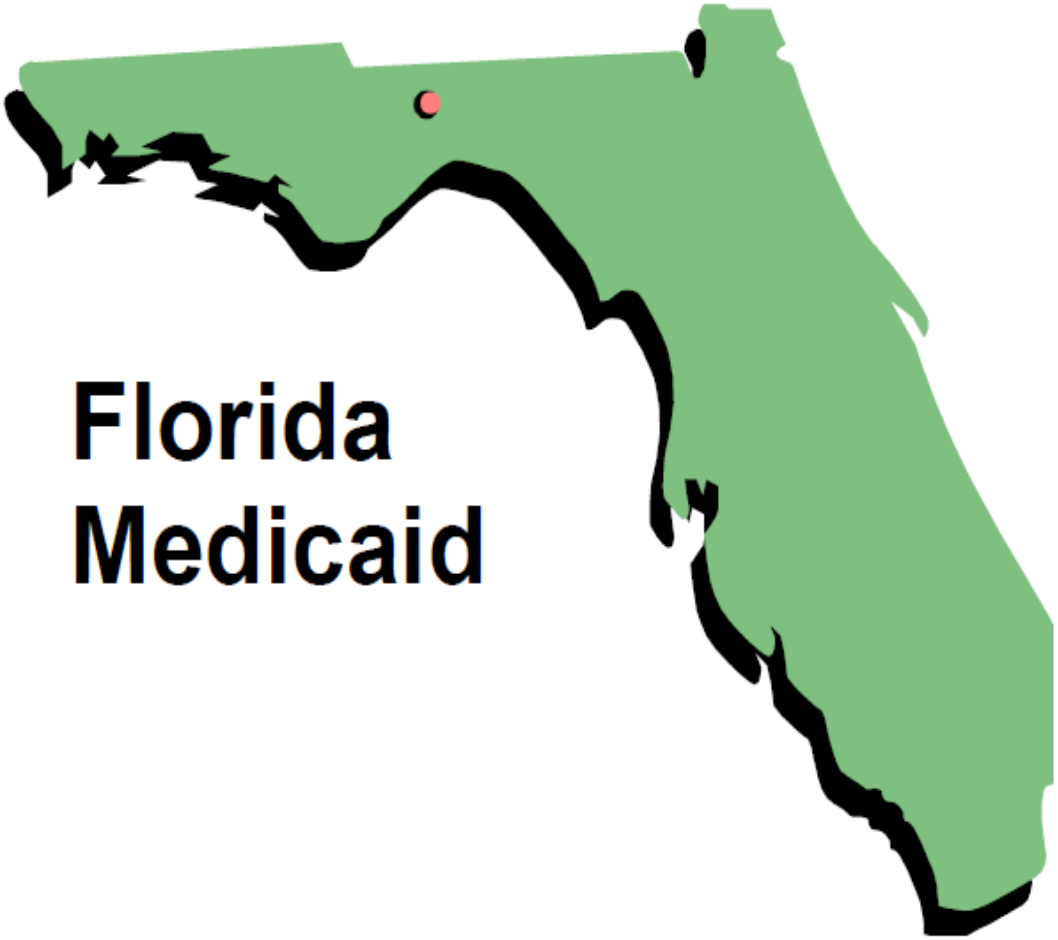


# Provider Enrollment Policy

## Agency for Health Care Administration

**February 2026**

Incorporated by reference in Rule 59G-1.060, F.A.C.

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# 1.0 Introduction

This policy provides the requirements to enroll, and maintain enrollment, as a Florida Medicaid provider.

## 1.1 Florida Medicaid Policies

This policy is intended for use by all providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.2) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Policies are available on the Agency for Health Care Administration's (Agency) Web site at http://ahca.myflorida.com/Medicaid/review/index.shtml.

## 1.2 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

### 1.2.1 Agent

Any person who has been delegated the authority to obligate or act on behalf of a provider, including consultants, trading partners, billing agents, or any individual the provider wishes to speak on their behalf. Attorneys representing a provider are not agents.

### 1.2.2 Board Certified

Certified by a medical specialty board; approved by the American Association of Physician Specialists, American Board of Optometry, American Osteopathic Board of Neurology and Psychiatry, American Board of Psychiatry and Neurology, American Board of Medical Specialties, or American Osteopathic Association; or certified by a dental specialty board of the American Dental Association.

### 1.2.3 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

### 1.2.4 Covered Health Care Provider

Health care provider that electronically transmits any of the Health Insurance Portability and Accountability Act (HIPAA) standard transactions, such as claims or eligibility verification.

### 1.2.5 Crossover-Only Provider

Eligible Medicare provider enrolled in Florida Medicaid solely for the purposes of billing the coinsurance and deductible portion of a Medicare claim in accordance with section 409.907, Florida Statutes (F.S.).

### 1.2.6 Director

A member of the board of directors of a corporation (for use regarding requirements of Title 42, Code of Federal Regulations (CFR), Part 455, Subpart B). A medical director who is not a member of the board of directors is not considered a director.

### 1.2.7 Direct Ownership

Individual or entity with ownership interest in the disclosing entity (e.g., owns stock in the business, etc.).

### 1.2.8 Exclusion

A penalty imposed on a provider by Medicare or Medicaid in this or any other state.

**1.2.9 Facility or Other Business Entity**
An entity that is formed and administered in accordance with commercial laws in order to engage in business activities.

**1.2.10 Fully Enrolled Provider**
Providers that meet the full credentialing requirements for participation in Florida Medicaid and are eligible to provide services to recipients enrolled in either fee-for-service or managed care delivery systems.

**1.2.11 General Policies**
Collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C., containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

**1.2.12 Indirect Ownership**
As defined in Rule 59G-1.010, F.A.C.

**1.2.13 Limited Enrolled Provider**
Providers only participating in the network of a Florida Medicaid managed care plan.

**1.2.14 Managing Employee**
A general manager, business manager, administrator, director, medical director, clinical director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency. This includes medical directors who are not members of the board of directors.

**1.2.15 Non-Covered Health Care Providers**
Individuals or organizations that furnish nontraditional services that are only indirectly health care related, or that only bill for, or receive payment for, but do not furnish health care services or supplies.

**1.2.16 Ordering or Referring Providers (ORPs)**
Providers who perform the following:

- Certify a recipient's need for a service
- Prescribe (either drugs or other covered items)
- Refer a recipient to another provider or facility for covered services
- Send a recipient's specimen(s) to a laboratory for testing
- Practitioner functioning as an attending provider at an inpatient or outpatient facility with primary responsibility for the recipient's care and treatment

**1.2.17 Person with an Ownership or Control Interest**
A person or organization as defined in 42 CFR 455.101-102.

**1.2.18 Registered Agent**
An individual authorized to transact business on behalf of the provider, identified in the provider's Articles of Incorporation filed with the Florida Department of State.

**1.2.19 Sole Proprietor**
A natural person who is not an incorporated entity.

**1.2.20 Sole Proprietor Enrolling as a Member of a Group**
A natural person who is not an incorporated entity and must reassign his or her billing rights to a group employer.

**1.2.21 Trading Partner**
Individual or entity that contracts with a Medicaid enrolled provider to supply eligibility verification, billing, or switch vendor services.

**1.2.22 Telemedicine**
As defined in Rule 59G-1.057, F.A.C.

## 2.0 General Enrollment Policy

For the purposes of this policy, the term provider(s) refers to individuals or entities that are applying to become a Florida Medicaid provider or that are enrolled. All providers must comply with the following general requirements in conjunction with the provider-specific requirements set forth in the appendices.

Providers deemed ineligible during the application or renewal process will be denied, or terminated from, enrollment with Florida Medicaid, including providers who:

- Fail to furnish documentation or records validating information submitted with the provider's application
- Do not comply with Florida Medicaid provider agreement criteria specified in section 409.907, F.S.
- Act in "violation" as defined in Rule 59G-9.070, F.A.C.

### 2.1 Enrollment Application Process

Providers must submit an enrollment application using the Online Provider Enrollment Wizard (Wizard), incorporated by reference in Rule 59G-1.060, F.A.C., and available on the Florida Medicaid Web portal at http://portal.flmmis.com/flpublic.

The Wizard notifies providers of any supporting documents required for enrollment in accordance with Florida Medicaid policy once the application is created. The application submission process is complete when all required supporting documents are received and matched with the online submission.

Providers must submit true and accurate statements and documents to the Agency. Filing materially incomplete or false information is a felony and is sufficient cause to deny an enrollment application or terminate a provider's enrollment in Florida Medicaid pursuant to section 409.920, F.S.

### 2.2 Provider Eligibility

All providers must enroll in the Florida Medicaid program in order to provide services to Florida Medicaid recipients and must be eligible for one of the following categories to apply for enrollment:

- In-State Provider
- Out-of-State Provider Eligible for In-State Status
- Out-of-State Provider

#### 2.2.1 All Providers

All providers applying for enrollment in Florida Medicaid must:

- Meet all applicable provider qualifications described in this policy, applicable service-specific coverage policies, federal regulations, and state laws
- Be fully complaint with Chapter 409.907, F.S.

#### 2.2.2 In-State Provider Eligibility

In addition to meeting the requirements in section 2.2.1, in-state providers must:

- Be fully operational at their service location in the state of Florida prior to application for participation, and at all times thereafter during the enrollment period
- Be located in Florida or no more than 50 miles from the Florida border at all times during the enrollment period

#### 2.2.3 Out-of-State Providers Eligible for In-State Status

In addition to meeting the requirements in section 2.2.1, out-of-state providers applying for in-state enrollment must meet one of the following:

- Be durable medical equipment and medical supply (DME) and pharmacy providers located within 50 miles of the Florida state line

- Be DME providers that supply durable medical equipment or supplies not otherwise available from other enrolled Florida Medicaid providers located within the state. These providers may apply for enrollment to provide only that unique service.
- Be out-of-state freestanding independent clinical laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA)

### 2.2.4 Out-of-State Providers

In addition to meeting the requirements in section 2.2.1, out-of-state providers applying for enrollment must meet one of the following:

- Be DME entities enrolling as Medicare Crossover-Only providers with proof of accreditation from a Florida Medicaid-approved accrediting organization
- Be fully licensed physicians in Florida that interpret diagnostic testing results from an out-of-state location through telecommunications and information technology
- Be independent laboratories certified under CLIA
- Be DME providers and pharmacies that supply items that are not otherwise available from other enrolled providers located within Florida

Other out-of-state providers may enroll in Florida Medicaid if they have furnished covered services to an eligible Florida Medicaid recipient under the following circumstances:

- An emergency arising from an accident or illness that occurs while the recipient is out of state
- When the recipient's health will be endangered if the care and services are postponed until returning to Florida
- If the recipient is a non-Title-IV-E Florida foster or adoption subsidy child living out of state that is covered under the Florida Medicaid program
- If Florida Medicaid determines, on the basis of medical advice, that the medical services or necessary supplementary resources are more readily available in another state, and prior authorizes the out-of-state services

### 2.2.5 Out-of-State Provider Enrollment Application

Out-of-state providers must submit the following documents to Florida Medicaid Provider Enrollment, P.O. Box 7070, Tallahassee, FL 32314-7070:

- Completed Florida Medicaid Provider Enrollment Application Out-of-State Fee for Service Delivery, AHCA Form 5000-1260, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com
- The appropriate Florida Medicaid Provider Agreement, Institutional or Non-Institutional
- Copy of a state facility or professional license
- Claim form
- Documentation supporting the claim which meets one of the criteria in Rule 59G-1.050, F.A.C.

The effective date for out-of-state provider enrollment will be the date on which the service(s) were provided, if the service(s) were Florida Medicaid compensable on that date.

