



Submission of Medicare and Medicaid Numbers During the HFNI Credentialing and Recredentialing Process

Health First Network continues to hear concerns from Provider Offices about the length of time it takes for Health First Network to credential and recredential providers, and the "hardship" it is on the offices to submit complete applications including supplying the required Medicare and Medicaid numbers on their applications. It is not unusual for offices to request that Health First Network staff process applications for their new Providers even when the applications are incomplete, have missing information, or are without Medicare and Medicaid numbers listed.

It is the responsibility of each office to submit accurate and complete applications on their Physicians and Non-Physician extenders. Health First Network "lines of business" include a number of Managed Care Products. WellCare, one of the Medicare Advantage Plans that Health First Network is contracted with, has members with dual-eligibility for both Medicare and Medicaid benefits. VISTA Healthy Kids follows State of Florida Medicaid guidelines. Potentially in the near future, Health First Network may again be contracted with a Medicaid HMO Plan. Health Plans who contract with CMS or with the State of Florida for Medicare and Medicaid members, require the Providers caring for these members to have valid, current Medicaid and Medicare Numbers.

If offices have Providers without valid Medicare and Medicaid numbers, these Providers cannot see and/or treat members assigned to Health First Network-contracted HealthPlans. Offices should not apply for credentialing privileges for their Physicians with Health First Network without current, valid Medicare and Medicaid numbers available on their Physicians and non-Physician practitioners. In addition, Providers with Medicaid numbers for other states, must also have a valid State of Florida number (i.e., a valid Medicaid number for the State of Tennessee is not sufficient. A Florida Medicaid number is required for the Provider treating patients in the State of Florida).

HealthPlans are not the only entity to require that Physicians have these numbers on-file in their Provider Credentialing files. According to the local AHCA office, the Agency for HealthCare Administration in Florida now requires that Providers who practice in Florida to have these numbers. If a Provider has applied for a Medicaid number in the State of Florida, they should be able to provide a 5-digit ATN number (Applicant Tracking Number) while the application is being processed. This 5-digit Applicant Tracking number is NOT their final Medicaid number. Providers will receive their State of Florida Medicaid number in a Welcome Letter from Medicaid when the application process is completed. If the provider is able to supply a 5-digit ATN number, AHCA (Agency for HealthCare Administration) has informed Health First Network that we may go ahead and proceed with the credentialing process while Providers are waiting for their application for a Medicaid number to be fully processed. Providers who have applied for a Medicaid number can track the status of their application on-line using their 5-digit ATN number. Complete instructions for applying for a State of Florida Medicaid number can be found on the AHCA Florida Medicaid website at <http://mymedicaid-florida.com>. Providers should follow the prompts for Providers (i.e., Public Information for Providers; Enrollment Information; Enrollment Status). It is also a recent requirement that Providers have individual Medicaid numbers and not group Medicaid numbers. For those Providers who have told Health First Network that they do not wish to see Medicaid patients, and therefore do not need a Medicaid numbers, a recent Federal Requirement for data reporting purposed now required that even Providers who state they do not see Medicaid members must have a "Managed Care Provider" number to allow for Federal data tracking requirements. Health First Network has previously provided information on [how to apply](#) for this abbreviated application process on its website. Provider offices may refer to that earlier article for details. Once the Provider office has been notified with a Welcome Letter from the state that the Medicaid application has been accepted and their Provider is now enrolled, offices should notify Health First Network of the issued Medicaid number.

A recent CMS announcement gives a 10/18/10 effective date to the requirement that physicians and non-physician practitioners will need to enroll in the Medicare program to be able to furnish, order and/or refer items and services for Medicare beneficiaries. This enrollment requirement is applicable even to providers who were previously excluded from this requirement, among them, were practitioners employed by the Department of Veteran Affairs, Public Health Service, Department of Defense, TRICARE, Medicare-enrolled Federally Qualified Health Centers (FQHC's), Rural Health Clinics, or Critical Access Hospitals.