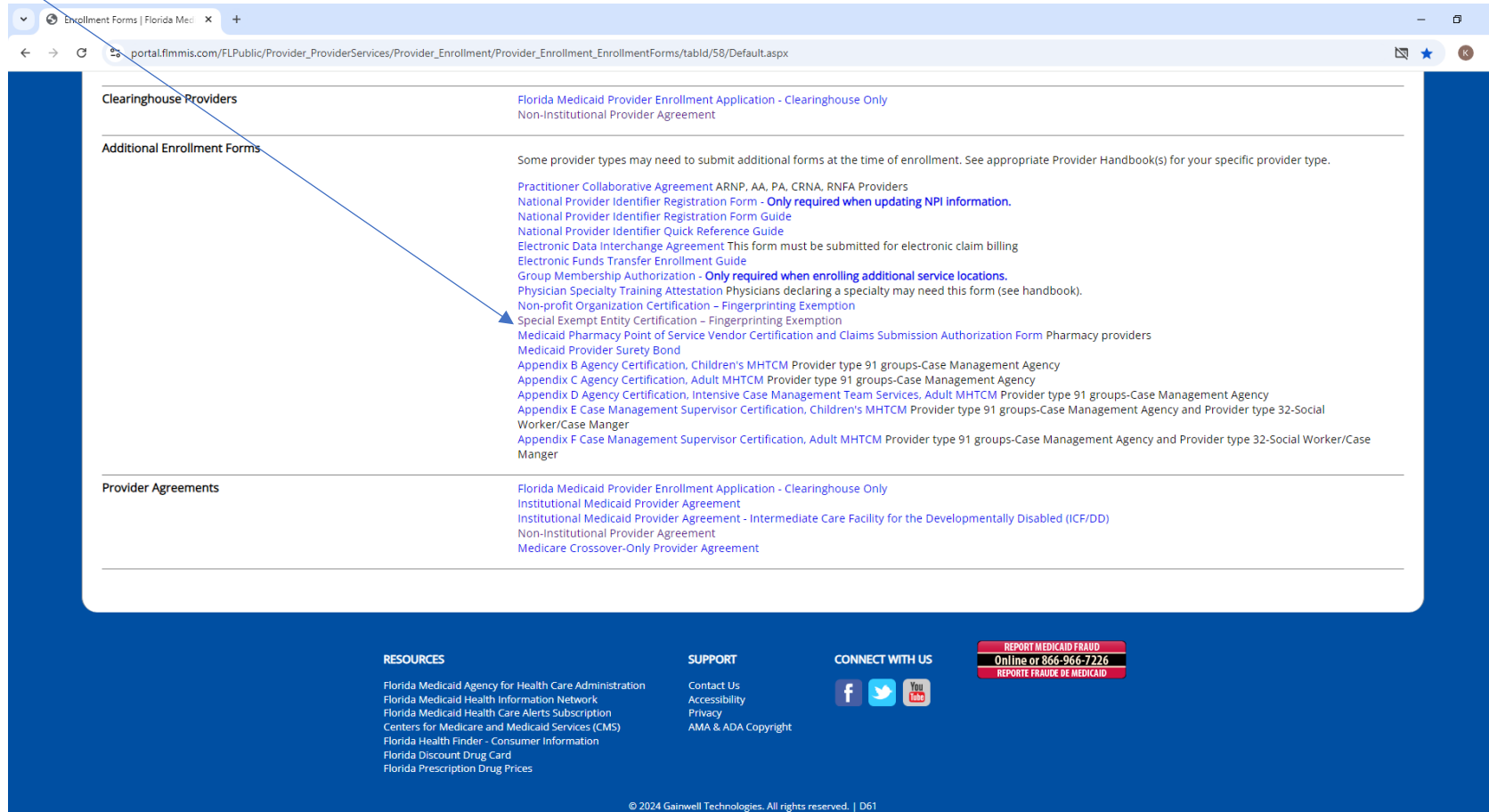
DBA Name: _____

Tax Identification Number: ~~59-1234567~~

National Provider Identifier: _____

Florida Medicaid Identification Number: 008002100 (0, 12, 15, 16, 17, 18)
(For new applicants, the Florida Medicaid ID is not applicable)

Go back to Enrollment Forms and select “Special Exempt Entity Certification-Fingerprinting Exemption.” Print and sign as shown on next slide.