## 2.3 Practice Locations

In-state providers must have an office location in Florida and provide services at that office unless the services are provided in the community or at a school in accordance with the applicable service specific policy. Out-of-state providers must meet office location requirements of the Medicaid program for the state in which they are physically located.

Enrolled providers who provide telemedicine must be in the state of Florida when services are rendered or be enrolled as an out-of-state provider in accordance with this policy.

### 2.4 Enrollment Exclusions

The following providers are excluded from enrolling in Florida Medicaid:

- Providers who do not meet the requirements listed in sections 2.2-2.3 of this policy, as applicable

### 2.5 Moratoria

The Agency may impose temporary moratoria on enrolling new providers or provider types in accordance with 42 CFR 455.470.

### 2.6 Application Types

Providers must enroll as one of the following:

- Sole proprietor
- Sole proprietor enrolling as a member of a group
- Group (greater than one member)
- Facility or other business entity

#### 2.6.1 Group Membership

Group membership authorization is required when forming, joining, or separating from a group. Providers must submit the Group Membership Authorization, AHCA Form 5000-1061, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com.

### 2.7 Enrollment Types

Providers must enroll as one of the following:

- Fully enrolled
- Limited enrolled
- Ordering or referring

### 2.8 Provider and Specialty Type

Providers must choose a provider type, and at least one specialty type with a corresponding taxonomy, applicable to the Florida Medicaid service the provider intends to provide.

By entering a specialty type in the enrollment application:

- Licensed practitioners attest to the successful completion of post-graduate training in the chosen specialty field.
- Non-licensed practitioners attest to the successful completion of all required education, training, work history, and certifications in the chosen specialty field.

### 2.9 Enrollment for Medicare Crossover-Only Payment

Medicare providers must fully enroll in Florida Medicaid and must submit all of the following documentation with the application:

- Medicare approval letter
- Letter on company letterhead that includes all of the following:
  - Attestation that the provider meets all Florida Medicaid provider enrollment requirements, including those specific to the applicant's provider type, if applicable
  - Acknowledgement that the Agency may conduct on-site reviews prior to approving the crossover provider ID number
  - Handwritten authorized signature

### 2.10 Enrollment of Ordering or Referring Physicians or Other Professionals

Ordering or referring providers, or other professionals, must enroll in Florida Medicaid in accordance with 42 CFR 455.410, except when an ORP orders for, or refers, a recipient prior to the recipient's eligibility to participate in Florida Medicaid, and the ORP's National Provider Identifier (NPI) is included on the claim.

Providers whose only relationship with Florida Medicaid is as a referring, ordering, prescribing, and attending practitioner may enroll as a ROPA provider.

Florida Medicaid billing providers must obtain a full or limited enrollment, as applicable.

## 2.11 Billing Agents

Billing agents, medical billing clearinghouses, eligibility verification contractors, switch vendor services, and any other individual or entity processing transactions on behalf of a provider must enroll in Florida Medicaid as a Trading Partner provider and must be linked to the provider group. Out-of-state requirements do not apply to this provider type.

Compensation for Trading Partner services must comply with all of the following:

- Be related to the cost of processing the transactions
- Not be dependent upon the collection of any Florida Medicaid payment
- Not be related to a percentage, or other basis, of the amount that is billed or collected

Providers must submit a written request with an original authorizing signature to the Agency to designate a billing agent to receive payments from Florida Medicaid in the provider's name.

The Agency will terminate the provider agreement of any billing agent attempting to receive Florida Medicaid reimbursement in its own name or enroll as a pay-to-provider.

Medicaid providers utilizing the services of a Trading Partner, who is not enrolled in Florida Medicaid and not linked to the provider's group, subject the Florida Medicaid provider to remedies including, but not limited to, suspension of payments, sanctions, and termination.

## 2.12 Florida Medicaid Provider Agreement

Providers must complete, sign, date, and submit the applicable Florida Medicaid Provider Agreement, available at http://portal.flmmis.com, as follows:

- Florida Medicaid Institutional Provider Agreement
- Florida Medicaid Institutional Provider Agreement & Election to Make Presumptive Eligibility Determinations as a Qualified Hospital
- Florida Medicaid Institutional Provider Agreement as an Intermediate Care Facility (ICF)
- Florida Medicaid Non-Institutional Provider Agreement
- Florida Medicaid Provider Agreement for Durable Medical Equipment and Medical Supplies
- Medicare Crossover-Only Provider Agreement

Florida Medicaid Provider Enrollment Agreements and Forms are located at http://portal.flmmis.com under Provider Services.

### 2.12.1 Provider Agreement Signature

Sole proprietors and sole proprietors enrolling as a member of a group must personally sign the agreement; an agent may not sign in lieu of the sole proprietor.

All persons with five percent or greater ownership or controlling interest must sign the provider agreement. A senior official or designated agent of an organization may sign the agreement in lieu of all required persons; the signature is binding to all persons disclosed on the application.

An organization's Articles of Incorporation or other official written documentation must designate any agent. The provider must submit a copy of the document with the application.

## 2.13 Application Deficiencies

Florida Medicaid will notify applicants of any technical application deficiencies in writing in accordance with section 409.907, F.S. Applicants must correct deficiencies within 21 days

from the date of notification, or the application will be denied. Applicants must submit a new application to begin the enrollment process again if the applicant's application was denied for deficiencies.

### 2.14 Effective Date of Enrollment

The Agency establishes the effective date of provider enrollment in accordance with section 409.907(a), F.S.

An approved Florida Medicaid application must:

- Be accurately and fully completed
- Meet all the enrollment requirements, as specified and approved by the Agency, including:
  - Background screening(s)
  - Interview(s)
  - Inspections

### 2.15 Reenrollment Process After Termination

Providers that have voluntarily terminated from the Florida Medicaid program may apply for reenrollment with Florida Medicaid after termination for any reason.

#### 2.15.1 Reenrollment after Involuntary Termination

Providers that have been involuntarily terminated through a contractual or final order action, except for reason of inactivity, may not apply to reenroll with Florida Medicaid for a minimum of three years after the contractual action, or after the revocation period has expired, whichever is later.

#### 2.15.2 Reenrollment after Medicare or Medicaid Termination

Providers must supply proof of reinstatement from Medicare or any state Medicaid program with the enrollment application if the provider was terminated by Medicare or Medicaid in any other state.

Approval for reenrollment in Medicare or Medicaid in any other state does not guarantee that the provider is eligible to be reenrolled in Florida Medicaid.

#### 2.15.3 Reenrollment with a Different Name or Tax Identification Number

Providers must furnish the prior name, tax identification number (TIN), and the previous Florida Medicaid ID number with the application if the provider applies for reenrollment under a different name or TIN.

## 3.0 Enrollment Application – Specific Requirements

### 3.1 Florida Medicaid Provider Identification (ID) Number(s)

Florida Medicaid assigns one provider ID number per TIN and type of service unless the provider is uniquely licensed or certified by location. Each unique license or certification requires a separate provider application and is assigned a Florida Medicaid provider ID for each license or certification.

Providers enrolled in Florida Medicaid must not share their provider ID, nor use another individual's or entity's provider ID, to submit claims. A provider's ID must not be shared or used by any other individual or entity that is not the provider to whom the ID is assigned, with the exception of providers using a billing agent or trading partner to submit claims, as described in section 2.9.

Provider ID numbers are non-transferable except hospital, intermediate care facility, and skilled nursing facility provider IDs, which are transferable in cases of a change of ownership, in accordance with section 409.907, F.S.

Providers must submit the Florida Medicaid Provider Enrollment Change of Ownership (CHOW) Disclosure Form-Hospital, Intermediate Care Facility (ICF), and Skilled Nursing

Facility ONLY, AHCA Form 5000-1264, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com.

The purchaser must disclose their ownership and controlling interest and submit to screening as part of the transfer of the ID.

### 3.2 Tax Identification Numbers

Providers must report the provider's Internal Revenue Service assigned TIN on the Florida Medicaid provider enrollment application.

Sole proprietors and sole proprietors enrolling as a member of a group must enroll with the provider's Social Security Number. Florida Medicaid is authorized to collect this information in accordance with Section 1902(a)(78) of the Social Security Act.

Incorporated persons or entities must enroll with the provider's Federal Employer Identification Number.

Providers must not enroll using a TIN belonging to another person or entity.

### 3.3 Provider Entity Type

Florida Medicaid assigns providers a provider entity type, which is determined based on the provider's tax ID, as follows:

- Providers enrolled with a SSN are designated as an Individual provider entity type.
- Providers enrolled with a FEIN are designated as an Organizational provider entity type.

The provider entity type cannot be modified after it is determined during enrollment.

### 3.4 Affiliation Disclosure and Disclosure of Ownership Interest and Managing Control

Affiliation is defined in 42 CFR 455.101. All affiliates of a provider must be disclosed on the provider application, whether initial or renewal, and must be updated as necessary to ensure that all provider affiliation information remains accurate.

All individuals or entities with a 5 percent or greater direct or indirect interest in provider must be disclosed.

Where an entity is listed as an owner, all owners of the entity must be disclosed unless the provider is a publicly traded corporation. If owners of the entity include other entities, information must be disclosed such that individuals with any ownership in the provider are disclosed regardless of the percentage of ownership.

### 3.5 Contact Information

Providers must include the following information on the Florida Medicaid provider enrollment application:

- Email address
- Mailing address
- Payment address
- Service address(es)
- Telephone number

### 3.6 Certifications
Providers must report or provide any certification as required in accordance with Florida Medicaid service-specific policies.

### 3.7 License, Facility or Professional
Providers must report Florida licensure as required for the scope of practice or service offered, and as required in accordance with Florida Medicaid service-specific policies.

### 3.8 Drug Enforcement Administration (DEA)
Providers who prescribe, order, or administer medications and who are required to register with the DEA must provide their DEA registration certificate.

### 3.9 Medicare Provider Identifiers
Medicare-enrolled providers must provide the provider's Medicare number on the Florida Medicaid provider enrollment application.

### 3.10 National Provider Identifier
Providers must report the provider's NPI in accordance with 45 CFR Part 162. The NPI entered by the provider will be validated with the National Plan and Provider Enumeration System.

- Providers designated as an Individual provider entity type will enroll with one Medicaid provider ID and include all service addresses under the one ID (if the provider has more than one service address).
- Providers designated as an Organizational provider entity type and signing an Institutional Provider Agreement must enter a unique NPI for each service location (if the provider has more than one service address).
- Providers designated as an Organizational provider entity type and signing a Non-Institutional Provider Agreement are not required to designate one NPI per service location.

### 3.11 Surety Bonds
Providers in a moderate or high-risk category as identified in Section 4.0 of this policy may be required to post a surety bond, in accordance with sections 409.912 and 409.907, F.S., including those with:

- An approved appeal for an exception to an existing moratorium
- Applications submitted within six months of a moratorium lifting

Providers may be required to replace an expired bond within 30 days of the expiration date.

Providers required to post a surety bond must complete and submit a State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com.

### 3.12 Criminal History Check
All persons disclosed in the provider application must submit a complete set of fingerprints for background screening in accordance with 42 CFR Part 455, Subpart E, and section 409.907, F.S.

Florida Medicaid providers must utilize the Care Provider Background Screening Clearinghouse to request, schedule, and track fingerprint results in accordance with section 435.12, F.S.

