The Agency for Health Care Administration (Agency) has created a streamlined application, or Limited Enrollment, for providers who do not hold a Medicaid ID and need to complete basic credentialing which may be a prerequisite to seeking a contract with a Medicaid health plan.

With the implementation of Limited Enrollment in December 2015, providers seeking to participate in a health plan have the option to utilize a web-based Limited Enrollment application wizard, which guides them through creation of the application. The streamlined application and corresponding review process allows approved providers to receive their Medicaid IDs faster than with traditional full enrollment.

Upon receipt of a Limited Enrollment application, AHCA will perform several basic credentialing functions including licensure verification, review of background screening history, criminal history, and federal exclusion database checks. Successfully obtaining a Limited Enrollment status with Medicaid may eliminate the need for providers to undergo the basic credentialing with each plan with which they seek to contract and may reduce the time it takes for a plan to complete provider credentialing.

**NOTE:** Assignment of a Medicaid ID does not guarantee a place in the network of any health plan. Each plan may apply their own standards for provider credentialing beyond what is required by Medicaid.

Limited Enrollment is not an option for providers of services of fee-for-service recipients. Fee-for-service providers must seek traditional full Enrollment in order to directly bill Medicaid for reimbursement.

For those providers of services solely to recipients in a health plan, Limited Enrollment is a valuable option.

**Limited Enrollment Basics**

**How do providers submit a Limited Enrollment applications?**
Providers will be able to submit a Limited Enrollment application through the Public Web Portal.

**What does Limited Enrollment capture?**
The Limited Enrollment application captures all demographic information, licensure and exclusion databases verification, and background screenings in compliance with Affordable Care Act provider screening requirements.

**When will Limited Enrollment be available?**
Limited Enrollment will be available as of December 2015.

**How often does Limited Enrollment need to be renewed?**
Limited providers will be required to complete a renewal process every three (3) years, similar to the current renewal process for Enrolled providers.

**How does Limited Enrollment affect Provider Registration?**
Providers who go through the Limited Enrollment process do not need to “register.” Registration should be reserved for the use of health plans to obtain Medicaid IDs for non-participating providers.

**Providers**

**Who should apply to become a Limited Medicaid provider?**
Limited Enrollment is an option for providers who will only be paid by a health plan. Providers who wish to submit claims directly to Florida Medicaid for fee-for-service reimbursement, should apply for regular Enrollment.

**Can a Limited Medicaid provider bill fee-for-service?**
Like Registered Medicaid providers, a Limited Medicaid provider cannot bill fee-for-service claims.
If I am registered, do I have to become a Limited Medicaid provider?
Registered providers are not required to seek Limited Enrollment but can choose to go through the Limited Enrollment process. By meeting the additional credentialing elements included within the Limited Enrollment process (such as background screening), providers may experience additional efficiencies when seeking credentialing by health plans.

If I am a Limited Medicaid provider, can I later become an Enrolled Medicaid provider in order to bill fee-for-service?
Yes. Limited Medicaid providers can submit a new application to seek to become an Enrolled Provider.

Who do I contact if I have additional questions about Limited Enrollment?
DXC Technology is here to help! Once the tool goes live, you may contact the Provider Enrollment Contact Center for additional assistance at 1-800-289-7799, Option 4.

Health Plans
What provider credentialing functions will remain with the health plans?
Onsite visits, proof of education, training, and work history will remain with the health plans along with any additional criteria as determined by the plans.