Enrollment Forms | Florida Medi

portal.flmms.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentForms/tabId/58/Default.aspx

Clearinghouse Providers Florida Medicaid Provider Enrollment Application - Clearinghouse Only
Non-Institutional Provider Agreement

Additional Enrollment Forms Some provider types may need to submit additional forms at the time of enrollment. See appropriate Provider Handbook(s) for your specific provider type.

- Practitioner Collaborative Agreement ARNP, AA, PA, CRNA, RNFA Providers
- National Provider Identifier Registration Form - **Only required when updating NPI information.**
- National Provider Identifier Registration Form Guide
- National Provider Identifier Quick Reference Guide
- Electronic Data Interchange Agreement This form must be submitted for electronic claim billing
- Electronic Funds Transfer Enrollment Guide
- Group Membership Authorization - **Only required when enrolling additional service locations.**
- Physician Specialty Training Attestation Physicians declaring a specialty may need this form (see handbook).
- Non-profit Organization Certification - Fingerprinting Exemption
- Special Exempt Entity Certification - Fingerprinting Exemption**
- Medicaid Pharmacy Point of Service Vendor Certification and Claims Submission Authorization Form Pharmacy providers
- Medicaid Provider Surety Bond
- Appendix B Agency Certification, Children's MHTCM Provider type 91 groups-Case Management Agency
- Appendix C Agency Certification, Adult MHTCM Provider type 91 groups-Case Management Agency
- Appendix D Agency Certification, Intensive Case Management Team Services, Adult MHTCM Provider type 91 groups-Case Management Agency
- Appendix E Case Management Supervisor Certification, Children's MHTCM Provider type 91 groups-Case Management Agency and Provider type 32-Social Worker/Case Manger
- Appendix F Case Management Supervisor Certification, Adult MHTCM Provider type 91 groups-Case Management Agency and Provider type 32-Social Worker/Case Manger

Provider Agreements Florida Medicaid Provider Enrollment Application - Clearinghouse Only
Institutional Medicaid Provider Agreement
Institutional Medicaid Provider Agreement - Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
Non-Institutional Provider Agreement
Medicare Crossover-Only Provider Agreement

RESOURCES
Florida Medicaid Agency for Health Care Administration
Florida Medicaid Health Information Network
Florida Medicaid Health Care Alerts Subscription
Centers for Medicare and Medicaid Services (CMS)
Florida Health Finder - Consumer Information
Florida Discount Drug Card
Florida Prescription Drug Prices

SUPPORT
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Accessibility
Privacy
AMA & ADA Copyright

CONNECT WITH US
f t y

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTER FRAUDE DE MEDICAID

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Print, cross out "Print Name of CEO" and change to "Administrator, complete and scan and save as a PDF on your computer. Note: Title must match what is shown on "Owners and Operators" in Portal.

Medicaid ID: 083002100
 or, Application Tracking Number (ATN)

Special Exempt Entity Certification – Fingerprinting Exemption

| | |
|---|----------------------------------|
| Organization Business Name <u>SCHOOL DISTRICT- LEON COUNTY</u> | Tax ID <u>[REDACTED]</u> |
| DBA Name | NPI (if required to have an NPI) |

I, KAREN THOMAS, request exemption from the fingerprinting requirements under Chapter 409, Florida Statutes, and do hereby certify that the entity listed above meets one, or more, of the following conditions.

(check all that apply)

This organization is a unit of local government. *(if the organization is a contractor with a unit of local government, this exemption does not apply.)*

This organization is a School District, and is exempt under Section 409.908, Florida Statutes.

This organization 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 *(include copy of 10K form)*, **OR**

Has a net worth of \$50 million or more. *(include copy of annual report including audited financial statements).*

Section 2: Certification Statement

"I certify that to the best of my knowledge and belief all of the information on this form is true, accurate, and complete. I understand that, under Section 409.920, Florida Statutes, the filing of materially incomplete or false information with this enrollment request 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. Furthermore, I understand that it is my responsibility to notify Medicaid's fiscal agent of any future changes to the information."