A not-for-profit corporation or organization as defined in Chapter 617, F.S., may submit a Non-profit Organization Certification – Fingerprinting Exemption, AHCA Form 5000-1261, (JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at

http://portal.flmmis.com, if each person listed on the corporation's application meet all of the following requirements:

- Serves solely in a voluntary capacity for the eligible not-for-profit entity
- Receives no remuneration from the eligible not-for-profit entity
- Does not take part in the day-to-day operational decisions of the eligible not-for-profit entity
- Has no financial interest in the eligible not-for-profit entity
- Has no family members with a financial interest in the eligible not-for-profit entity

Eligible not-for-profit entities exempt from fingerprinting requirements must submit the Special Exempt Entity Certification – Fingerprinting Exemption, AHCA Form 5000-1262,(JAN 2021), incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com, when the entity meets one of the following:

- Is a unit of local government
- A school district
- 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 or has a net worth of $50 million or more

### 3.13 Florida Medicaid Electronic Funds Transfer Authorization

Providers must submit a bank letter or voided check/deposit slip to receive direct reimbursement from Florida Medicaid.

## 4.0 Provider Screening

### 4.1 Screening Risk Categories

The Agency conducts provider screenings based upon categorical risk levels of "limited," "moderate," or "high," in accordance with 42 CFR Part 455, Subpart E. The Agency also screens provider applications for new practice location(s) and any provider applications received for reenrollment or revalidation of enrollment requests. The Agency changes a provider's risk category dependent upon potential for fraud, waste, or abuse.

Providers seeking enrollment or enrolled providers must permit the Agency to conduct unannounced on-site inspections of any and all provider locations.

### 4.2 Screening Categories

The Agency designates provider categorical risks in accordance with 42 CFR 455.450, as follows:

#### 4.2.1 Providers and suppliers designated as "limited" categorical risk:

- Individual practitioners and groups owned by the practitioners including:
  - Advanced practice registered nurses
  - Audiologists and hearing aid specialists
  - Case managers or social workers
  - Chiropractors
  - Dentists
  - Intermediate care facilities
  - Licensed midwives
  - Licensed practical nurses
  - Medical assistants
  - Opticians
  - Optometrists
  - Physicians
  - Physician assistants
  - Podiatrists
  - Registered dental hygienists
  - Registered nurses and registered nurse first assistants

- Ambulatory surgical centers
- Assistive care services
- Birth centers
- Board Certified assistant Behavior Analysts (BCaBA)
- Certified behavioral health technologists
- County health departments
- Department of Health Children's Medical Services including early intervention services
- Freestanding dialysis centers
- Federally qualified health centers
- Home and community-based services providers
- Hospitals
- Medical foster care
- Occupational, respiratory, or speech therapists, enrolling as individuals
- Pharmacies
- Physician groups owned by non-physicians
- Prescribed pediatric extended care centers
- Public, private, and charter schools
- Registered behavior technicians
- Residential and freestanding psychiatric facilities
- Revalidating providers with no allegations of fraud, abuse, or overpayment since last enrollment:
  - Behavior analysis practitioners (Lead analysts and groups)
  - Case management agencies, including targeted case management services, unless otherwise specified
  - Mental health targeted case management providers
  - Personal care providers
- Rural health clinics
- Rural hospital swing bed facilities
- Specialized therapeutic services
- Trading partners
- Transportation providers – non-emergency (privately owned and government-owned)

**4.2.2 Providers and suppliers designated as "moderate" categorical risk:**

- Prospective (newly enrolling) case management agencies, including targeted case management services, unless otherwise specified
- Community behavioral health services
- Independent clinical laboratories
- Occupational, physical, respiratory, or speech therapists, enrolling as group practices
- Portable x-ray suppliersRevalidating home health agencies
- Revalidating hospice organizations
- Revalidating durable medical equipment, prosthetics, orthotics, and supplies suppliers
- Revalidating skilled nursing facilities
- Transportation providers – ambulance and air ambulance (privately owned and government owned)

**4.2.3 Providers and suppliers designated as "high" categorical risk:**

- Prospective (newly enrolling) behavior analysis practitioners (Lead analysts and groups)
- Prospective (newly enrolling) mental health targeted case management providers
- Physical therapists, enrolling as individuals

- Prospective (newly enrolling) home health agencies and other home health service providers or when there is a change of ownership
- Prospective (newly enrolling) hospice organizations or when there is a change of ownership
- Prospective (newly enrolling) durable medical equipment, prosthetics, orthotics, and supplies suppliers or when there is a change of ownership
- Prospective (newly enrolling) skilled nursing facilities or when there is a change of ownership

### 4.3 Enrollment Site Visits

The Agency maintains the right to conduct site visits on any provider, at its discretion, in accordance with 42 CFR 455.432; however, site visits are conducted on all providers with "moderate" or "high" screening categories prior to initial enrollment and during every subsequent renewal.

Site visits are conducted at the provider's service location, which must be fully operational at the time of application. The service location is the site where:

- Services are rendered
- Records are maintained
- Business is conducted

If services are provided in the community, the Agency will determine the location of the site visit.

The service location must be open, operational, and easily accessible to the public, Medicaid recipients, and Agency staff during its scheduled business hours. Additionally, the service location must:

- Be compliant with the requirements of the American with Disabilities Act regarding parking and public access
- Have signage that can be easily read from a distance of twenty feet that readily identifies the business as one that provides the services on the enrollment application
- Post the business hours and telephone number on the front of the service location

The service location requirements listed above must be maintained for the duration of the provider's Florida Medicaid enrollment.

Providers subject to a site visit must, at a minimum, maintain and present documentation that meets the following, upon request:

- Validates records reported on the provider's Florida Medicaid application and information received by the Agency
- Establishes the applicant's identity or eligibility, including provider-specific enrollment requirements contained in this policy

The applying provider(s) must be present during the site visit. Only the provider(s), owner(s), managing employee(s), or agent(s) as defined in this policy may conduct business with and answer the questions of the Agency staff during the site visit.

If a provider type in the "moderate" or "high" risk screening category utilizes their residential home address as their reported practice location and exclusively renders services in patients' homes, nursing homes, schools, or similar settings, then a site visit is not required to comply with pre-enrollment or reenrollment.

Out-of-state providers are subject to a pre-enrollment screening and site visit fee which will be directly related to Agency's cost to conduct the review. At the Agency's discretion, a site visit conducted by the provider's home state Medicaid program may be used.

## 5.0 Provider Enrollment Changes and Failure to Report Change(s)

Providers must report any changes to the information submitted in the provider's enrollment application in writing to the Agency within 30 days of the change.

The Agency will take action up to, and including, termination from participation in the Florida Medicaid program against providers that fail to report changes to their provider enrollment file.

An exception to the requirement to notify the Agency of changes within 30 days is reporting a change of ownership, which must be reported in *advance* of the change. The Florida Medicaid provider requirements for a change of ownership are specified in section 5.3.

### 5.1 Name Change

Providers must report the following in writing in the event of a name change:

- Copy of an Internal Revenue Service (IRS) form, marriage license, divorce decree, or another official document authenticating the provider's new name
- Effective date of the change
- National Provider Identifier, if required, in accordance with 45 CFR Part 162
- New name
- Prior name
- Provider's Medicaid ID number

### 5.2 Change to Provider Identifiers

Providers must report changes in the provider's identifiers in writing including:

- Medicare ID
- Professional or facility license, registration, or permit
- TIN

Providers reporting a change to an identifier must include the previous identifier, the new identifier, and proof from the governmental or professional agency designating the new identifier. Provider Entity Type cannot be changed after it is determined during enrollment.

### 5.3 Change to NPI

Providers report changes in the provider's NPI by using the self-service NPI panel on the secure Web portal.

### 5.4 Change of Ownership

Providers must report a change of ownership in writing at least 60 days in advance of the change of ownership, as specified in section 409.907, F.S., except for the following:

- An entity that is publicly traded on a recognized stock exchange
- A change solely in the management company or board of directors

### 5.5 Specialty Code Changes

Providers must submit a written request to add or delete specialties on the provider's record. The request must include the following:

- An original authorized signature
- Documents verifying the provider's eligibility for the requested specialty, as applicable
- Specialty and corresponding taxonomy to be added or removed

### 5.6 Change in Reassignment of Payment

Providers may reassign their payments to a Florida Medicaid enrolled provider group by submitting a Group Membership Authorization, AHCA Form 5000-1061, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com.

Providers must submit a written request to the Agency to end reassignment of payment to a group; or a group may end reassignment on the provider's behalf. The request must contain the following:

- Effective date of change
- Group's Medicaid ID
- Provider's Medicaid ID

### 5.7 Change in Trading Partner

Providers must report a change in third-party vendors in writing to the Agency and must include all of the following:

- Completed Electronic Data Interchange Agreement, AHCA Form 5000-1062, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., for the new vendor, available at http://portal.flmmis.com
- Effective date of the change in vendor
- Previous vendor's name and Medicaid ID
- Provider's name and Medicaid ID

### 5.8 No Longer Accepts Medicaid

Providers must report that they are ceasing operations or no longer accepting Florida Medicaid recipients in writing to the Agency. The submission must include the following:

- Effective date of the cessation of operations, or date that the provider no longer accepts Florida Medicaid recipients
- Florida Medicaid ID number

### 5.9 Provider Death

Florida Medicaid providers enrolled as a group or other business entity must report the death of a group member, or the death of any person with ownership or controlling interest in the provider in writing to the Agency. The submission must contain the following:

- Copy of an obituary, death certificate, or other written statement documenting the date of death
- Date of death
- Florida Medicaid ID number
- Name of the decedent
- NPI, if required, in accordance with 45 CFR 162

### 5.10 Change in Enrollment Status/Exclusion Occurrence

Providers must report the occurrence of any of the following in writing to the Agency:

- Denial, suspension, or exclusion from Medicare or Medicaid in any state
- Money owed to Medicare or Medicaid in any state
- Restriction, suspension, or revocation of a facility or professional license
- Suspended payments from Medicare or Medicaid in any state

### 5.11 Change in Contact Information

Providers must report any changes to the contact information specified in section 3.4 to the Agency in writing within 30 days of the change(s).

## 6.0 Provider Enrollment Renewal

### 6.1 Renewal Application Submission

Providers must renew enrollment in the Florida Medicaid program as follows:

- Institutional, DME, Medicare Crossover-Only, ORPs, and out-of-state providers must renew every three years
- Non-institutional providers must renew every five years

### 6.2 Failure to Renew

Providers must complete the renewal process by the expiration date on the provider's Florida Medicaid provider agreement. Providers are ineligible for payment from Florida Medicaid under the fee-for-service delivery system and from a Medicaid managed care plan for failure to renew the provider's application before the renewal date.

## 7.0 Post Enrollment Form

### 7.1 Electronic Data Interchange Agreement, AHCA Form 5000-1062 Renew

Fee-for-service providers must submit the Electronic Data Interchange Agreement, AHCA Form 5000-1062, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C., and available at http://portal.flmmis.com, for electronic claiming or authorizing a Trading Partner to submit on behalf of the provider.

## 8.0 Provider Termination, Exclusion, and Suspension

### 8.1 Continued Requirement to Maintain Enrollment Qualifications

Failure to adhere to the requirements in this policy renders a provider no longer qualified or eligible for enrollment and is grounds for termination from participation in the Florida Medicaid program.

Providers must continue to meet all of the applicable provider qualifications to remain enrolled in Florida Medicaid.

The Agency may take the following actions against unqualified providers:

- Recoup Florida Medicaid reimbursement(s) for services rendered while the provider was ineligible to provide services
- Refer the provider to the Attorney General's Medicaid Fraud Control Unit (MFCU)
- Restrict payment of claims
- Termination

### 8.2 Termination

The Agency or the provider may terminate the provider agreement without cause upon 30-day written notice in accordance with section 409.907, F.S.

