Enrolling as a Florida Medicaid Behavior Analysis Provider
Provider Enrollment Webinar
Objectives

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

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

To access the question panel, click the at the top right of your screen and a dialog box will display. Type your inquiry into the Questions panel and click Send to submit.
An Overview of Florida Medicaid Behavior Analysis
Overview

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

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

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

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

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

- To participate in the network of a Medicaid health plan.
- To bill for services and receive payment directly from Medicaid.
- To participate in both the network of a Medicaid health plan, as well as to bill for services and receive payment directly from Medicaid.
- To participate solely as a physician, or other professional practitioner, as a referring, ordering, certifying, or prescribing provider of items or services for Medicaid recipients.

Select the option that best describes your application type:

- Sole proprietor
- Sole proprietor enrolling as a member of a group
- Group
- Facility or other business entity

What is your provider type:

- BEHAVIOR ANALYSIS

What is your specialty:

- LEAD ANALYST

Enrollment Checklist

- BACKGROUND SCREENING
- CERTIFICATE OF ANALYST (BCBA) OR CERTIFICATE ANALYST DOCTORAL (BCBA-D)
- COPY OF PROFESSIONAL LICENSE OR CERTIFICATION
- GROUP MEMBERSHIP AGREEMENT - PROVIDER
- NON-INSTITUTIONAL PROVIDER AGREEMENT
- PROOF OF TAX ID
Enrollment Requirements
Enrolling in the Florida Medicaid Behavior Analysis Program

Enrollment Process

1. Provider submits an Enrollment Application via the Florida Medicaid Web Portal Online Enrollment Wizard.

2. The Enrollment Application is evaluated based on the enrollment rules. The Agency completes the credential verification process and site visit.

3. The Enrollment Application is finalized. Provider receives a letter containing the final status, whether approved or denied.

4. Once the Enrollment status is Active, the provider receives:
   - Welcome Letter;
   - Florida Medicaid ID; and
   - PIN Letter.

5. Provider sets up a user account for the secure Web Portal.
Behavior analysis providers may only apply to become a Fully enrolled provider.
Available Specialties for Behavior Analysis Providers

- **Specialty 390**
  - Registered Behavior Technician

- **Specialty 391**
  - Assistant Behavior Analyst

- **Specialty 392**
  - Lead Analyst

- **Specialty 393**
  - Behavior Analysis Group
Application Types

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

**Sole Proprietor Enrolling as a Member of a Group**
- An individual provider who will be enrolling as a member of a group.

**Group**
- A business entity representing a group of individual Medicaid providers.
Application Types

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

390 Registered Behavior Technician
Application Type: Sole Proprietor Enrolling as a Member of a Group

391 Assistant Behavior Analyst
Application Type: Sole Proprietor Enrolling as a Member of a Group

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

393 Behavior Analysis Group
Application Type: Group
Requirements

- Florida Medicaid Provider Enrollment Application
- Non-Institutional Medicaid Provider Agreement
- Proof of Tax ID (e.g.: IRS Letter 147c, IRS Form SS-4, IRS Form W-9, or SSN card.)
- Fingerprint-Based Criminal Background Check
- Proof of Certification
Enrolling in the Florida Medicaid Behavior Analysis Program

Behavior Analysis Provider Enrollment Moratorium

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

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

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

The moratorium **will remain in effect** for **group providers** seeking enrollment in Miami-Dade or Broward county.
Acceptable Documentation for Proof of Certification
Proof of Certification

Providers must ensure the proof of certification meets the following criteria:

- The copy is in **color**. Black and white scans or copies will be rejected.
- The name of the applicant and the name on the BACB document must match.
- The application date is prior to the expiration date of the certification.
- Must be active.
- Must show Supervision field.
Additional Information for 390 Registered Behavior Technician

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

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

Must link to a Medicaid-enrolled Behavior Analysis Group.
Additional Information for 391 Assistant Behavior Analyst

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

Proof of certification must include:
• Behavior Analyst Certification Board designation as a Board Certified Assistant Behavior Analyst (BCaBA)

Must link to a Medicaid-enrolled Behavior Analysis Group.
Additional Information for 392 Lead Analyst

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

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

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

A site visit is required if enrolling as a Sole Proprietor
Additional Information for 393 Behavior Analysis Group

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

- Behavior Analysis groups must have at least one Lead Analyst as a group member.
- Group member must be enrolled in Medicaid as a Registered Behavior Technician, Assistant Behavior Analyst, or Lead Analyst.
- For billing purposes, each Behavior Analysis group must submit a list of treating providers within the group.
- Each of the group's treating providers must be individually enrolled in the Florida Medicaid program in order to be linked to the group in the Medicaid system.
- A site visit is required.
### Sample Board Certification: RBT

<table>
<thead>
<tr>
<th>Location</th>
<th>State</th>
<th>Country</th>
<th>Status</th>
<th>Active</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>PORT ST LUCIE</td>
<td>FL</td>
<td>United States</td>
<td>Active</td>
<td>Yes</td>
<td>(RBT Supervisor)</td>
</tr>
<tr>
<td>Calabasas</td>
<td>CA</td>
<td>United States</td>
<td>Active</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Location: PORT ST LUCIE, FL United States
Registration Number: RBT [Redacted]
Status: Active
Original Certification Date: 2019-02-14
Expiration Date: 2020-02-14
Sample Board Certification: BACB Certificate

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

Supervision:
[redacted]

(BCaBA Supervisor)
Sample Board Certification: Color BACB Letter

March 5, 2019

Appopla, Florida 32703

To Whom It May Concern:

Please accept this letter as verification that [Name] is currently credentialed as a Registered Behavior Technician (RBT). This credential was issued 12/19/2018 and expires 12/19/2019. RACB credentials are subject to annual renewal and continued compliance with BACB policies. This credential is not currently disciplined.