Signature of Person Submitting Certification
Karen Thomas, Administrator

| | |
|--|------------------------------------|
| Printed Name of Person Submitting Certification <u>KAREN THOMAS</u> | Submission Date <u>10/22/24</u> |
|--|------------------------------------|

- Enter the Application Tracking Number (ATN) or Medicaid ID at the top of the page.
- Applicants can upload the completed form with their initial or renewal application via the Enrollment Wizard.
- Enrolled providers can fax the completed form to HP Provider Enrollment at 1-866-270-1497.

Completing Online Application in Web Portal

Portal re-enrollment pages: Welcome Statement, Application Tips,
Identifying Information, Contact Information, Owners and Operators,
Applicant History, Certification, Submit

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 Slide 24 if you get stuck)

The screenshot shows a web browser window displaying the sign-in page for the Florida Medicaid system. The browser's address bar shows the URL: <https://sso.flmmis.com/adfs/ls/?wa=wsignin1.0&wtrealm=https%3a%2f%2fsso2.flmmis.com%2fadfs%2f%2fid&wctx=6bb1c052-0a3c-4301-84fb-b09f03f59b17&wct=2019-11-13T20%3a50>. The page header includes the logo for the Agency for Health Care Administration and the text "AGENCY FOR HEALTH CARE ADMINISTRATION".

The main content area is divided into three sections:

- Left sidebar:**
 - State Staff ONLY**
 - Password Resets
 - Monday - Friday
 - 7:30 AM - 6 PM ET
 - 850-298-7123
 - Providers and Agents**
 - Use the Self-Service tool for password resets.
 - Refer to the [Secure Web Portal Maintenance Quick Reference Guide](#) for assistance.
 - [Health Plan Portal User Manual](#)
 - [Secure Web Portal User Guide](#)
- Center:**
 - Sign in to the Florida Medicaid**
 - Access your applications
 - Manage your account
 - Change your password
- Right:**
 - Sign in to Florida Medicaid** (with a [Help](#) link)
 - Username:
 - Password:
 -
 - [Florida Medicaid Reset password](#)

The footer contains a [Privacy | Disclaimer](#) link on the left and copyright information: © Copyright 2017 DXC Technology Company. All rights reserved. D28 on the right.

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons, and the system tray with the date and time: 3:50 PM 11/13/2019.

Select "Florida Web Portal"

Florida Medicaid Home

AGENCY FOR HEALTH CARE ADMINISTRATION

Sign Out

School District Leon County, Welcome to Florida Medicaid

Applications

| Application | Description |
|------------------------------------|--|
| Account Management | Manages contact information, password, and authorizations for applications. |
| DCF Provider View | This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage. |
| Florida Web Portal | Florida Web Portal for Health Plans and Providers |