#### 8.2.1 Exceptions to the 30-Day Notice

Terminations may be effective in less than 30 days under any of the following circumstances:

- The provider is required to be licensed, certified, accredited, insured, or hold a surety bond and no longer meets the requirement. The effective date of termination will be the date that the requirement was end-dated or no longer met.
- The provider's business is closed, abandoned, or non-operational. The effective date of termination will be the date that the business was closed, abandoned, or became non-operational, or that the Agency became aware of the change, whichever is earlier.
- Disqualifying information is found during a criminal history background check. The effective date of termination will be the date the background screening clearinghouse determines that the provider is ineligible to participate in Florida Medicaid.
- The provider is deceased. The effective date of termination will be the date of death.
- The provider is suspended, revoked, or terminated from Medicare or Medicaid in this, or any other state. The effective date of termination will be the date of suspension, revocation, or termination.
- The provider participated or acquiesced in any action for which any person with direct or indirect controlling interest in the provider, or a subcontractor to the

provider, was suspended, revoked, or terminated from participating in Medicare or Medicaid in this, or any other state. The effective date of termination will be the date of the suspension, revocation, or termination.

- At any time, the Agency discovers the provider purposely submitted factually or materially false or erroneous information or documentation.
- Erroneous activation of the provider file prior to the satisfactory completion of all required criteria or conditions for enrollment.

**8.3 Suspension, Exclusion, or Termination from Medicare or Medicaid in Another State**

The Agency will terminate a provider for a period no less than that imposed by the federal government or any other state Medicaid program, including Florida Medicaid, and will not enroll the provider in Florida Medicaid while the suspension or termination timeframe remains in effect in accordance with section 409.913, F.S, and Rule 59G-9.070, F.A.C.

# 9.0 Appendices

## 9.1 Appendix A: Medicaid Provider Types and Specialties

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 40 | Ambulance | 940 | Ambulance |
| 42 | Ambulance, Air | 942 | Air Ambulance |
| 06 | Ambulatory Health Care Facility | 906 | Ambulatory Surgery Center |
| 14 | Assistive Care Services | 121 | Assisted Living Facility |
| 14 | Assistive Care Services | 122 | Extended Congregate Care |
| 14 | Assistive Care Services | 123 | Limited Nursing |
| 14 | Assistive Care Services | 124 | Limited Mental Health |
| 14 | Assistive Care Services | 125 | Adult Family Care Home |
| 14 | Assistive Care Services | 126 | Residential Treatment Facility |
| 14 | Assistive Care Services | 914 | Assistive Care Services |
| 60 | Audiologist | 960 | Audiologist |
| 39 | Behavior Analysis | 390 | Registered Behavior Technician (RBT) |
| 39 | Behavior Analysis | 391 | Assistant Behavior Analyst |
| 39 | Behavior Analysis | 392 | Lead Analyst |
| 39 | Behavior Analysis | 393 | Behavior Analysis Group |
| 69 | Birth Center | 969 | Birth Center |
| 91 | Case Management Agency | 174 | Mental Health Targeted Case Management (TCM) |
| 91 | Case Management Agency | 176 | Department of Health (DOH) Children's Medical Services (CMS) TCM |
| 91 | Case Management Agency | 178 | Provider Service Network |
| 91 | Case Management Agency | 991 | Case Management Agency |
| 78 | Children's Medical Services | 978 | Children's Medical Services |
| 28 | Chiropractor | 928 | Chiropractor |
| 05 | Community Behavioral Health Services | 905 | Community Mental Health Services |
| 05 | Community Behavioral Health Services | 204 | Therapeutic Group Services |
| 05 | Community Behavioral Health Services | 202 | Qualified Residential Treatment Program |
| 05 | Community Behavioral Health Services | 203 | Behavioral Qualified Residential Treatment Program (Licensed) |
| 77 | County Health Department (CHD) | 977 | County Health Department |
| 35 | Dentist | 070 | Adult Dentures Only |
| 35 | Dentist | 071 | General Dentistry |
| 35 | Dentist | 072 | Oral Surgery (Dentist) |
| 35 | Dentist | 073 | Pedodonist |
| 35 | Dentist | 074 | Other Dentist |
| 35 | Dentist | 088 | Orthodontist |

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 89 | Dialysis Center | 989 | Dialysis Center |
| 90 | Durable Med Equip/ Medical Supplies | 069 | Medical Oxygen Retailer |
| 90 | Durable Med Equip/ Medical Supplies | 990 | Durable Med Equip/ Medical Supplies |
| 81 | Early Intervention Services (EIS) | 981 | Early Intervention Services |
| 68 | Federally Qualified Health Center (FQHC) | 968 | Federally Qualified Health Center |
| 61 | Hearing Aid Specialist | 961 | Hearing Aid Specialist |
| 67 | Home & Community-Based Services | 068 | Consumer Directed Care |
| 67 | Home & Community-Based Services | 094 | Model |
| 67 | Home & Community-Based Services | 096 | Developmental Disability - iBudget |
| 67 | Home & Community-Based Services | 110 | Familial Dysautonomia |
| 67 | Home & Community-Based Services | 095 | Statewide Medicaid Managed Care Waiver Services |
| 65 | Home Health Services | 114 | Personal Care |
| 65 | Home Health Services | 117 | Independent Private Duty Nurse – LPN |
| 65 | Home Health Services | 118 | Independent Home Health or Private Duty Nurse – RN |
| 65 | Home Health Services | 965 | Home Health Agency |
| 65 | Home Health Services | 090 | Occupational Therapist |
| 65 | Home Health Services | 091 | Physical Therapist |
| 65 | Home Health Services | 092 | Speech Therapist |
| 65 | Home Health Services | 221 | Private Duty Nursing |
| 15 | Hospice | 915 | Hospice |
| 01 | Hospital, General | 200 | Hospital with Birth Delivery Services |
| 01 | Hospital, General | 201 | Emergency Services |
| 01 | Hospital, General | 901 | General Hospital |
| 09 | Hospital-Based Skilled Nursing Facility | 909 | Hospital-Based Skilled Nursing Facility |
| 50 | Independent Laboratory | 950 | Independent Laboratory |
| 12 | Intermediate Care Facility – Private | 912 | Private Intermediate Care Facility |
| 11 | I Intermediate Care Facility – State | 911 | State Intermediate Care Facility |
| 34 | Licensed Midwife | 934 | Licensed Midwife |
| 97 | Managed Care Treating Provider | 800 | Acupuncturist |
| 97 | Managed Care Treating Provider | 801 | Nutritionist |
| 97 | Managed Care Treating Provider | 802 | Independent Diagnostic Testing Facility |
| 97 | Managed Care Treating Provider | 803 | Other |
| 36 | Medical Assistant | 130 | Anesthesiology Assistant |
| 23 | Medical Foster Care/ Personal Care | 923 | Medical Foster Care/ Personal Care |
| 30 | Nurse Practitioner (Advanced Practice Registered Nurse – APRN) | 075 | Adult Primary Care |
| 30 | Nurse Practitioner (APRN) | 076 | Clinical Nurse Specialist Psych. Mental Health |

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 30 | Nurse Practitioner (APRN) | 077 | College Health Nurse |
| 30 | Nurse Practitioner (APRN) | 078 | Diabetic Nurse Practitioner |
| 30 | Nurse Practitioner (APRN) | 080 | Family Nurse |
| 30 | Nurse Practitioner (APRN) | 081 | Family Planning |
| 30 | Nurse Practitioner (APRN) | 082 | Geriatric |
| 30 | Nurse Practitioner (APRN) | 083 | Maternal/Child Health Family Planning |
| 30 | Nurse Practitioner (APRN) | 084 | Certified Registered Nurse Anesthetist |
| 30 | Nurse Practitioner (APRN) | 085 | Certified Registered Nurse Midwife |
| 30 | Nurse Practitioner (APRN) | 086 | OB/GYN Nurse |
| 30 | Nurse Practitioner (APRN) | 087 | Pediatric Nurse |
| 30 | Nurse Practitioner (APRN) | 160 | Retail Clinic |
| 30 | Nurse Practitioner (APRN) | 930 | Nurse Practitioner (APRN) |
| 63 | Optician | 963 | Optician |
| 62 | Optometrist | 962 | Optometrist |
| 25 | Physician (Doctor of Medicine - M.D.) | 100 | Genetics |
| 26 | Physician (Doctor of Osteopathic Medicine D.O.) | 100 | Genetics |
| 25, 26 | Physician (M.D.)(D.O.) | 101 | Pediatrics, Critical Care |
| 25, 26 | Physician (M.D.) (D.O.) | 102 | Pediatrics, Emergency Care |
| 25, 26 | Physician (M.D.) (D.O.) | 103 | Pediatrics, Surgery Non-Board Certified |
| 25, 26 | Physician (M.D.) (D.O.) | 104 | Surgery, Urologic Non-Board Certified |
| 25, 26 | Physician (M.D.) (D.O.) | 140 | Hospitalist |
| 25, 26 | Physician (M.D.) (D.O.) | 205 | Endocrinology (Pediatrics) |
| 25, 26 | Physician (M.D.) (D.O.) | 209 | Urology |
| 25, 26 | Physician (M.D.) (D.O.) | 220 | Medical School Mobile Units |
| 25, 26 | Physician (M.D.) (D.O.) | 001 | Adolescent Medicine |
| 25, 26 | Physician (M.D.) (D.O.) | 002 | Allergy |
| 25, 26 | Physician (M.D.) (D.O.) | 003 | Anesthesiology |
| 25, 26 | Physician (M.D.) (D.O.) | 004 | Cardiovascular Medicine |
| 25, 26 | Physician (M.D.) (D.O.) | 005 | Dermatology |
| 25, 26 | Physician (M.D.) (D.O.) | 006 | Diabetes |
| 25, 26 | Physician (M.D.) (D.O.) | 007 | Emergency Medicine |
| 25, 26 | Physician (M.D.) (D.O.) | 008 | Endocrinology |
| 25, 26 | Physician (M.D.) (D.O.) | 009 | Family Practice |
| 25, 26 | Physician (M.D.) (D.O.) | 010 | Gastroenterology |
| 25, 26 | Physician (M.D.) (D.O.) | 011 | General Practice |
| 25, 26 | Physician (M.D.) (D.O.) | 012 | Preventive Medicine |
| 25, 26 | Physician (M.D.) (D.O.) | 013 | Geriatrics |
| 25, 26 | Physician (M.D.) (D.O.) | 014 | Gynecology |

