The Pending Provider List (PPL) is a resource available for all Medicaid health plans. The PPL contains a listing of all Medicaid provider applications that are currently pending with Medicaid.

Alternatively, the Provider Master List (PML) contains a current listing of all Medicaid providers who are enrolled with Medicaid and have an active status within the last eighteen (18) months. Both lists are located on the Managed Care page of the public Web Portal.

Note: The Application Tracking Number (ATN) field will not be populated. If the Agency for Health Care Administration (Agency) decides to include this information in the future, the appropriate parties will be notified.

Contents of the PPL
- All pending Medicaid Providers
- Primary Specialty and Taxonomy
- Service Address
- The National Provider Identifier (NPI), Taxonomy, and ZIP+4 that are associated with each covered health care provider's pending application
- Professional or Facility License
- Enrollment Type (Registered, Limited, Enrolled, ROPA)
- Application Status and Status Date

Taxonomy
Florida Medicaid requires a Taxonomy to be submitted with each Specialty. As such, Taxonomy appears twice on the PPL, first associated with the Specialty and, secondly, associated with the NPI Crosswalk.

A Taxonomy is required in the NPI Crosswalk for provider enrollment and NPI updates and must be valid for the provider’s specialty. Some providers have multiple Medicaid provider IDs sharing an NPI. These providers can combine a different Taxonomy based on provider specialty and/or ZIP+4 with the NPI on each provider record in order to distinguish one record from another. This combination of NPI, Taxonomy, and ZIP+4 is referred to as the NPI Crosswalk. X12 837 transactions submitted to Medicaid, or to a Medicaid health plan, should include the NPI Crosswalk information exactly as listed on the providers’ records. Submitting different identifiers in a transaction can cause the transaction to reject or deny.

An online, searchable Taxonomy Guide used to view a list of taxonomies appropriate for each provider and specialty type is available on the Enrollment Forms page of the public Web Portal for providers to use when registering for an NPI.

Multiple Specialties and NPI Crosswalks
Applicants will have one record on the PPL for each specialty and for each NPI submitted on the application. This is designed to give visibility to all provider data which may impact the submission of encounter data.

Examples:
- If the applicant has one specialty and one NPI Crosswalk, they will have one record on the PPL.
- If the applicant has one specialty and two NPI Crosswalks, they will have two records on the PPL.
- If the applicant has two specialties and one NPI Crosswalk, they will have two records on the PPL.
- If the applicant has two NPI Crosswalks and two specialties, they would have four records on the PPL.

See the following table for an example of how multiple records may appear on the PPL.
The PPL updates each evening, Monday through Friday, with the new listing available Tuesday through Saturday. Records are removed from the PPL after a provider has been approved or denied. Approved providers will appear on the PML within 24-48 hours after the provider update.

The PPL File Layout

<table>
<thead>
<tr>
<th>Field</th>
<th>Field Length</th>
<th>Values</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ref Taxonomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ref Zip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxonomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATN</td>
<td></td>
<td></td>
<td>This field is not currently populated.</td>
</tr>
<tr>
<td>Florida Medicaid Provider ID</td>
<td>9</td>
<td>Provider Medicaid ID</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>50</td>
<td>Provider Name</td>
<td></td>
</tr>
<tr>
<td>DBA Name</td>
<td>50</td>
<td>Doing Business As Name</td>
<td></td>
</tr>
<tr>
<td>Provider Type Code</td>
<td>2</td>
<td>Provider Type Code</td>
<td></td>
</tr>
<tr>
<td>Provider Specialty Code</td>
<td>3</td>
<td>Provider Specialty Code</td>
<td></td>
</tr>
<tr>
<td>Taxonomy Code</td>
<td>10</td>
<td>Provider Taxonomy Code</td>
<td>associated with the Provider Specialty Code</td>
</tr>
<tr>
<td>Service Location Address 1</td>
<td>60</td>
<td>Provider Service Location Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Service Location Address 2</td>
<td>60</td>
<td>Provider Service Location Address Line 2</td>
<td></td>
</tr>
<tr>
<td>Service Location Address City</td>
<td>30</td>
<td>Provider Service Location City</td>
<td></td>
</tr>
<tr>
<td>Service Location Address State</td>
<td>2</td>
<td>Provider Service Location State</td>
<td></td>
</tr>
<tr>
<td>Service Location Address Zip+4</td>
<td>10</td>
<td>Provider Service Location Zip Code</td>
<td></td>
</tr>
<tr>
<td>NPI</td>
<td>10</td>
<td>NPI on the NPI Crosswalk for the provider</td>
<td></td>
</tr>
<tr>
<td>NPI Crosswalk - Taxonomy</td>
<td>10</td>
<td>Taxonomy on the NPI Crosswalk for the provider</td>
<td></td>
</tr>
<tr>
<td>NPI Crosswalk - Zip Code</td>
<td>10</td>
<td>Zip Code on the NPI Crosswalk for the provider</td>
<td></td>
</tr>
<tr>
<td>NPI Crosswalk Effective Date</td>
<td>10</td>
<td>The effective date of the NPI Crosswalk for the provider</td>
<td></td>
</tr>
<tr>
<td>NPI Crosswalk End Date</td>
<td>10</td>
<td>The end date of the NPI Crosswalk for the provider</td>
<td></td>
</tr>
</tbody>
</table>
## Enrollment Application Status Codes