Messages

| Date | Message |
|-----------|---|
| | Provider Enrollment Form Requirements |
| | Beginning September 9, 2019 , Medicaid providers will no longer be required to submit Electronic Funds Transfer Authorization (EFT), National Provider Identifier Registration (NPI) and Group Membership Authorization (GMA) forms, when applying for initial enrollment, through the online provider enrollment wizard. |
| 8/30/2019 | Providers will no longer be required to upload the forms with enrollment applications, as this information is now being captured when completing an application using the online enrollment wizard. |
| | Before submitting the application, providers must ensure that the application type, enrollment type, and provider type selected are accurate. These items cannot be altered once an Application Tracking Number (ATN) has been assigned. Providers are encouraged to submit all required supporting documents at the same time for the pending application. |
| | For inquiries regarding this change, please contact the Provider Enrollment Contact Center at 1-800-289-7799, Option 4. |
| | Hurricane Preparedness |
| 8/30/2019 | In preparation for Hurricane Dorian, the Agency for Health Care Administration (the Agency) and its fiscal agent DXC Technology has created a Hurricane Preparedness page on the public Web Portal under the Agency Initiatives tab. This page will contain important information for providing continued services to displaced Florida Medicaid recipients impacted by Hurricane Dorian. Please visit the Hurricane Preparedness page frequently to remain up-to-date with the latest information as it is made available. |
| | Pricing for Florida Medicaid General Hospitals and Ambulatory Surgical Centers |
| 7/1/2019 | Pricing for Florida Medicaid General Hospitals and Ambulatory Surgical Centers submitting Inpatient, Outpatient and Professional claims with dates of service greater than 07/01/2019 will take effect 7/19/2019. Any claims submitted before 7/19/2019 for services rendered on or after 7/1/2019 will be processed using parameters for State fiscal year 2018-2019. Providers impacted by this change should adjust claims for payment if submitting prior to 7/19/2019 for dates of service after 7/1/2019, or can submit the claims after 7/19/2019. |
| | Encounter File Attestation Email Discontinuation |
| 1/25/2019 | Effective March 18, 2019 , the encounter.attestation@dx.com email address designated for all attestation submissions <i>will be discontinued</i> . Health plans should submit attestations electronically via the Health Plan Attestation panel found in the new Florida Health Plan Portal. |

State Staff ONLY
Password Resets
Monday - Friday
7:30 AM - 6 PM ET
850-298-7123

Providers and Agents
Use the Self-Service tool for password resets.

Refer to the [Secure Web Portal Maintenance Quick Reference Guide](#) for assistance.

[Health Plan Portal User Manual](#)

[Secure Web Portal User Guide](#)

Type here to search

3:51 PM 11/13/2019

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)

The screenshot shows the Florida Medicaid Web Portal interface. At the top, there is a "User Access Confirmation" section with a CAPTCHA challenge. Below this is the main navigation area with the "Florida Medicaid Web Portal" title and the Agency for Health Care Administration logo. A yellow banner indicates the user is logged in as "SCHOOL DISTRICT-LEON COUNTY" and that the session expires in 19 minutes. A row of icons provides access to various services: PROVIDERS, ACCOUNT, CLAIMS, ELIGIBILITY, LTC, NEWBORN ACTIVATION, PRIOR AUTHORIZATION, REPORTS, TRADE FILES, and CONTACT US. Below the icons is a "Demographic Maintenance" section displaying user information for "SCHOOL DISTRICT-LEON COUNTY", including Provider ID and screening category. A "Quick Links" box on the right contains links for "Print Enrollment Verification Letter" and "Renewal Application". At the bottom, a "Messages" table lists various alerts and reminders with columns for Category, Subject, Sent Date, Effective Date, and a Remove checkbox. The footer contains accessibility and copyright information.

Florida Medicaid Web Portal

Welcome, SCHOOL DISTRICT-LEON COUNTY [School District Leon County] [Your session expires in 19 minutes.] Refresh Session | Close

PROVIDERS ACCOUNT CLAIMS ELIGIBILITY LTC NEWBORN ACTIVATION PRIOR AUTHORIZATION REPORTS TRADE FILES CONTACT US

Demographic Maintenance

Name SCHOOL DISTRICT-LEON COUNTY
Provider ID 008002100 07/01/1995-12/31/2299
Provider Screening Category LIMITED

Your R.As are being sent to: Reports menu.
Your 835 transactions are being sent to: the Download page on the Trade Files menu.

Quick Links

- Print Enrollment Verification Letter
- Renewal Application

Messages

| Category | Subject | Sent Date | Effective Date | Remove |
|----------------|--|------------|----------------|--------------------------|
| PROVIDER ALERT | FloridaHealthFinder.gov Webinars | 10/22/2019 | 10/22/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | Florida HIE's Encounter Notification Service (ENS) | 10/22/2019 | 10/22/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | Medicaid Complaint Status Tool | 10/18/2019 | 10/18/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | FloridaHealthFinder.gov Webinars | 10/10/2019 | 10/10/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | FloridaHealthFinder.gov Webinars | 10/01/2019 | 10/01/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | Medicaid Complaint Status Tool | 10/01/2019 | 10/01/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | FloridaHealthFinder.gov Webinars | 10/01/2019 | 10/01/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | Reminder: 834 Benefit Enrollment and Maintenance C | 10/01/2019 | 10/01/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | Reminder: 270/271 Health Care Eligibility Inquiry | 10/01/2019 | 10/01/2019 | <input type="checkbox"/> |
| PROVIDER ALERT | Webinar: Health IT Supporting Healthy Communities | 09/16/2019 | 09/16/2019 | <input type="checkbox"/> |