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 25, 26 | Physician (M.D.) (D.O.) | 015 | Hematology |
| 25, 26 | Physician (M.D) (D.O.) | 016 | Immunology |
| 25, 26 | Physician (M.D.) (D.O.) | 017 | Infectious Diseases |
| 25, 26 | Physician (M.D.) (D.O.) | 018 | Internal Medicine |
| 25, 26 | Physician (M.D.) (D.O.) | 019 | Neonatal/Perinatal |
| 25, 26 | Physician (M.D.) (D.O.) | 021 | Nephrology |
| 25, 26 | Physician (M.D.) (D.O.) | 022 | Neurology |
| 25, 26 | Physician (M.D.) (D.O.) | 023 | Neurology/Children |
| 25, 26 | Physician (M.D.) (D.O.) | 024 | Neuropathology |
| 25, 26 | Physician (M.D.) (D.O.) | 026 | Obstetrics |
| 25, 26 | Physician (M.D.) (D.O.) | 027 | OB-GYN |
| 25, 26 | Physician (M.D.) (D.O.) | 028 | Occupational Medicine |
| 25, 26 | Physician (M.D.) (D.O.) | 029 | Oncology |
| 25, 26 | Physician (M.D.) (D.O.) | 030 | Ophthalmology |
| 25, 26 | Physician (M.D.) (D.O.) | 031 | Otolaryngology |
| 25, 26 | Physician (M.D.) (D.O.) | 032 | Pathology |
| 25, 26 | Physician (M.D.) (D.O.) | 033 | Pathology, Clinical |
| 25, 26 | Physician (M.D.) (D.O.) | 034 | Pathology, Forensic |
| 25, 26 | Physician (M.D.) (D.O.) | 035 | Pediatrics |
| 25, 26 | Physician (M.D.) (D.O.) | 036 | Pediatrics, Allergy |
| 25, 26 | Physician (M.D.) (D.O.) | 037 | Pediatrics, Cardiology |
| 25, 26 | Physician (M.D.) (D.O.) | 038 | Pediatrics, Oncology/Hematology |
| 25, 26 | Physician (M.D.) (D.O.) | 039 | Pediatrics, Nephrology |
| 25, 26 | Physician (M.D.) (D.O.) | 041 | Physical Medicine & Rehab |
| 25, 26 | Physician (M.D.) (D.O.) | 042 | Psychiatry |
| 25, 26 | Physician (M.D.) (D.O.) | 043 | Psychiatry, Child |
| 25, 26 | Physician (M.D.) (D.O.) | 044 | Psychoanalysis |
| 25, 26 | Physician (M.D.) (D.O.) | 045 | Public Health |
| 25, 26 | Physician (M.D.) (D.O.) | 046 | Pulmonary Diseases |
| 25, 26 | Physician (M.D.) (D.O.) | 047 | Radiology |
| 25, 26 | Physician (M.D.) (D.O.) | 048 | Radiology, Diagnostic |
| 25, 26 | Physician (M.D.) (D.O.) | 049 | Radiology, Pediatric |
| 25, 26 | Physician (M.D.) (D.O.) | 050 | Radiology, Therapeutic |
| 25, 26 | Physician (M.D.) (D.O.) | 051 | Rheumatology |
| 25, 26 | Physician (M.D.) (D.O.) | 052 | Surgery, Abdominal |
| 25, 26 | Physician (M.D.) (D.O.) | 053 | Surgery, Cardiovascular |
| 25, 26 | Physician (M.D.) (D.O.) | 054 | Surgery, Colon/Rectal |
| 25, 26 | Physician (M.D.) (D.O.) | 055 | Surgery, General |
| 25, 26 | Physician (M.D.) (D.O.) | 056 | Surgery, Hand |

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 25, 26 | Physician (M.D.) (D.O.) | 057 | Surgery, Neurological |
| 25, 26 | Physician (M.D.) (D.O.) | 058 | Surgery, Orthopedic |
| 25, 26 | Physician (M.D.) (D.O.) | 059 | Surgery, Pediatric Board Certified |
| 25, 26 | Physician (M.D.) (D.O.) | 060 | Surgery, Plastic |
| 25, 26 | Physician (M.D.) (D.O.) | 061 | Surgery, Thoracic |
| 25, 26 | Physician (M.D.) (D.O.) | 062 | Surgery, Traumatic |
| 25, 26 | Physician (M.D.) (D.O.) | 063 | Surgery, Urologic Board Certified |
| 25, 26 | Physician (M.D.) (D.O.) | 065 | Maternal/Fetal |
| 25, 26 | Physician (M.D.) (D.O.) | 066 | Comp Behavioral Health Assessment |
| 25, 26 | Physician (M.D.) (D.O.) | 067 | Specialized Therapeutic Foster Care |
| 25, 26 | Physician (M.D.) (D.O.) | 105 | Pediatric Palliative Care |
| 29 | Physician Assistant | 929 | Physician Assistant |
| 27 | Podiatrist | 927 | Podiatrist |
| 51 | Portable X-ray Company | 951 | Portable X-ray Company |
| 20 | Prescribed Drug Services | 150 | Community Pharmacy |
| 20 | Prescribed Drug Services | 151 | Infusion Pharmacy |
| 20 | Prescribed Drug Services | 152 | Long-Term Care (LTC) – Non-Community |
| 20 | Prescribed Drug Services | 153 | Institutional Class 1 Pharmacy (Hospital/Nursing Home) |
| 20 | Prescribed Drug Services | 154 | Tax Supported |
| 20 | Prescribed Drug Services | 155 | 340B Pharmacy |
| 20 | Prescribed Drug Services | 156 | Dispensing Practitioner |
| 20 | Prescribed Drug Services | 157 | Nuclear Pharmacy |
| 20 | Prescribed Drug Services | 158 | Special Pharmacy (Parenteral, ALF, Closed System, End Stage Renal Disease |
| 24 | Prescribed Pediatric Extended Care | 924 | Prescribed Pediatric Extended Care |
| 16 | Psychiatric Resident Treatment Facility | 306 | Psychiatric Resident Treatment Facility |
| 37 | Registered Dental Hygienist | 937 | Registered Dental Hygienist |
| 31 | Registered Nurse/Registered Nurse First Assistant (RNFA) | 172 | Registered Nurse First Assistant |
| 31 | Registered Nurse/RNFA | 173 | County Health Department Certified Match RN/LPN |
| 31 | Registered Nurse/Registered Nurse First Assistant | 931 | Registered Nurse First Assistant |
| 16 | Residential and Freestanding Psych | 916 | Statewide Inpatient Psychiatric Program |
| 16 | Residential and Freestanding Psych | 300 | Freestanding Psychiatric Hospital for Children |

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 16 | Residential and Freestanding Psych | 301 | Freestanding Psychiatric Hospital for Adults |
| 16 | Residential and Freestanding Psych | 302 | Addictions Receiving Facility |
| 16 | Residential and Freestanding Psych | 303 | Residential Treatment Centers for Child/Adolescent |
| 16 | Residential and Freestanding Psych | 304 | Crisis Stabilization Unit |
| 16 | Residential and Freestanding Psych | 305 | Short-term Residential Treatment |
| 66 | Rural Health Clinic (RHC) | 966 | Rural Health Clinic |
| 13 | Rural Hospital Swing Bed Facility | 913 | Rural Hospital Swing Bed Facility |
| 08 | Schools | 811 | Charter Schools |
| 08 | Schools | 812 | Private Schools |
| 84 | School Health Provider (Private and Charter Schools) | 813 | Occupational Therapy Assistants |
| 84 | School Health Provider (Private and Charter Schools) | 814 | Physical Therapy Assistants |
| 84 | School Health Provider (Private and Charter Schools) | 815 | Speech-Language Pathology Therapy Assistants |
| 84 | School Health Provider (Private and Charter Schools) | 816 | School Counselors |
| 84 | School Health Provider (Private and Charter Schools) | 817 | Licensed Practical Nurse |
| 84 | School Health Provider (Private and Charter Schools) | 818 | School Health Aides |
| 84 | School Health Provider (Private and Charter Schools) | 819 | Psychologists or School Psychologists |
| 84 | School Health Provider (Private and Charter Schools) | 820 | Social Workers |
| 84 | School Health Provider (Private and Charter Schools) | 821 | Marriage and Family Therapists |
| 84 | School Health Provider (Private and Charter Schools) | 822 | Mental Health Counselors |
| 84 | School Health Provider (Private and Charter Schools) | 823 | Certified Behavior Analysts (Lead) |
| 84 | School Health Provider (Private and Charter Schools) | 824 | Certified Assistant Behavior Analyst |
| 84 | School Health Provider (Private and Charter Schools) | 825 | Occupational Therapist |
| 84 | School Health Provider (Private and Charter Schools) | 826 | Physical Therapist |
| 84 | School Health Provider (Private and Charter Schools) | 827 | Speech Language Pathologists |
| 84 | School Health Provider (Private and Charter Schools) | 828 | Registered Nurses |
| 08 | Schools | 908 | Public Schools |
| 10 | Skilled Nursing Facility | 910 | Skilled Nursing Facility |
| 32 | Social Worker/Case Manager | 174 | Mental Health TCM |
| 32 | Social Worker/Case Manager | 932 | Social Worker/Case Manager |

| Provider Type Code | Provider Type Description | Specialty Code | Specialty Description |
|---|---|---|---|
| 07 | Specialized Therapeutic Services | 907 | Specialized Therapeutic Services |
| 07 | Specialized Therapeutic Services | 066 | Comp Behavioral Health Assessment |
| 07 | Specialized Therapeutic Services | 067 | Specialized Therapeutic Foster Care |
| 04 | State Mental Hospital | 904 | State Mental Hospital |
| 83 | Therapist Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), and Respiratory Therapy (RT) | 983 | Therapy Group (PT, OT, ST, RT) |
| 83 | Therapist (PT, OT, ST, RT) | 090 | Occupational Therapist |
| 83 | Therapist (PT, OT, ST, RT) | 091 | Physical Therapist |
| 83 | Therapist (PT, OT, ST, RT) | 092 | Speech Therapist |
| 83 | Therapist (PT, OT, ST, RT) | 093 | Respiratory Therapist |
| 99 | Trading Partner | 999 | Trading Partner |
| 47 | Transport, Multi-Load Private | 947 | Multi-Load Private Transport |
| 44 | Transportation, Government/Municipal | 944 | Government/Municipal Transport |
| 41 | Transportation, Non-emergency | 941 | Non-Emergency Transport |
| 46 | Transportation, Non-profit | 946 | Non-Profit Transportation |
| 45 | Transportation, Private | 945 | Private Transportation |
| 43 | Transportation, Taxi | 943 | Taxicab Company |

### 9.2 Appendix B: General Document Requirements

The table listed in this section includes all general documents required to be submitted with a Florida Medicaid provider application. Florida Medicaid Provider Enrollment Agreements and Forms are located at http://portal.flmmis.com under Provider Services.

The following table includes minimum documentation requirements for all providers.

| **Provider Type** |
| --- |
| **All Provider Types** |
| **Enrollment Type** |
| Fully Enrolled |
| Limited |
| Ordering or Referring (ORP) |
| **Fully Enrolled Required Documents** |
| Florida Medicaid Provider Enrollment Application |
| Proof of Tax ID *(such as an IRS Letter 147c, IRS Form SS-4 or IRS Form W-9)* |
| Proof of Medicaid Eligible Fingerprint-based Criminal Background Check *(required in accordance with s. 409.907, F.S.) (unless otherwise noted on provider pages in Appendix C)* |
| Bill of Sale or Stock Purchase Agreement (*required for change in ownership applications)* |
| |
| **Additional Documents** |
| Occupational License or Business Tax Certificate, if required by local authorities, must be presented during a site visit. |
| |

### 9.3 Appendix C: Provider Specific Documents

Providers must submit all required documents in Appendix B in addition to the provider specific documents required in this section.

The following tables provide submission requirements specific to each provider type. Providers may not be required to submit information that is readily available to the Agency, such as Florida licensure.