Provider enrollment applications pass through multiple processing steps necessary to verify the applicant meets all requirements for enrollment in the Medicaid program.

To determine the current status of an enrollment application, providers can enter the Application Tracking Number (ATN) and the Business or Last Name exactly as submitted on the application, including punctuation, in the search tool located on the [Enrollment Status](#) page.

<table>
<thead>
<tr>
<th>Enrollment Application Status Codes</th>
<th>Definition</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Submitted</td>
<td>The application has not been submitted to Medicaid for processing. The applicant must log into the online application, complete all sections of the application, and submit before processing can begin.</td>
<td>Awaiting Provider</td>
</tr>
<tr>
<td>Awaiting Supporting Documentation</td>
<td>The application was submitted. The applicant needs to upload the required supporting documentation as shown in the search results above before the application will be processed.</td>
<td>Awaiting Provider</td>
</tr>
<tr>
<td>In process</td>
<td>Application is being reviewed for accuracy and compliance with all provider eligibility requirements.</td>
<td>Approximately 14 Business Days</td>
</tr>
<tr>
<td>QC</td>
<td>The application has been processed and is being reviewed to ensure accurate handling by the processor.</td>
<td>Approximately 2 Business Days</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Application Deficient</td>
<td>The application or supporting documentation was deemed deficient. A letter detailing the items to be corrected and resubmitted was sent to the applicant.</td>
<td>Awaiting Provider</td>
</tr>
<tr>
<td>Background Screening</td>
<td>The application has no deficiencies and is awaiting results of the background screening.</td>
<td>&lt; 15 calendar days. If screening results are not received within 14 calendar days, a deficiency letter will be sent to the applicant.</td>
</tr>
<tr>
<td>State Review</td>
<td>Previous Denial/Termination or Background Screening</td>
<td>Approximately 3 Business Days</td>
</tr>
<tr>
<td></td>
<td>Onsite visit</td>
<td>&lt; 60 Days</td>
</tr>
<tr>
<td></td>
<td>Pre-Certification Survey for Behavioral or Home Health Services</td>
<td>&lt; 365 Days</td>
</tr>
<tr>
<td></td>
<td>Facility Rate Setting</td>
<td>Varies by Facility Type</td>
</tr>
<tr>
<td></td>
<td>Change of Ownership for Non-Facility Providers</td>
<td>Non-facility Providers, &lt;15 Days</td>
</tr>
<tr>
<td></td>
<td>Change of Ownership for Facility Providers</td>
<td>Facility Providers, length of review depends on if a survey or rate setting is required before rates are released.</td>
</tr>
</tbody>
</table>

**For More Information**

Health plans are encouraged to regularly review the Managed Care page on the public Web Portal for educational materials and other important information.

For assistance with the PPL, including reporting duplicate entries, contact Health Plan Support at healthplan.support@dxc.com.

For all other questions, contact DXC Technology, the Medicaid Fiscal Agent, at 1-800-289-7799. Select Option 7 for the Provider Services Contact Center or Option 4 for the Provider Enrollment Contact Center.