

# 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>

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](mailto: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. Below this, a 'Public Information for Providers' section is visible, containing several categories: EDI, ENROLLMENT, PHARMACY, SUPPORT, TPL, and TRAINING. The 'ENROLLMENT' category is expanded, showing a list of links including Background Screening, Crossover-only Enrollment, Enrollment Status, Enrollment Forms (highlighted with a blue arrow), Provider Renewal, and Out of State Enrollments. The 'PHARMACY' category includes Counterfeit-proof Prescriptions, Drug Limitations, and Pharmacy Ombudsman Pamphlets. The 'SUPPORT' category includes Ad Hoc, Alerts, Bulletins, Contact Us, FAQ, Fee Schedules, Forms, Handbooks, Notices, and NPI to Medicaid ID Search Engine. The 'TRAINING' category includes Presentations, Quick Reference Guides, and Web Based Trainings. The 'TPL' category includes TPL Carriers. The page also features a search bar, a secure web portal login button, and various informational sections such as 'Hurricane Preparedness', 'Pricing for Florida Medicaid General Hospital Services', and 'Encounter File Attestation Email Discontinuation'.

# Select "Non-Institutional Provider Agreement"

The screenshot shows 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 is titled "Enrollment Forms" and contains a list of documents. A blue arrow points to the link "Non-Institutional Provider Agreement" under the "New Medicaid Providers - Non-Institutional" section.

**Secure Web Portal Login** Search

Florida Medicaid Web Portal

Home » Provider Services » Enrollment » Enrollment Forms

## Enrollment Forms

To access the documents on this page, you must have Adobe Acrobat Reader installed on your machine. To save a document from the list below right-click the link and then select "Save Target As..."

Documents listed below that are marked as **"Going Paperless!"** are transitioning to self-service features on the secure web portal as of the indicated dates.

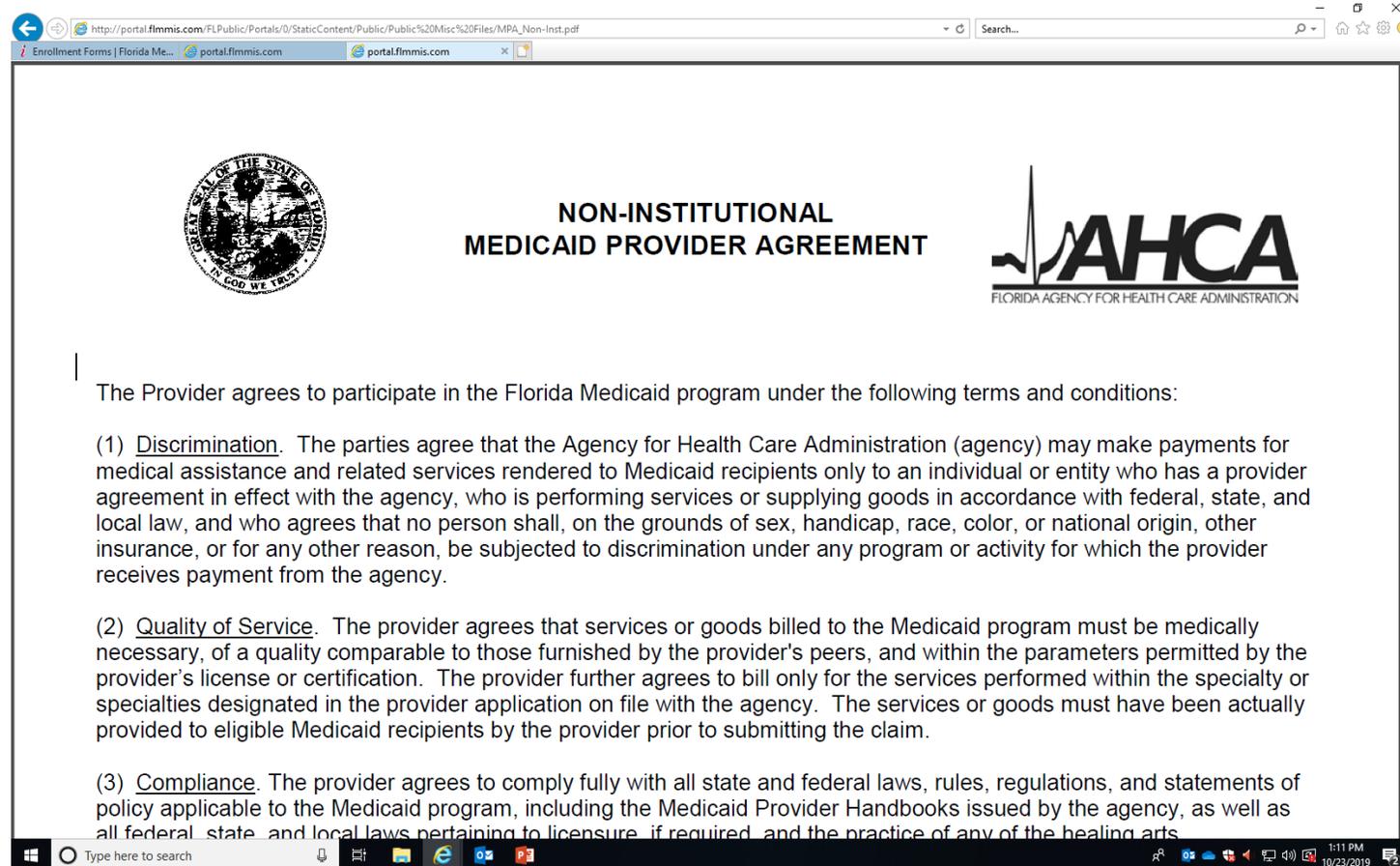
For helpful information and instruction on paperless forms, please view the [Quick Reference Guides \(QRG\)](#) page to view available QRGs.