Best,

[Signature]

BACB Verifications

7950 Shellher Parkwy, Littleton CO 80127 USA | Tel 1-720-438-4321 | www.BACB.com
Submitting an Enrollment Application
# Navigation

## Online Enrollment Wizard

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


From the top navigation menu, hover over the Provider Services tab, then click Enrollment.
Enrollment Application
Online Enrollment Wizard

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

**New Medicaid Providers**

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

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

**INTERACTIVE ENROLLMENT CHECKLIST**

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

**ONLINE ENROLLMENT WIZARD**

Online Enrollment Wizard Frequently Asked Questions (FAQ)

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

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

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

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

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

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

Enrollment Type Confirmation Panel

Welcome Statement > Enrollment Type Determination > Enrollment Type Confirmation

Enrollment Type Confirmation

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

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

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

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

If a choice was made incorrectly, providers can click **previous**, or if correct, click **continue**.
The Application Tips panel is where the applicant is advised of documentation that will be needed in the enrollment application process.
Enrollment Application
Request Type Panel

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

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

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

Identifying Information Panel

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

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

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

The Service Location panel is where applicants enter information for the location where services will be rendered.
Enrollment Application
Mailing Address Panel

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

Note: If submitting a W-9 or 147c, the Pay To address must match the address on the document provided.
Enrollment Application
Home/Corp Office Address Panel

The Home/Corp Office Address panel offers the option for applicants to select a previously entered address, or enter a new address if different.
When applicants have entered sufficient information in the previous steps of the application, an application tracking number (ATN) is created. The ATN Information panel is displayed. The panel lists the ATN information for the provider and advises them that enough information has been entered to leave and continue the application at a later date, if desired.
The Member of the Following Groups panel is where applicants enter information for the group they would like to be a part of.

Note: The Effective Date cannot be earlier than the application submission date.
Enrollment Application
Owners and Operators Panel

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

Note: Sole Proprietors Enrolling as a Member of a Group do not require medical and financial custodians.
Enrollment Application
Applicant History Panel

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

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

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

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

Providers must click upload required documents to submit required documentation. Applications will not be processed until all required documentation is received.

Note: Do not close the browser while the page is submitting.
Verifying the Status of an Enrollment Application
Verifying the Status of an Enrollment Application

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

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

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

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

Attention Behavior Analysis Applicants (Provider Type 39)

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

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

To search for an application’s status, enter the corresponding ATN, followed by either the registered business name or last name. Once the correct information is entered, click search.
A Search Results panel will appear under the Enrollment Tracking Search panel. The Status column shows the application status in the first row, followed by each application component’s status in the following rows. Providers are encouraged to use the Web Chat feature for any questions or concerns regarding their application. To initiate a web chat, click the green button found on the bottom-right of the Search Results panel.

<table>
<thead>
<tr>
<th>ATN</th>
<th>Name</th>
<th>Document</th>
<th>Status</th>
<th>Status Date</th>
<th>Provider ID</th>
<th>Effective Date</th>
<th>Provider Screening Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>TOM FORD</td>
<td>FULL ENROLLMENT PROCESS</td>
<td>STATE REVIEW</td>
<td>04/05/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456</td>
<td>TOM FORD</td>
<td>BACKGROUND SCREENING</td>
<td>VERIFIED</td>
<td>04/01/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456</td>
<td>TOM FORD</td>
<td>CERT-REGISTERED BEHAVIOR TECHNICIANS (RBT)</td>
<td>VERIFIED</td>
<td>04/01/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456</td>
<td>TOM FORD</td>
<td>GROUP MEMBERSHIP AGREEMENT - PT39/P5393</td>
<td>VERIFIED</td>
<td>04/01/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456</td>
<td>TOM FORD</td>
<td>NON-INSTITUTIONAL PROVIDER AGREEMENT</td>
<td>VERIFIED</td>
<td>04/01/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123456</td>
<td>TOM FORD</td>
<td>PROOF OF TAX ID</td>
<td>VERIFIED</td>
<td>04/01/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Print a copy of the application for your records. Print Application
- Required documents can be uploaded:
  - Enrollment forms are available on this site.
  - Upload required documents.
Application Deficient Status

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

Deficiencies increase the enrollment application processing timeframe.

Most common application deficiencies include:

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

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

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

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

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

Approved

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

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

Denied

The application or supporting documentation was deemed deficient.

Applicants receive a letter from the Agency informing them their application was denied.
Maintaining Provider Information
Provider Responsibilities

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

To meet all the provider qualifications, providers must:

- Ensure that information on their enrollment file is accurate and up to date.
- Maintain their files and group linkage information via their secure Web Portal accounts.
Provider File Maintenance

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

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

For detailed instructions on how to successfully upload documents via the File Upload panel, refer to the Provider File Maintenance Quick Reference Guide found on the public Web Portal.
Group Linkage

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

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

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

For detailed instructions on how to successfully link to a group, refer to the Group Linking and Delinking Quick Reference Guide found on the public Web Portal.
Frequently Asked Questions
Enrollment
Frequently Asked Questions

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

A Medicaid Provider Enrollment Level 2 background screening is required, and it must be within the last 5 years. Additional information regarding the background requirements can be found on the Background Screening page of the Agency’s website: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/index.shtml.

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

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

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

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

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

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

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

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

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

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

Note: Providers should contact the Agency with policy questions.

Behavior Analysis Services Information page

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/BA_Services.shtml

Medical and Behavioral Health Coverage Policy page

http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/index.shtml

Behavioral Health and Health Facilities page

http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/index.shtml

Health Care Clinics page

http://ahca.myflorida.com/healthcareclinic
Summary

In this webinar, we discussed...

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

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

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