Select All Save Deselect All

Accessibility | Privacy | AMA & ADA Copyright
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Click “Continue” button in bottom corner.

The screenshot shows a web browser window with the URL `portal.fmmis.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx`. The page header includes the Florida Medicaid Web Portal logo and the Gainwell logo. A yellow banner at the top displays the user's name, "Welcome, SCHOOL DISTRICT-LEON COUNTY [Karen Thomas]", and a session expiration notice: "[Your session expires in 14 minutes.]" with "Refresh Session" and "Close" links.

The main navigation bar contains icons for PROVIDERS, ACCOUNT, CLAIMS, ELIGIBILITY, REPORTS, TRADE FILES, and CONTACT US. Below this is a "Demographic Maintenance" section.

The main content area is titled "Renewal Enrollment Application" and contains the following text:

If you have questions about completing the online provider enrollment application, please review the Medicaid Provider Renewal Application Guide or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4.

Welcome Statement

Welcome to the Florida Medicaid Provider Enrollment Renewal Application Wizard.

The Wizard is an interactive tool that will guide you through each step of the renewal application process. It will populate your Florida Medicaid provider renewal application with the information currently on your provider record. At the end of the process, you will have an opportunity to review your application for accuracy and to make any changes, as needed, before submitting it to Florida Medicaid.

Federal regulations require Florida Medicaid to collect name, address, Social Security Number and date of birth from all providers for purposes of identification.

Florida Medicaid is authorized to collect this information in accordance with Section 1902(a)(78) of the Social Security Act.

When you are ready to begin, simply click the "Continue" button.

At the bottom of the content area, there are two buttons: "exit" and "continue". A blue arrow points to the "continue" button.

At the bottom of the page, there is a footer with the text: "Accessibility | Privacy | AMA & ADA Copyright © 2024 Gainwell Technologies. All rights reserved. | 061"

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

The screenshot displays the Florida Medicaid Web Portal interface. At the top, the browser address bar shows the URL: <https://portal.flmmis.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx>. The page header includes the Florida Medicaid logo, the text "Florida Medicaid Web Portal", and a "DXC technology" logo. A yellow banner below the header reads "Welcome, SCHOOL DISTRICT-LEON COUNTY [School District Leon County]" and includes a session expiration notice: "[Your session expires in 19 minutes.]" with "Refresh Session" and "Close" links.

A navigation bar contains icons for: PROVIDERS (highlighted in purple), ACCOUNT, CLAIMS, ELIGIBILITY, LTC, NEWBORN ACTIVATION, PRIOR AUTHORIZATION, REPORTS, TRADE FILES, and CONTACT US.

The main content area is titled "Demographic Maintenance" and "Renewal Enrollment Application". It contains the following text:

If you have questions about completing the online provider enrollment application, please review the [Medicaid Provider Renewal Application Guide](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4.

Below this is a breadcrumb trail: [Welcome Statement](#) > [Application Tips](#) > [Identifying Information](#).

The "Application Tips" section is highlighted in blue and contains a question mark icon. It lists documents or information to gather before beginning:

- 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.
- 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.
- Current Florida Medicaid eligible screening in the Care Provider Background Screening Clearinghouse for each person disclosed on the application.

Below the list, it states: "Select 'continue' to proceed with your Medicaid Provider Enrollment Renewal application, or select 'exit' now to leave the application in order to gather the appropriate information. You can return later to complete your renewal application."

At the bottom of the application tips box are three buttons: "previous", "continue", and "exit".

The footer of the page includes: "Accessibility | Privacy | AMA & ADA Copyright" and "© 2019 DXC Technology Company. All rights reserved. | 041".