<b>New Medicaid Providers - Non-Institutional</b>	<a href="#">Florida Medicaid Provider Enrollment Application</a> <a href="#">Florida Medicaid Provider Enrollment Application Guide</a> <a href="#">Non-Institutional Provider Agreement</a> Forms for Physician Groups: <a href="#">Physician Group Certificate of Ownership Form</a>
<b>New Medicaid Providers - Institutional</b>	<a href="#">Florida Medicaid Provider Enrollment Application</a> <a href="#">Florida Medicaid Provider Enrollment Application Guide</a> <a href="#">Institutional Medicaid Provider Agreement</a>
<b>Add Additional Locations</b>	<a href="#">New Service Type or Address Form</a> <a href="#">Electronic Funds Transfer Authorization - Only required if adding additional locations or applying for Out of State Enrollment.</a> <a href="#">Electronic Funds Transfer Enrollment Guide</a> Forms for Group Providers: <a href="#">Group Membership Authorization - Only required if adding additional locations.</a>  Forms for Physician Groups: <a href="#">Physician Group Certificate of Ownership Form</a>
<b>Provider Registration</b>	<a href="#">Florida Medicaid Provider Registration Form (Updated 5/15/2015)</a>
<b>Clearinghouse Providers</b>	<a href="#">Florida Medicaid Provider Enrollment Application - Clearinghouse Only</a> <a href="#">Non-Institutional Provider Agreement</a>

[http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/MPA\\_Non-Inst.pdf](#) provider types may need to submit additional forms at the time of enrollment. See appropriate

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

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.



The screenshot shows a web browser window displaying a PDF document. The browser's address bar shows the URL: [http://portal.flmms.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/MPA\\_Non-Inst.pdf](http://portal.flmms.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/MPA_Non-Inst.pdf). The document content includes the following:

