

# Medicaid Help Guide

## Chapter 2020-71, Laws of Florida

### Introduction

To ensure a successful implementation of Chapter 2020-71, Laws of Florida, APD has developed this document to provide guidance on the Florida Medicaid provider enrollment and maintenance processes.

Florida Medicaid and APD have certain requirements for various provider types regarding the type of Medicaid number that is to be obtained and utilized to successfully submit provider claims for payment. It is critical for applicants and current providers to gain the correct Medicaid number to be able to receive payment for services rendered.

### Definitions

**Agency for Healthcare Administration (AHCA)** - Statutorily created by Chapter 20, Florida Statutes. AHCA is the agency responsible for the implementation of the Medicaid program in Florida.

**Florida Medicaid** – The Agency for Healthcare Administration’s program to provide healthcare to low-income Floridians who may otherwise go without medical care.

**Florida Medicaid Management Information System (FMMIS or FLMISS)** – AHCA’s online portal where new applicants apply for a Medicaid number, current providers perform maintenance and submit their claims for payment.

### AHCA Guides, Handbooks, and Links

Please use these guides, handbooks, and website quick links to Medicaid’s most current tools for new and current applicants and providers:

#### **Guides:**

[Medicaid Provider Enrollment Application Guide](#)

[Interactive Medicaid Provider Enrollment Checklist](#)

#### **Handbooks:**

[Medicaid Provider Enrollment Policy](#)

[Medicaid Provider General Handbook](#)

#### **Links:**

[Medicaid Provider Enrollment Application](#)

[Medicaid Enrollment Status - \(click here to check your Medicaid application status\)](#)

# Medicaid “What If” Chart

Use the chart on page 3 to help you determine what kind of Medicaid number you will need to obtain from AHCA.

## Notes:

- This chart is for most situations. If you have a situation not denoted below, please reach out to your local APD provider enrollment specialist.
- Pick your situation from the “What if...” column and follow the from chart left to right.
- If you need to apply for a Medicaid number with AHCA, you will be required to submit an “Initial iBudget Waiver Signoff Form” as part of the Medicaid application (formerly known as the “iBudget listings letter”). APD Regional Provider Enrollment staff will issue this form to applicants during the provider enrollment process.
- Please refer to your APD-issued “Initial iBudget Waiver Signoff Form” for more details on obtaining the appropriate Medicaid number for APD’s Medicaid Waiver program

What if....	I currently have the following type of Medicaid number:	Type of Medicaid number needed for transition:	Do I need to apply with AHCA to gain a Medicaid number?	Documents needed from APD for applicant to process Medicaid application	Other changes that need to be made in the Medicaid file (applicant/provider makes these changes)
I am a current WSC agency and will submit an application to become a Qualified Organization (QO)	Group Practice number	Group Practice number	No	None	Ensure all WSCs are linked correctly to the group (AKA the WSC Agency/QO)
I am a current solo WSC or WSC who works for an agency and will submit an application to become a Qualified Organization (QO)	Individual Practice number	Group Practice number	Yes	Initial iBudget Waiver Sign-Off Form	Ensure all WSCs are linked correctly to the group (AKA the WSC Agency/QO)
I am a current APD provider of non-WSC services who will submit an application to become a Qualified Organization (QO)	Individual Practice number	Group Practice number	Yes	Initial iBudget Waiver Sign-Off form	Ensure all WSCs are linked correctly to the group (AKA the WSC Agency/QO)
I am an employee of a non-WSC APD provider agency who will submit an application to become a Qualified Organization (QO)	None or a provider number for another non-APD program	Group Practice number	Yes	Initial iBudget Waiver Sign-Off Form	Ensure all WSCs are linked correctly to the group (AKA the WSC Agency/QO)
I am a new provider applicant who will submit an application to become a Qualified Organization (QO)	None or a provider number for another non-APD program	Group Practice number	Yes	Initial iBudget Waiver Sign-Off form	Ensure all WSCs are linked correctly to the group (AKA the WSC Agency/QO)
I am a current solo WSC who will join a Qualified Organization as a WSC	Individual Practice number	Individual Practice number	No	None	Ensure you are linked to the correct group (AKA the WSC agency/QO)
I am a WSC who works for a WSC agency, and will continue to be a WSC working for the same WSC Agency (agency will apply as a Qualified Organization)	Individual Practice number	Individual Practice number	No	None	Ensure you are linked to the correct group (AKA the WSC agency/QO)
I am an employee of a non-WSC APD provider agency and will submit an application as a WSC to join a Qualified Organization	None or a provider number for another non-APD program	Individual Practice number	Yes	Initial iBudget Waiver Sign-Off form	Ensure you are linked to the correct group (AKA the WSC agency/QO)
I am a current APD provider of non-WSC services and will submit an application as a WSC to join a Qualified Organization	Individual Practice number	Individual Practice number	No	None	Ensure you are linked to the correct group (AKA the WSC agency/QO)
I am a new provider applicant and will submit an application as a WSC to join a Qualified Organization	None or a provider number for another non-APD program	Individual Practice number	Yes	Initial iBudget Waiver Sign-Off Form	Ensure you are linked to the correct group (AKA the WSC agency/QO)
I am a current WSC agency owner who will submit an expansion request to provide other APD services in lieu of support coordination	Group Practice number and Individual Practice number (if I currently have a caseload)	Individual Practice number	Apply with AHCA only if you do not currently have an Individual Practice number	Initial iBudget Waiver Sign-Off Form (if you need to apply with AHCA)	Voluntarily terminate your Group Practice number
I am a current solo WSC who will submit an expansion request to provide other APD services in lieu of support coordination	Individual Practice number	Individual Practice number	No	None	N/A
I am a current WSC working for a WSC agency who will submit an expansion request to provide other APD services in lieu of support coordination	Individual Practice number	Individual Practice number	No	None	1. Ensure there is an EFT on file 2. Unlink from group (if applicable)
I am a current solo WSC who wishes to go work for another APD provider of non-WSC services (as an employee)	Individual Practice number	None	No	None	Voluntarily terminate your Individual Practice number
I am a current WSC who works for a WSC agency who wishes to go work for another APD provider of non-WSC services (as an employee)	Individual Practice number	None	No	None	Voluntarily terminate your Individual Practice number
I am a WSC changing support coordination agencies/QOs	Individual Practice number	Individual Practice number	No	None	Ensure you are linked to the correct group (AKA the WSC agency/QO)

**Definitions:**

WSC = Waiver Support Coordinator  
 QO = Qualified Organization  
 AHCA = Agency for Healthcare Administration