Florida Medicaid Provider Agreements are not required in paper format for limited enrollment or ORP, unless requested by the Agency.

| **Provider Type** | |
|---|---|
| **Advanced Practice Registered Nurse** | |
| **Enrollment Types** | |
| Fully Enrolled | |
| Limited | |
| **Application Types** | |
| Sole Proprietor | |
| Sole Proprietor Enrolling as a Member of a Group | |
| Group | |
| **Specialties** | |
| Adult Primary Care | Family Nurse |
| Certified Registered Nurse Anesthetist | Family Planning |
| Certified Registered Nurse Midwife | Geriatric |
| Clinical Nurse, Specialist Psychiatric Mental Health | Maternal / Child Health Family Planning |
| | Obstetrics/Gynecology Nurse |
| College Health Nurse | Pediatric Nurse |
| Diabetic Nurse Practitioner | Retail Health Clinic |
| **Practice Types** | |
| Individual | |
| Group | |
| **Required Documents** | |
| Required documents for all provider types listed in Appendix B | |
| Non-institutional Medicaid Provider Agreement | |
| Practitioner Collaborative Agreement, AHCA Form 5000-1067, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(required for Sole Proprietors and Sole Proprietors Enrolling as a Member of a Group) (Not required for autonomous APRNs)* | |
| License, Professional | |
| Drug Enforcement Administration Registration Certificate *(Required to prescribe controlled substances)* | |
| | |

| Provider Type |
| --- |
| **Ambulatory Health Care Facility** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialty** |
| Ambulatory Surgery Center |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| |

| Provider Type |
| --- |
| **Assistive Care Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialties** |
| Assisted Living |
| Assisted Living with Extended Congregate Care |
| Assisted Living with Limited Nursing |
| Assisted Living with Limited Mental Health |
| Adult Family Care Home |
| Residential Treatment Facility |
| **Practice Type** |
| Individual Practice |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| |

| Provider Type |
|---|
| **Audiologist or Hearing Aid Specialist** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Audiologist |
| Hearing Aid Specialist |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |

| **Provider Type** |
| --- |
| **Behavior Analysis – Lead Analyst (Sole Proprietor)** |
| **Enrollment Type** |
| Fully Enrolled |
| **Application Type** |
| Sole Proprietor |
| **Specialties** |
| Lead Analyst |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Copy of one or more of the following:<br>• Behavior Analyst Certification Board designation as a<br>  ○ Board Certified Behavior Analyst (BCBA) or<br>  ○ Board Certified Behavior Analyst Doctoral (BCBA-D)<br>• Florida Certified Behavior Analyst (FL-CBA)<br>• Florida license* for:<br>  ○ Licensed Clinical Social Worker<br>  ○ Licensed Mental Health Counselor<br>  ○ Licensed Marriage and Family Therapist<br>  ○ Licensed Psychologist<br>  ○ Licensed School Psychologist<br>* Licensed providers who are not credentialled by the Behavior Analyst Certification Board must provide an attestation that they have received training in behavior analysis. |
| |

| |
|---|
| **Behavior Analysis – Lead Analyst (Sole Proprietor Enrolling as a Member of a Group)** |
| **Enrollment Type** |
| Fully Enrolled |
| **Application Type** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| Lead Analyst |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Copy of one or more of the following:<br>• Behavior Analyst Certification Board designation as a<br>  ○ Board Certified Behavior Analyst (BCBA), or<br>  ○ Board Certified Behavior Analyst Doctoral (BCBA-D)<br>• Florida Certified Behavior Analyst (FL-CBA)<br>• Florida license* for:<br>  ○ Licensed Clinical Social Worker<br>  ○ Licensed Mental Health Counselor<br>  ○ Licensed Marriage and Family Therapist<br>  ○ Licensed Psychologist<br>  ○ Licensed School Psychologist<br>*Licensed providers who are not credentialled by the Behavior Analyst Certification Board must provide an attestation that they have received training in behavior analysis. |

## Behavior Analysis – Assistant Behavior Analyst

| Enrollment Type |
| --- |
| Fully Enrolled |
| **Application Type** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| Assistant Behavior Analyst |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| • Copy of Behavior Analyst Certification Board designation as an Assistant Behavior Analyst (BCaBA)<br><br>• Proof of supervision. Proof must include the supervisor's:<br>o Name<br>o Acknowledgement<br>o Signature<br>o BACB certificate number<br>o NPI<br>o Florida Medicaid number (if supervisor is enrolled in Medicaid)<br>Documentation must be updated if there is a change in provider's supervisory status. |

## Behavior Analysis – Registered Behavior Technician

| Enrollment Type |
| --- |
| Fully Enrolled |
| **Application Type** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| Registered Behavior Technician |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| • Copy of Behavior Analyst Certification Board designation as a Registered Behavior Technician (RBT) certification<br>• Proof of supervision. Proof must include the supervisor's:<br>  ○ Name<br>  ○ Acknowledgement<br>  ○ Signature<br>  ○ BACB certificate number<br>  ○ NPI<br>  ○ Florida Medicaid number (if enrolled in Medicaid)<br><br>Documentation must be updated if there is a change in provider's supervisory status. |

| Provider Type |
| --- |
| **Behavior Analysis – Group** |
| **Enrollment Type** |
| Fully Enrolled |
| **Application Type** |
| Group |
| **Specialties** |
| Behavior Analysis Group |
| **Practice Type** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Surety Bond |
| |

**Additional Information:**

Behavior Analysis groups must employ, or contract with, at least one Florida Medicaid enrolled lead analyst. The lead analyst must be added as a member of the group using the Group Membership Authorization, AHCA Form 5000-1061, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.

| Provider Type |
| --- |
| **Birth Center** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or other Business Entity |
| **Specialty** |
| Birth Center |
| **Practice Types** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| |

**Additional Information:**

- Group members must be enrolled in Florida Medicaid as licensed midwives.

| Provider Type |
| --- |
| **Case Management Agency - Child Health Services Targeted Case Management** |
| **Enrollment Types** |
| Fully Enrolled |
| **Application Types** |
| Group |
| **Specialties** |
| Child Health Services Targeted Case Management |
| **Practice Types** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-Institutional Medicaid Provider Agreement |
| |

Members enrolling in a DOH Children's Medical Services (CMS) group must be an APRN, registered nurse, or case manager supervisor with Early Steps – Infant and Toddler Developmental Services certification.

| Provider Type |
| --- |
| **Case Management Agency – Mental Health Targeted Case Management (MHTCM)** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Group |
| **Specialties** |
| Mental Health Targeted Case Management |
| **Practice Types** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-Institutional Medicaid Provider Agreement |
| One or more of the following, as applicable:<br>• Agency Certification Children's Mental Health Targeted Case Management, AHCA-Med Serv Form 022, (APR 2024), incorporated by reference in Rule 59G-1.060, F.A.C.<br>• Agency Certification Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 023, (APR 2024), incorporated by reference in Rule 59G-1.060, F.A.C.<br>• Agency Certification Intensive Case Management Team Services Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 024, (APR 2024), incorporated by reference in Rule 59G-1.060, F.A.C. |
| |

**Additional Information:**

**Mental Health Targeted Case Management**

- A mental health TCM agency must enroll as a Medicaid group provider. The group must consist of at least one case management supervisor and requires all case managers to be certified prior to rendering services.
- All case management supervisors and case managers providing Mental Health TCM must have Florida Certification Board certification.

| **Provider Type** |
| --- |
| **Chiropractor** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Chiropractor |
| **Practice Types** |
| Individual |
| Group |
| **Additional Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| |

| Provider Type |
|---|
| **Clinic Services - Rural Health Clinic, Federally Qualified Health Center, or County Health Department** |
| **Enrollment Types** |
| Fully Enrolled |
| **Application Type** |
| Group |
| **Specialties** |
| Rural Health Clinic |
| Federally Qualified Health Center |
| County Health Department |
| **Practice Type** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| **Additional Required Documents for FQHCs** |
| Copy of one of the following:<br>• 329, 330 or 340 Public Health Services Grant<br>• Waiver of the Public Health Services Grant requirement issued by the Secretary of Health & Human Services<br>• Health Resources & Services Administration notice of Federally Qualified Health Center look-a-like designation |
| **Additional Required Documents for RHCs** |
| Medicare Part A Certification Letter |
| |

**Additional Information:**

- Florida Medicaid will automatically assign a physician group Medicaid ID to be used for billing physician services that are not included in the encounter rate.
- Clinics may submit a request in writing to Florida Medicaid for a dental group Medicaid ID to be used for billing dental services that are not included in the encounter rate.
- Group members must be one of the following Medicaid enrolled practitioner types: APRN, Chiropractor, Dentist, Optometrist, Physician (M.D or D.O.), Physician Assistant, or Podiatrist.
- Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and licensed Psychologists may enroll as group members linked to an FQHC.
- FQHC treating practitioners, including volunteers, must enroll as Florida Medicaid treating providers and be enrolled as members of the FQHC with the exception of the following:
    - Dental Hygienists, Dental Assistants, LPNs, RNs, Residents, Interns, Peer Specialists, Nutritionists, and Dieticians are not authorized to enroll as members of an FQHC group. Florida Medicaid covers services provided in an FQHC by these practitioners through the supervising physician's or treating dentist's provider number.

- Commissioned medical officers of the Public Health Service (PHS) or Armed Forces of the United States on active duty, acting within the scope of their PHS or military responsibilities may enroll as group members linked to an FQHC.
- A County Health Department can enroll for Clinic Services or the Certified Match Program.
  - Clinic Services
    - The following providers who are employed, under contract or volunteer at a CHD, are not required to be enrolled in Medicaid:
      - APRNs
      - Dental Assistants
      - Dental Hygienists
  - Certified Match
    - The following providers who are employed by a Certified Match CHD must be enrolled in Medicaid and a member of the CHD group:
      - RNs
      - APRNs
      - LPNs
    - Nurses with temporary licenses are not eligible to enroll.
    - Nurse's aides or assistants who are not licensed to provide nursing services are not eligible to enroll.
    - CHDs employing, contracting, or accepting volunteer services from Licensed Social Workers must submit the County Health Department Agreement Provider Credentialing of Behavioral Health Providers and Social Workers, AHCA Form 5000-1066, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.

| **Provider Type** |
|---|
| **Community Behavioral Health Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Type** |
| Group |
| **Specialty** |
| Community Behavioral Health Services |
| **Practice Type** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Letter from linked physician acknowledging their relationship to the provider. |
| Copy of Florida Department of Children and Families, Substance Abuse License *(required only if providing substance abuse services-not required for limited enrollment)* |
| |

**Additional Information:**

- Group members must be Florida Medicaid enrolled specialized therapeutic services or physician (M.D. or D.O.) providers. At least one group member must be a Florida Medicaid enrolled physician if medication or psychiatric services are provided.
- Providers rendering therapeutic group care services must provide proof of licensure as a residential treatment center for children and adolescents.
- Providers rendering Qualified Residential Treatment Program services must provide proof of one of the following:
  - Qualified Residential Treatment Program certification by the Department of Children and Families
  - Behavioral Qualified Residential Treatment Program licensure by the Department of Children and Families

- Providers must have a separate Medicaid ID number for all service locations.

| **Provider Type** |
|---|
| **Dentist** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialties** |
| Adult Dentures |
| General Dentistry |
| Oral Surgery |
| Periodontist |
| Orthodontist |
| Other Dentist |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| Drug Enforcement Administration Registration Certificate *(Required to prescribe controlled substances)* |
| |

**Additional Information:**

- Dental groups must be owned by a dentist(s) in accordance with s. 466.0285, F.S.
- Dentists with a Dental Health Access License must be linked as a member of a school, FQHC, or CHD in accordance with sections 466.067 and 466.003, F.S.

| Provider Type |
| --- |
| **Department of Health Children's Medical Services** |
| **Enrollment Types** |
| Fully Enrolled |
| **Application Types** |
| Group |
| **Specialties** |
| Children's Medical Services |
| **Practice Types** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| |

**Additional Information:**

Members enrolling in a DOH Children's Medical Services (CMS) group must be an APRN, registered nurse, or case manager supervisor with an Early Steps – Infant and Toddler Developmental Services certification from the Department of Health.