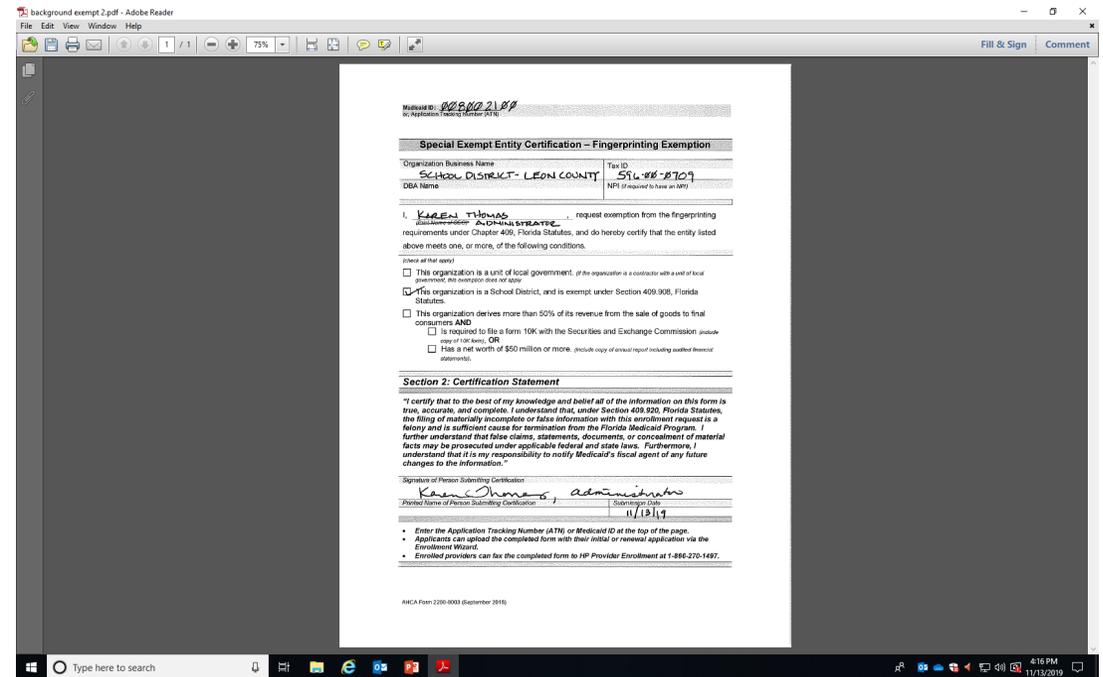
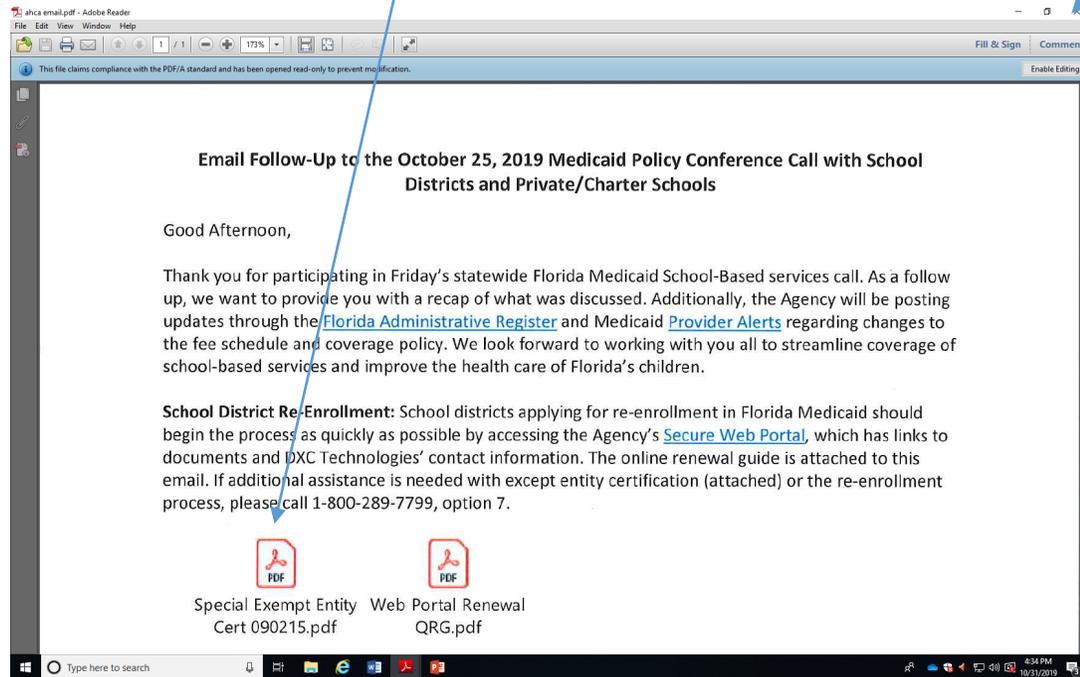
 **NON-INSTITUTIONAL  
MEDICAID PROVIDER AGREEMENT**   
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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.

The screenshot also shows the Windows taskbar at the bottom with the search bar and system tray icons, including the date and time: 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)

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:** Contains links for "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), and several user guides: "Refer to the Secure Web Portal Maintenance Quick Reference Guide for assistance.", "Health Plan Portal User Manual", and "Secure Web Portal User Guide".
- Center:** A section titled "Sign in to the Florida Medicaid" with a bulleted list: "Access your applications", "Manage your account", and "Change your password".
- Right:** A sign-in form with fields for "Username" and "Password", a "Sign In" button, and a "Reset password" link.