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons, and the system tray with the date "10/23/2019" and time "1:35 PM".

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.

(FOR 2024, this information should pre-populate) Click “Save & Continue”

The screenshot shows a web browser window with the URL <https://portal.flmms.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx>. The page title is "Demographic Maintenance" and the main heading is "Renewal Enrollment Application". Below the heading, there is a paragraph of instructions and a breadcrumb trail: "Welcome Statement > Application Tips > Identifying Information > Contact Information". The "Identifying Information" section contains the following fields and options:

- Tax ID Type:** Radio buttons for FEIN and SSN, with an "Edit" checkbox.
- Name of Business or Individual Last Name:** Text field containing "SCHOOL DISTRICT-LEON COUNTY" with an "Edit" checkbox.
- First Name, MI:** Text field with an "Edit" checkbox.
- Doing Business as DBA:** Text field with an "Edit" checkbox.
- Is this application based on a change of ownership (CHOW)?** Radio buttons for No and Yes.
- Upload Supporting Documentation:** Text field with a "Browse..." button.

At the bottom of the form, there are three buttons: "previous", "save & continue", and "exit". A blue arrow points from the text above to the "save & continue" button. The footer of the page includes "Accessibility | Privacy | AMA & ADA Copyright © 2019 DXC Technology Company. All rights reserved. | 041". The Windows taskbar at the bottom shows the time as 1:36 PM on 10/23/2019.

Contact Information required fields, Click “Save & Continue”

Florida Medicaid Home | Renewal | Florida Medicaid Web Portal

portal.flmms.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx

Florida Medicaid Web Portal | Agency for Health Care Administration | gainwell

Welcome, SCHOOL DISTRICT-LEON COUNTY [Karen Thomas] | [Your session expires in 18 minutes.] | Refresh Session | Close

PROVIDERS | ACCOUNT | CLAIMS | ELIGIBILITY | REPORTS | TRADE FILES | CONTACT US

Demographic Maintenance

Renewal Enrollment Application

If you have questions about completing the online provider enrollment application, please review the Medicaid Provider Renewal Application Guide or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4.

Welcome Statement > Application Tips > Identifying Information > Contact Information

Contact Information

Contact Last Name* THOMAS

Contact First, MI* KAREN R

Contact Phone, Ext.* (850)414-5107

Email* thomask4@leonschools.net

previous | save & continue | exit



STOP HERE...

Were you the person who completed the last enrollment and listed your name as the Administrator/Officer, etc? The next slide (Owners and Operators) will answer that if you are not sure. Be prepared to either request that the last person (if still employed in your District) sign a letter on your school district letterhead naming you as the Administrator, or write one on behalf of yourself. See example of what Leon County submitted on last slide for reference. Upload to portal.

Owners & Operators / Fingerprint Exemption Page: Click "Add Additional Owner" if needed since last enrollment here. Upload Completed Fingerprint Exemption Form here. Click "Upload" when form is uploaded.

PROVIDERS ACCOUNT CLAIMS ELIGIBILITY REPORTS TRADE FILES CONTACT US

Demographic Maintenance

Renewal Enrollment Application

If you have questions about completing the online provider enrollment application, please review the Medicaid Provider Renewal Application Guide or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4.

Welcome Statement > Application Tips > Identifying Information > Contact Information > Owners and Operators

Owners and Operators

| Business Name | Last Name | First Name | Title | Affiliation | Tax ID | Effective Date | End Date | % Owner | Date of Birth |
|---------------|-----------|------------|---------------|-------------|-----------|----------------|------------|---------|---------------|
| SCHOOL DIS | THOMAS | KAREN | ADMINISTRATOR | OWNER | 261810124 | 11/14/2019 | 12/31/2299 | 100% | 12/28/1970 |

Type data below for new record.