| **Provider Type** |
|---|
| **Durable Medical Equipment and Medical Supply Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialties** |
| Durable Medical Equipment and Medical Supply Services |
| Medical Oxygen Retailer *(must also apply for the Durable Medical Equipment and Medical Supplies specialty)* |
| **Practice Type** |
| County Health Department |
| Diabetic Monitors and Disposable Supplies |
| Durable Medical Equipment and Medical Supply Services |
| Durable Medical Equipment and Medical Supply Services Chain *(more than 5 locations)* |
| Facility-owned (Assisted Living Facility (ALF), Ambulatory Surgical Center, Intermediate Care Facility, Home Health Agency, Nursing Home, Hospice, or Hospital) |
| Government Entity |
| Medicaid Enrolled Pharmacy |
| Orthotics & Prosthetics (O&P) Practice *(only supplies Orthotics & Prosthetics goods)* |
| Physician-owned Orthopedic Group *(only supplies Orthotics & Prosthetics goods)* |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Florida Medicaid-Approved Accreditation |
| License, Home Medical Equipment (HME) or Home Medical Equipment Exemption *(see limited exceptions below)* |
| State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(see limited surety bond exceptions below)* |
| |

**Additional Information:**

- Medical oxygen retailers must:
  - Provide a copy of Medical Oxygen Retailer permit
  - Employ or contract with a licensed registered respiratory therapist, certified respiratory therapist, or a registered nurse
  - Provide a copy of the most recent IRS Form W-4 or 1099 for the employee or the contractor

- The following providers are exempt from holding an HME license or HME license exemption, as required in section 400.93, F.S.:
  - Diabetic monitors & disposable supplies providers
  - Florida Medicaid enrolled physician-owned orthopedic groups (*orthotics and prosthetics only)*
  - Government-owned DMEs

  - Florida Medicaid enrolled pharmacies
  - Facility-owned DMEs *(must submit a valid facility license)*
  - Orthotics & prosthetics practices *(must submit a copy of the orthotics and prosthetics practitioner's professional license)*

- Durable medical equipment providers that are exempt from HME license requirements must supply a notarized affidavit confirming that:
  - The owner has a minimum of 1 year of experience as a DME owner, or
  - The owner or manager has a minimum of 1 year of management or billing experience as an employee of a DME

  The affidavit must include the name, address, and tax ID of the DME.

- The following providers are exempt from the surety bond requirement:
  - Florida Medicaid enrolled physician-owned orthopedic groups enrolling for DME services solely to provide orthotics and prosthetics
  - Government-owned DMEs
  - Florida Medicaid enrolled pharmacies
  - Orthotics & prosthetics practices *(must submit the practitioner's orthotics or prosthetics professional license)*

- The following providers are exempt from the accreditation requirement in accordance with section 409.912, F.S.:
  - Government-owned DMEs
  - Florida Medicaid pharmacies
  - Physician-owned orthopedic groups

| **Provider Type** |
| --- |
| **Early Intervention Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Professional Early Intervention Services |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Proof of one of the following *(not required for groups)*:<br>• Professional Healing Arts License<br>• FDOH CMS Infant Toddler Developmental Specialist (ITDS) Certificate |
| Proof of Local Early Steps Program Contract or Letter of Intent to Contract *(signed by local Early Steps Program Director)* |
| Early Steps Provider Attestation Checklist from the local Early Steps office *(not required for groups)* |
| |

| Provider Type |
| --- |
| **Freestanding Dialysis Center** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialty** |
| Dialysis Center |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| Medicare Certification Letter |
| |

**Additional Information:**

- The effective date for freestanding dialysis centers is the date specified in the Medicare certification letter in accordance with s. 409.907(9)(a), F.S.

| **Provider Type** |
|---|
| **Home and Community-Based Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| Facility or Other Business Entity *(not available for long-term care waiver providers)* |
| **Specialties** *(with available Enrollment Types by Specialty)* |
| Consumer Directed Care (iBudget) *(requires approval from the Agency for Persons with Disabilities)** |
| Developmental Disability (iBudget) *(requires approval from the Agency for Persons with Disabilities)** |
| Familial Dysautonomia *(requires approval from the Agency for Health Care Administration)*** |
| Model *(requires approval from the Agency for Health Care Administration)*** |
| Statewide Medicaid Managed Care Waiver Services *(limited enrollment only)**** |
| **Practice Type** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Medicaid Waiver Specialist approval for Specialty Type |
| |

**Additional Information:**

*****iBudget Waiver Consumer Directed Care and Developmental Disability applicants must contact the Florida Agency for Persons with Disabilities for approval information.

******Familial Dysautonomia and Model Waiver applicants must contact the Florida Agency for Health Care Administration for approval information.

*** Nurse Registries enroll under specialty 095 (Statewide Medicaid Managed Care Waiver).

| **Provider Type** |
|---|
| **Home Health Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| Facility or Other Business Entity |
| **Specialties** |
| Personal Care |
| Independent Nurse, Licensed Practical Nurse (LPN) |
| Independent Nurse, RN |
| Private Duty Nursing |
| Home Health Agency |
| **Practice Type** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Facility |
| **Additional Required Documents for Independent Nurse, LPN and Independent Nurse, RN** |
| License, Professional |
| **Additional Required Documents for Personal Care Providers Exempt from Home Health Agency Licensure under s. 400.464, F.S.** |
| • Unlicensed personal care providers, must provide:<br>o A certificate of exemption from home health agency licensure, issued per s. 400.464, F. S.<br>o Copy of training for all the following:<br>▪ Cardiopulmonary resuscitation<br>▪ Infection control<br>▪ HIV/AIDS<br>o A copy of one of the following:<br>▪ Resume or history of employment showing at least 1 year of experience working in medical, psychiatric, nursing or a childcare setting; or working with individuals who have a disability<br>▪ Transcript showing college, vocational or technical training in medical, psychiatric, nursing, childcare, or developmental disabilities equal to 30 semester hours, 45 quarter hours, or 720 classroom hours |
| **Additional Required Documents for Home Health Agencies that Provide Skilled Services** |
| Medicare Certification Letter* |
| |

**Additional Information:**

*****Home health agencies must be either Medicare certified or meet the standards for Medicare certification through accreditation as outlined below in order to qualify for limited or full enrollment in Florida Medicaid:

- Meet the requirements for Medicare certification by demonstrating compliance during a survey conducted by the Agency for Health Care Administration's Division of Health Quality Assurance
- Be accredited with deemed status by an organization granted deeming authority by the Centers for Medicare and Medicaid Services such as:
  - The Joint Commission (TJC)
  - The Community Health Accreditation Partner (CHAP)
  - The Accreditation Commission for Health Care (ACHC)

Home health agencies providing only private duty nursing services, or private duty nursing and family home health aide services, in accordance with Rule 59G-4.261, F.A.C., 42 CFR 440.80, and 42 CFR 440.60 are not required to have Medicare certification or its accreditation equivalents for participation in the Medicaid program to enroll with Florida Medicaid. If Medicare certification or its accreditation equivalents are not provided, the home health agency may not enroll with a specialty of Home Health Agency but may enroll with a specialty of Private Duty Nursing.

| Provider Type |
| --- |
| **Hospice** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialty** |
| Hospice |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| Medicare Certification Letter |
| |

**Additional Information:**

- Full Enrollment requires a State of Florida facility license.
- Out-of-state hospice facilities must apply for Limited Enrollment.

| Provider Type |
|---|
| **Hospital** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialty** |
| General Hospital |
| **Practice Types** |
| General Hospital (Acute) |
| General Hospital (except OB) |
| Pediatric Hospital |
| Rehabilitation |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| |

**Additional Information:**

- A clinic operated by a hospital must enroll as a Physician group provider.
- An off-site emergency facility that operates under the hospital license is not required to enroll.

| **Provider Type** |
|---|
| **Independent Laboratory** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialty** |
| Independent Laboratory |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(required for first year of enrollment)* |
| Clinical Laboratory Improvement Amendments (CLIA) Certificate |
| Medicare Certification Letter |
| |

**Additional Information:**

- Independent laboratories located outside of Florida may enroll in Florida Medicaid with a valid CLIA certificate.

| **Provider Type** |
| --- |
| **Licensed Midwife** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Licensed Midwife |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| |

| Provider Type |
| --- |
| **Medical Assistant** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Anesthesiology Assistant |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| |

| **Provider Type** |
| --- |
| **Medical Foster Care - Personal Care Provider** |
| **Enrollment Types** |
| Fully Enrolled |
| **Application Type** |
| Sole Proprietor |
| **Specialty** |
| Medical Foster Care – Personal Care Provider |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Department of Children and Families Foster Care |
| Certifications required:<br>• Medical Foster Care Medical Director Review of MFC Parent and Home Requirements<br>• Medical Foster Parenting Course Student Assessment Record |
| |

| **Provider Type** |
| --- |
| **Optometrist or Optician** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialties** |
| Optometrist |
| Optician |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| Drug Enforcement Administration Registration Certificate *(optometrists-required to prescribe controlled substances)* |
| |

| **Provider Type** |
| --- |
| **Physician** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialties** |
| See Appendix B for a complete listing of available specialties |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| Drug Enforcement Administration Registration Certificate *(Required to prescribe controlled substances)* |
| **Additional Required Documents for Sole Proprietor Enrolling as a Member of a Group or a Group** |
| Physician Group Certificate of Ownership, AHCA Form 5000-1068, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(Groups only)* |
| State of Florida Agency for Health Care Administration Florida Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(required for groups with majority ownership by non-physicians)* |
| **Mobile Clinics Affiliated with Academic Medical Institutions** |
| Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation documentation |
| |

| **Provider Type** |
| --- |
| **Physician Assistant** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Chiropractor |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Practitioner Collaborative Agreement, AHCA Form 5000-1067, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(Required for Sole Proprietors and Sole Proprietors Enrolling as a Member of a Group)* |
| License, Professional |
| Drug Enforcement Administration Registration Certificate *(Required to prescribe controlled substances)* |
| **Additional Required Documents for a Group** |
| n/a |
| **Additional Required Documents for Certified Chiropractic Physician Assistants** |
| Licensure certification approved by the Florida Board of Chiropractic Medicine |
| |

| **Provider Type** |
| --- |
| **Podiatrist** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialty** |
| Podiatrist |
| **Practice Types** |
| Individual or Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| Drug Enforcement Administration Registration Certificate *(Required to prescribe controlled substances)* |
| |

| Provider Type |
| --- |
| **Portable X-ray** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialty** |
| Portable X-ray |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| Medicare Certification Letter |
| |

| **Provider Type** |
|---|
| **Prescribed Drug Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Type** |
| Group Facility of Other Business Entity |
| **Specialties** |
| Community Pharmacy |
| Infusion Pharmacy |
| Long Term Care, Non-community |
| Institutional Class I Pharmacy, Hospital or Nursing Home |
| Tax Supported |
| 340B Pharmacy |
| Dispensing Practitioner *(requires a valid dispensing practitioner license)* |
| Nuclear Pharmacy |
| Special Pharmacy, Parenteral, Assisted Living Facility, Closed System, End State Renal Disease |
| **Practice Type** |
| Pharmacy |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Pharmacy Permit or Dispensing Practitioner License |
| Pharmacist License *(except for Dispensing Practitioner)* |
| Current Inventory Report |
| Drug Enforcement Administration Registration Certificate *(Required to prescribe controlled substances)* |
| |

**Additional Information:**

- Dispensing practitioners must enroll as both a physician and a pharmacy.
- Pharmacies who supply DME or medical supplies out of the pharmacy location can submit a New Service Type or Additional Address Request to obtain a Medicaid ID for purposes of billing those products.

| Provider Type |
| --- |
| **Prescribed Pediatric Extended Care Center** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Type** |
| Sole Proprietor |
| **Specialty** |
| Prescribed Pediatric Extended Care |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Facility |
| |

| Provider Type |
| --- |
| **Registered Dental Hygienist** |
| **Enrollment Types** |
| Fully Enrolled |
| **Application Types** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| Registered Dental Hygienist |
| **Practice Types** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| |

**Additional Information:**

- Registered dental hygienists must enroll as a member of a school, an FQHC, or a CHD, in accordance with sections 409.906 and 466.003, F.S.

| **Provider Type** |
|---|
| **Registered Nurse/Licensed Practical Nurse** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| County Health Department – Certified Match RN/LPN |
| Registered Nurse First Assistant |
| **Practice Types** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional *(including an active multi-state license under section 464.0095, F.S.)* |
| **Additional Required Documents for RNFAs** |
| Certificate in Perioperative Nursing |
| |
| |

**Additional Information:**

- County Health Department – Certified Match RN/LPN providers must enroll as members of a CHD.
- If providing Department of Health Child Medical Services TCM (Early Steps):
  - Early Steps Attestation
  - Letter of Intent to Contract/Proof of Contract with the Local Early Steps program

| **Provider Type** |
|---|
| **Residential and Freestanding Psychiatric Facility** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialties** *(with available Enrollment Types by Specialty)* |
| Freestanding Psychiatric Hospital for Children |
| Freestanding Psychiatric Hospital for Adults |
| Addictions Receiving Facilities *(limited enrolled only)* |
| Residential Treatment Centers for Child/Adolescent *(fully enrolled only)* |
| Crisis Stabilization Unit |
| Short-Term Residential Treatment *(limited enrolled only)* |
| Psychiatric Resident Treatment Facility *(fully enrolled only)* |
| Statewide Inpatient Psychiatric Program |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| Medicare Certification Letter |
| |

**Additional Information:**

Statewide Inpatient Psychiatric Programs must be approved by the Agency prior to Florida Medicaid enrollment.