The footer of the page contains "Privacy | Disclaimer" on the left and "© Copyright 2017 DXC Technology Company All rights reserved. D28" on the right. The Windows taskbar at the bottom shows the search bar, taskbar icons, and system tray with the time 3:50 PM and date 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
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">DCF Provider View</a>	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.
<a href="#">Florida Web Portal</a>	Florida Web Portal for Health Plans and Providers

**Messages**

Date	Message
	<b>Provider Enrollment Form Requirements</b>
	<b>Beginning September 9, 2019</b> , 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.
	<b>Hurricane Preparedness</b>
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 <a href="#">Hurricane Preparedness page</a> 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.
	<b>Pricing for Florida Medicaid General Hospitals and Ambulatory Surgical Centers</b>
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.
	<b>Encounter File Attestation Email Discontinuation</b>
1/25/2019	<b>Effective March 18, 2019</b> , 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 a 'PROVIDERS' menu highlighted. A 'Quick Links' box on the right contains links for 'Print Enrollment Verification Letter' and 'Renewal Application'. The main content area displays user information for 'SCHOOL DISTRICT-LEON COUNTY' and a 'Messages' table.

**User Access Confirmation**

Confirm you are not using scripts, robots or other non-human tools to access this site:

IMOCENYO

Enter the characters exactly as shown above

**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.A.s 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

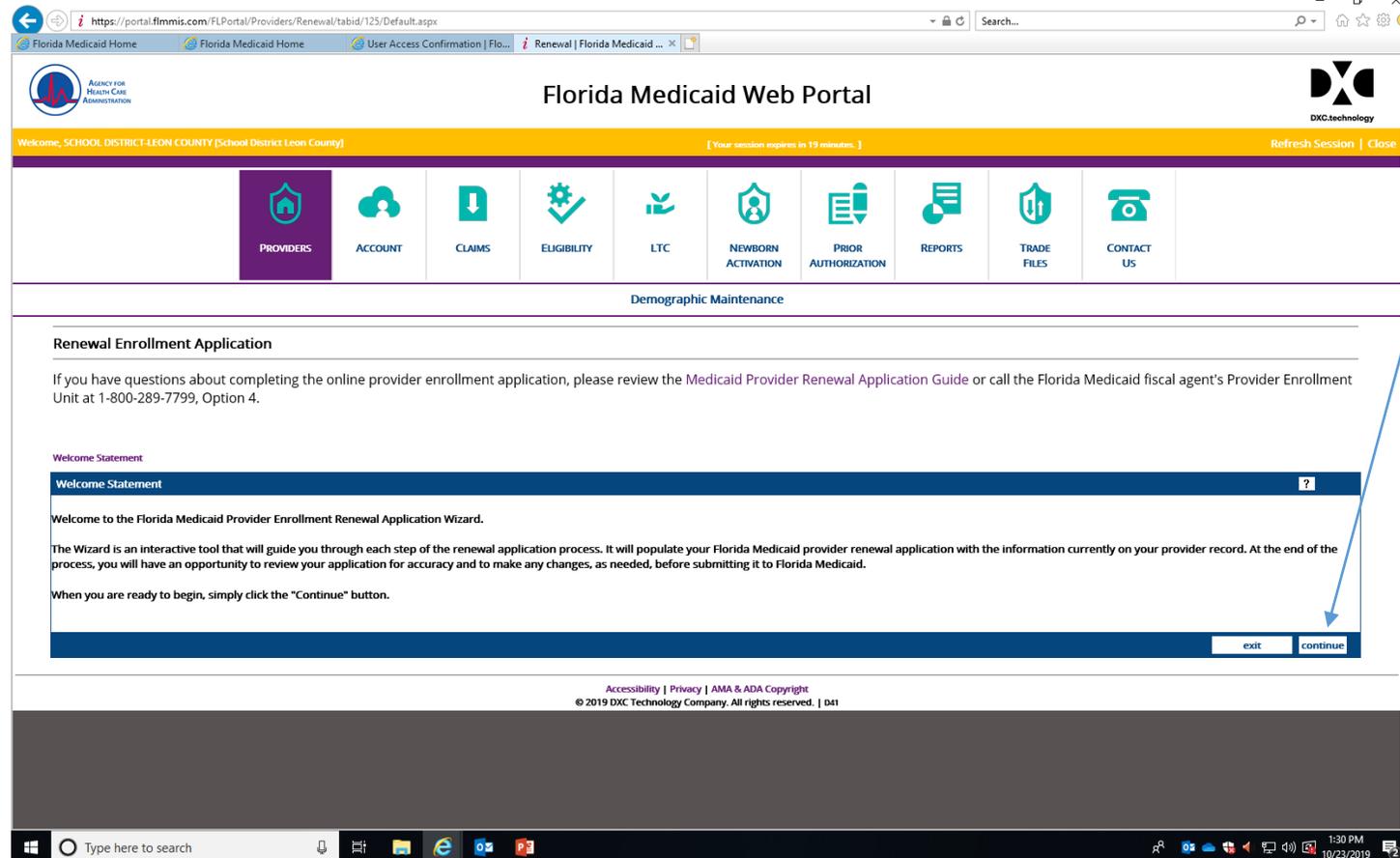
**Messages**

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 displays the Florida Medicaid Web Portal interface. At the top, the URL is <https://portal.flmmis.com/FLPortal/Providers/Renewal/tabid/125/Default.aspx>. The page header includes the Florida Medicaid logo and the text "Florida Medicaid Web Portal". Below the header is a navigation menu with icons for PROVIDERS, ACCOUNT, CLAIMS, ELIGIBILITY, LTC, NEWBORN ACTIVATION, PRIOR AUTHORIZATION, REPORTS, TRADE FILES, and CONTACT US. The main content area is titled "Demographic Maintenance" and contains a "Renewal Enrollment Application" section. This section includes a "Welcome Statement" box with the following text: "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. When you are ready to begin, simply click the 'Continue' button." At the bottom right of this box are "exit" and "continue" buttons. A blue arrow points from the text "Click 'Continue' button in bottom corner." to the "continue" button. The footer contains the text "Accessibility | Privacy | AMA & ADA Copyright © 2019 DXC Technology Company. All rights reserved. | 041". The Windows taskbar at the bottom shows the time as 1:30 PM on 10/23/2019.

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

