Provider Renewal
Supporting Documentation

Required Documents

**Medicaid Provider Agreement** (limited enrolled providers are exempt from this requirement) – Providers must include appropriate signatures. The Medicaid Provider Agreement is available on the Enrollment Forms page of the public Web Portal.

**Background Screening** - Providers must have a current Florida Medicaid eligible screening in the Care Provider Background Screening Clearinghouse (Clearinghouse) for each person disclosed on the application.

Out-of-state providers and owners/operators of business entities who are known to PECOS (Medicare’s provider enrollment database) are permitted to utilize their approved statuses in the PECOS system to meet Florida Medicaid’s provider background screening requirements to remain enrolled (renew) as out-of-state Florida Medicaid providers.

Providers exempt from the criminal history checks, such as not-for-profit organizations or government-owned facilities, must submit the fingerprinting exemption form with their renewal application. The Fingerprinting Exemption forms are available on the Enrollment Forms page of the public Web portal.

More information about background screening is available on the Agency’s Web Portal.

Additional Documentation
The following documentation is needed only if you are requesting any changes to your provider record as part of your application:

**Name and/or Tax ID** - Upload a copy of an IRS issued document, marriage license, divorce decree, or any legal document showing both the previous and current names and/or Tax ID as proof.

**Ownership** – When reporting a change of ownership of less than 51 percent there must include individuals with 5 percent or greater ownership or controlling interest in the provider, and all managing employees must have a current Florida Medicaid eligible screening in the Care Provider Background Screening Clearinghouse (Clearinghouse), or proof of fingerprinting exemption.

Please be aware that providers who are reporting a change of 51 percent or more of ownership cannot do so during the provider renewal process. This change will require the buyer to submit a new enrollment application via the Florida Medicaid Enrollment Wizard.

**National Provider Identifier (NPI)** – Upload a National Provider Identifier Registration form or proof from the National Plan and Provider Enumeration Service (NPPES).
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Documentation of Adverse History

Note: Required if there is any adverse history associated with any applicant.

For felony conviction, pleaded nolo contendere, or entered into a pre-trial arrangement, upload court documents showing the disposition of the charges.

If previously denied, terminated, or excluded from Medicare or Medicaid, upload documentation related to the denial, termination, or exclusion including the resolution, if any.

If you previously had suspended payments from Medicare or Medicaid or were employed by an entity that had suspended payments, upload documentation related to the suspension, including the resolution, if any.

If you owe money to Medicare or Medicaid, upload documentation related to the money owed, including the resolution, if any.