Out-of-state facilities must provide the following:

- Proof of Medicaid enrollment and a successful survey completed by the provider's State Medicaid Agency.
- An attestation of compliance with the federal seclusion and restraint standards in 42 CFR 483.350-4832.376.

| **Provider Type** |
| --- |
| **Schools – Public, Private, and Charter** |
| **Enrollment Type** |
| Fully Enrolled |
| **Application Type** |
| Group |
| **Specialties** |
| Public |
| Private |
| Charter |
| **Practice Type** |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Approval from the Agency for Health Care Administration |
| |

**Additional Information**

School applicants must contact the Florida Agency for Health Care Administration for approval information.

Schools must submit the following forms, incorporated by reference, for the services provided, as applicable:

- School District Assurance Agreement Provider Credentialing of Behavioral Sciences Staff, AHCA Form 5000-1160, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Mental Health Counselors and Family Therapists, AHCA Form 5000-1161, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Behavior Analysts, AHCA Form 5000-1162, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Psychologists, Behavior Analysts, and Social Workers, AHCA Form 5000-1163, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Registered Nurses and Licensed Practical Nurses, AHCA Form 5000-1164, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of School Health Aides, AHCA Form 5000-1165, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.
- School District Assurance Agreement Provider Credentialing of Therapists and Therapy Assistants, AHCA Form 5000-1166, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C.

| School Health Provider (Private and Charter Schools Only)* |
|---|
| **Enrollment Type** |
| Fully Enrolled |
| **Application Type** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| Certified Assistant Behavior Analyst |
| Certified Behavior Analysts (Lead) |
| Licensed Practical Nurse |
| Marriage and Family Therapists |
| Mental Health Counselors |
| Occupational Therapist |
| Occupational Therapy Assistants |
| Physical Therapist |
| Physical Therapy Assistants |
| Psychologists or School Psychologists |
| Registered Nurses |
| School Counselors |
| School Health Aides |
| Social Workers |
| Speech Language Pathologists |
| Speech-Language Pathology Therapy Assistants |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| Approval from the Agency for Health Care Administration |

**Additional Information:**
All providers delivering services at a private or charter school must independently enroll in Florida Medicaid.

*Providers must be licensed, certified, or have training documentation as outlined below:

- Occupational Therapists and Occupational Therapy Assistants:
  - Professional license
- Physical Therapists and Physical Therapist Assistants:
  - Professional license
- Speech-Language Pathologists must have one of the following:
  - Professional license (Provisional licenses are acceptable)
  - Certificate of Clinical Competence (CCC) from the American Speech and Hearing Association (ASHA) or ASHA membership care stating “Certified Member”
  - Certification from the Florida Department of Education as a “Speech-Language Impaired—Professional” (must be a professional certificate—temporary certificates or certificates with alternative wording are not acceptable)

- Speech-Language Pathology Assistants:
  - Professional license
- Psychologists/School Psychologists must have one of the following:
  - Professional license as a psychologist or school psychologist
  - Certification from the Florida Department of Education as a certified school psychologist (temporary certifications are acceptable)
- Social Workers must have one of the following (temporary licenses are not acceptable):
  - Professional license as a clinical social worker
  - Certification from the Florida Department of Education as a school social worker with a bachelors or master's level degree in social work
- Certified Behavior Analysts (Lead)
  - Certification from the Behavior Analyst Certification Board as a Board-Certified Behavior Analyst (BCBA)
- Certified Assistant Behavior Analysts
  - Certification from the Behavior Analyst Certification Board as a Board-Certified Assistant Behavior Analyst (BCaBA)
- Mental Health Counselors must have one of the following (temporary licenses are not acceptable):
  - Professional license
  - Master's degree and provisional license or board registration as an intern
- Marriage and Family Therapists must have one of the following (temporary licenses are not acceptable):
  - Professional license
  - Master's degree and provisional license or board registration as an intern
- School Counselors
  - Certification from the Florida Department of Education as a School Counselor
- Registered Nurses and Licensed Practical Nurses
  - Professional license
- School Health Aides
  - Documentation that the school health aide has completed all of the following training through or by the school district:
    - Cardiopulmonary resuscitation (CPR)
    - First Aid
    - Medication Administration
    - Patient/student-specific training

    CPR and first aid training may be provided by accredited national organizations (e.g., Red Cross, American Heart Association); however, training documentation for Medication Administration and patient/student-specific training must be signed and dated by a registered nurse.

| Provider Type |
| --- |
| **Skilled Nursing Facility, Hospital-based Skilled Nursing Facility, or Rural Hospital Swing Bed Facility** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Facility or Other Business Entity |
| **Specialties** |
| Skilled Nursing Facility |
| Hospital-based Skilled Nursing Facility |
| Intermediate Care Facility |
| Rural Hospital Swing Bed Facility |
| **Practice Types** |
| Nursing Home, Dual Certified |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Institutional Medicaid Provider Agreement |
| License, Facility |
| |

**Additional Information:**

- Full Enrollment requires a State of Florida facility license.
- Out-of-state nursing facilities must apply for Limited Enrollment.

| **Provider Type** |
| --- |
| **Social Worker Case Managers** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor Enrolling as a Member of a Group |
| **Specialties** |
| Children's Medical Services – Targeted Case Management |
| Mental Health Targeted Case Management |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| Social worker case managers must submit a copy of one or more of the following, as applicable:<br>If providing Mental Health TCM:<br>• Case Management Supervisor Certification from the Florida Certification Board<br>• Case Manager Certification from the Florida Certification Board<br><br>If providing Department of Health Child Medical Services TCM (Early Steps):<br>• Early Steps Attestation (not required for groups)<br>• Letter of Intent to Contract/Proof of Contract with the Local Early Steps program (not required for groups) |
| |

| **Provider Type** |
|---|
| **Specialized Therapeutic Services** |
| **Enrollment Types** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialties** |
| Specialized Therapeutic Services |
| Specialized Therapeutic Foster Care |
| Comprehensive Behavioral Health Assessment |
| **Practice Types** |
| Individual |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional *(Required for Specialized Therapeutic Services specialty when applicant is a Psychiatric Nurse, Registered Nurse, APRN, Physician Assistant, Clinical Social Worker, Mental Health Counselor, Marriage & Family Therapist, or Psychologist) (not required for groups)* |
| Certification *(one of the following if unlicensed) (not required for groups)*<br>• Comprehensive Behavioral Health Assessment Agency and Practitioner Self-certification, AHCA Form 5000-3512, March 2014, incorporated by reference in Rule 59G-1.060, F.A.C. (*Required for Comprehensive Behavioral Health Assessment specialty)*<br>• Therapeutic Foster Care Provider Agency Self-Certification - AHCA Form 5000-3513, March 2014, incorporated by reference in Rule 59G-1.060, F.A.C. (*Required for Specialized Therapeutic Foster Care specialty)* |
| |

**Additional Information**

- Specialized therapeutic services providers with a specialty of Specialized Therapeutic Services must link to a community behavioral health services group provider for full enrollment. Specialized therapeutic service providers do not need to link to a community behavioral health provider for limited enrollment.
- Specialized therapeutic foster care providers must link to a community behavioral health center or a specialized therapeutic services group provider.
- Comprehensive behavioral health assessment providers must link to a specialized therapeutic services group provider.
- Specialized therapeutic foster care groups must have at least one Medicaid enrolled physician with the specialized therapeutic foster care specialty as a group member.

| Provider Type |
|---|
| **Therapy Services** |
| **Application Type** |
| Fully Enrolled |
| Limited |
| **Application Types** |
| Sole Proprietor |
| Sole Proprietor Enrolling as a Member of a Group |
| Group |
| **Specialties** |
| Occupational Therapist |
| Physical Therapist |
| Speech Language Pathologist |
| Respiratory Therapist |
| **Practice Types** |
| Individual Practitioner |
| Group |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| License, Professional |
| |

## Additional Information

- Speech-language pathologists who are provisionally licensed must meet both of the following:
  - In the process of qualifying for a Certificate of Clinical Competence (CCC) from the American Speech and Hearing Association
  - Supervised by a Medicaid enrolled licensed speech language pathologist linked to the therapy group
- Physical Therapy Assistants, Occupational Therapy Assistants, Respiratory Assistants, and Speech-language Pathology Assistants may not enroll.
- Physical Therapists and Speech-Language Pathologists with temporary licenses may enroll as Medicaid providers.
- Occupational Therapists who hold temporary licenses may not enroll.

| **Provider Type** |
| --- |
| **Trading Partner** |
| **Enrollment Types** |
| Fully Enrolled |
| **Application Types** |
| Facility or other Business Entity |
| **Specialty** |
| Trading Partner |
| **Practice Types** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| |

| **Provider Type** |
|---|
| **Transportation** |
| **Enrollment Type** |
| Fully Enrolled |
| Limited |
| **Application Type** |
| Facility or other Business Entity |
| **Specialties** *(with available Enrollment Types by Specialty)* |
| Ambulance |
| Air Ambulance |
| Government or Municipal |
| Multi-load Private |
| Non-emergency |
| Non-profit |
| Private |
| Taxicab |
| **Practice Type** |
| Individual |
| **Required Documents** |
| Required documents for all provider types listed in Appendix B |
| Non-institutional Medicaid Provider Agreement |
| State License *(Ambulance and Air Ambulance only, in accordance with Part III, Chapter 401, F.S.)* |
| Local License |
| Operator's License *(Private transportation and Taxicab only)* |
| Medicare Certification Letter *(ambulance only)* |
| State of Florida Agency for Health Care Administration Medicaid Provider Surety Bond, AHCA Form 5000-1064, June 2019, incorporated by reference in Rule 59G-1.060, F.A.C. *(Non-emergency, Multi-load, and Taxicabs only) (not required if contracted through the transportation coordinator)* |
| Proof of liability insurance ($100,000 per person & $200,000 per incident) |
| |

**Additional Information**

- Transportation Network Companies
  - Individual drivers must pass one of the following:
    - A Level I background screening in accordance with section 435.03, F.S.
    - A background screening using a process that yields the same minimum results as a background screening completed in accordance with section 435.03, F.S.