The screenshot shows the Florida Medicaid Web Portal interface. At the top, there is a navigation bar with the Florida Medicaid logo and the text "Florida Medicaid Web Portal". Below this is a yellow banner with the text "Welcome, SCHOOL DISTRICT-LEON COUNTY [School District Leon County]" and a session timer "[ Your session expires in 19 minutes ]". A purple navigation bar contains icons for PROVIDERS, 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 a paragraph of 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 list of documents and information to gather before beginning the application. At the bottom of this section are three buttons: "previous", "continue", and "exit". A blue arrow points from the text above to the "continue" button. 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 time as 1:35 PM on 10/23/2019.

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

**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

**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.
- 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.

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.

previous continue exit

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Type here to search 1:35 PM 10/23/2019

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”

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 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." A breadcrumb trail shows: "Welcome Statement > Application Tips > Identifying Information > Contact Information". The "Identifying Information" section has a blue header with a question mark icon. The text below reads: "We have pre-populated the Provider Name, DBA name (if applicable), and Tax ID information that is currently on file for this Medicaid provider. Please review the accuracy of this information. If any changes need to be made to existing information, check the Edit box and enter the new information in the field below. If you are indicating a change in the provider's information, you will be required to upload supporting documentation before you can continue." A link says: "Click here for a list of valid supporting documentation." The form fields are: "Tax ID Type" with radio buttons for "FEIN" (selected) and "SSN", and an "Edit" checkbox; "Name of Business or Individual Last Name" with a text box containing "SCHOOL DISTRICT-LEON COUNTY" and an "Edit" checkbox; "First Name, MI" with a text box and an "Edit" checkbox; "Doing Business as DBA" with a text box and an "Edit" checkbox; "Is this application based on a change of ownership (CHOW)?" with radio buttons for "No" (selected) and "Yes"; and "Upload Supporting Documentation" with a text box and a "Browse..." button. At the bottom of the form are three buttons: "previous", "save & continue", and "exit". The footer contains: "Accessibility | Privacy | AMA & ADA Copyright © 2019 DXC Technology Company. All rights reserved. | 041". The Windows taskbar at the bottom shows the search bar, system tray, and date/time: "1:36 PM 10/23/2019".

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.

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

# 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.