Florida Medicaid requires all individuals listed above to undergo fingerprinting unless specific exemptions are met. (See the Provider Renewal Application Guide for details on submitting fingerprints or requesting consideration of an exemption.) We have pre-populated the owner and operator information that is currently on file for this Medicaid provider. Please review the accuracy of this information and indicate whether each individual will complete background screening or if they are exempt from background screening. If any data on an Owner record is incorrect and cannot be modified, upload a written request at the bottom of this page to have it changed. Attach documentation to verify the changes.

[Click here](#) for a list of valid supporting documentation.

If you are:

- a) **An Individual Provider Who Bills Medicaid Through A Group Membership:** If you bill solely through a group membership and do not submit claims or receive payment directly from Medicaid, list only yourself and the requested information.
- OR
- b) **An Individual Provider Who Bills Medicaid Directly:** If you submit claims to Medicaid and receive payments directly, list yourself, your financial records custodian, your medical records custodian, and all individuals who hold signing privileges on your depository account, and the requested information for each.
- OR
- c) **A Provider Group or other Business Entity:** List all shareholders (five percent or more ownership), all partners of your business and subcontractors AND all individual officers, directors, managing employees, the financial and medical records custodian(s), and all individuals who hold signing privileges on the depository account, and the requested information for each.
- OR
- c) **A Provider Group or other Business Entity:** List all shareholders (five percent or more ownership), all partners of your business and subcontractors AND all individual officers, directors, managing employees, the financial and medical records custodian(s), and all individuals who hold signing privileges on the depository account, and the requested information for each. **NOTE:** If a subcontractor is declared, you must also disclose if the provider entity or any of the individuals listed have an ownership of 5% or more in that subcontractor.

Tax ID Type FEIN SSN

Tax ID [REDACTED]

Business Name [REDACTED]

Last Name THOMAS

First Name, MI KAREN

Affiliation* OWNER

Title ADMINISTRATOR

Lic. Source DOH HQA OTHER

License [REDACTED]

Date of Birth* 12/28/1970

Effective Date 11/14/2019

End Date* 12/31/2299

% Owner 100

Home Address (This should be home address of the individual listed above):

Address 1 2757 W PENSACOLA STREET

Address 2

City THALLAHASSEE

State FL

Zip 32304 2907

Upload Supporting Documentation No file chosen

delete owner

previous save & continue exit

Applicant History. Answer and click “Save & Continue”

Florida Medicaid Home | Renewal | Florida Medicaid Web Portal | portal.flmmis.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx

Florida Medicaid Web Portal | gainwell

Welcome, SCHOOL DISTRICT-LEON COUNTY (Karen Thomas) | [Your session expires in 19 minutes.] | Refresh Session | Close

PROVIDERS | ACCOUNT | CLAIMS | ELIGIBILITY | REPORTS | TRADE FILES | CONTACT US

Demographic Maintenance

Renewal Enrollment Application

If you have questions about completing the online provider enrollment application, please review the Medicaid Provider Renewal Application Guide or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4.

Welcome Statement > Application Tips > Identifying Information > Contact Information > Owners and Operators > Applicant History

Applicant History

Answer all questions and upload any required documentation.

[Click here](#) for a list of required documentation for each question.

Have you, or any owner(s)/operator(s) 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.
Name:
Tax Id:
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?:
Tax Id:
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:
Tax Id:
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:
Tax Id:
5. Owes money to Medicaid or Medicare that has not been paid?
 No Yes. If yes, please submit supporting documentation.
Name:
Tax Id:
6. Have ownership in any other Medicaid enrolled business?
 No Yes.
Name of Other Business:
Tax Id:

Upload Other Documentation: No file chosen

List of uploaded documents:

| Document | Document Type |
|---------------|---------------|
| 2429610500095 | OTHER |

previous | **save & continue** | Upload | exit

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Certification: Read, click Accept. Upload signed Provider Agreement.

Florida Medicaid Home x Renewal | Florida Medicaid Web x +

portal.flmmis.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx

Certification

MEDICAID PROGRAM PROVIDER RENEWAL AGREEMENT

Before your application can be considered for review, please upload a copy of the Florida Medicaid Provider Agreement with the appropriate signatures.

This is to certify that

Name of Provider or Registered Agent* THOMAS, KAREN

Title ADMINISTRATOR

Date* 10/22/2024

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 fiscal agent of any future changes to the information on this application, including but not limited to, a change of address, group affiliation, ownership, officers, directors, affiliated persons, tax identification number, or EFT bank account.

I accept the terms of the Renewal Agreement

Upload Medicaid Provider Agreement Choose File No file chosen

List of uploaded documents:

| Document | Document Type |
|---------------|---------------|
| 2429610500095 | OTHER |

Upload

Ensure that you see the documents you uploaded here, lastly,
Click Submit.

This is to certify that

Name of Provider or Registered Agent* THOMAS, KAREN

Title ADMINISTRATOR

Date* 10/22/2024

"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 fiscal agent of any future changes to the information on this application, including but

I accept the terms of the Renewal Agreement

Upload Medicaid Provider Agreement Choose File No file chosen

List of uploaded documents:

| Document | Document Type |
|---------------|-----------------------------|
| 2429610500101 | MEDICAID PROVIDER AGREEMENT |
| 2429610500095 | OTHER |

previous submit Upload exit

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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.

Florida Medicaid Home | Webpage has expired | portal.flmms.com | Renewal Status | Florida Me... | Search...

Welcome, SCHOOL DISTRICT-LEON COUNTY (School District Leon County) [Your session expires in 12 minutes.] Refresh Session | Close

PROVIDERS ACCOUNT CLAIMS ELIGIBILITY LTC NEWBORN ACTIVATION PRIOR AUTHORIZATION REPORTS TRADE FILES CONTACT US

Demographic Maintenance

Renewal Status RECEIVED - IN PROCESS Status Date 10/28/2019

Document Type APPLICATION

Upload Document Browse...

Any individuals listed below require a new background screening to renew their Florida Medicaid provider enrollment. For more information on Background Screening, visit [here](#)

| First Name | Last/Business Name |
|------------|-----------------------------|
| | SCHOOL DISTRICT-LEON COUNTY |

List of uploaded documents:

| Document | Document Type |
|---------------|-----------------------------|
| 1930110500035 | APPLICATION |
| 1930110500034 | MEDICAID PROVIDER AGREEMENT |
| 1929610500163 | OTHER |
| 1929610500172 | OTHER |

Print a copy of the application for your records. [Print Application](#)

Renewal Status Descriptions

The following is a definition for the different Status categories:

| Renewal Status Codes | Definition |
|-----------------------|--|
| LETTER MAILED | Initial renewal notice sent to provider |
| RECEIVED - IN PROCESS | Renewal Application received and will be processed in the order received |

Type here to search | 10:23 AM 10/28/2019

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 22 and pay attention to the “Document Type” you select before you upload.
- Getting a message that your application has errors or omissions? Call 1-800-289-7799 Option 4

Example of “Authorized Administrator” letter

BOARD CHAIR
Rosanne Wood



BOARD MEMBERS
Georgia "Joy" Bowen
Darryl Jones
Alva Swafford Striplin

BOARD VICE CHAIR
DeeDee Rasmussen

SUPERINTENDENT
Rocky Hanna

November 13, 2019

Agency for Healthcare Administration
Provider Re-Enrollment Unit
2727 Mahan Drive
Tallahassee, Florida 32308

Re: Provider Re-enrollment for Provider ID: 008002100

This letter is to authorize Karen Thomas as the Administrator associated with Provider ID: 008002100 including suffixes 00, 01, 12, 15, 16, 17, 18 for School District – Leon County. Our organization is exempt from fingerprinting-please see “Special Exempt Entity Certification” following this letter.

Name: Karen Thomas
Social Security Number: [REDACTED]
DOB: 12/28/1970
Telephone contact: 850-414-5107
Address: School District – Leon County
Karen Thomas Admin. East
2757 W Pensacola Street
Tallahassee, Florida 32304-2907

Thank you for your attention in this matter.

A handwritten signature in black ink that reads 'Karen Thomas'.

Karen Thomas
Medicaid Administrator for School District – Leon County

2757 West Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7110 • Fax (850) 414-5194 •
www.leonschools.net

“The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information.”

Building the Future Together