

Current/Active CMS Provider Renewal Application Instructions (Obtain Login Information before Proceeding. See Page 2 below)

JOIN ▼

JOIN EARLY STEPS OR CHILD PROTECTION TEAM ▼

RENEW (EXISTING CMS PROVIDERS) ▲

To renew your status as a CMS Plan provider, you must complete the online Provider Credentialing Renewal Application, which is available after logging into the **CMS Provider Management System**. You may be required to submit additional information required for your field of practice. If applicable, you may also need to sign a Provider Contract Renewal with one of our [Integrated Care System \(ICS\) partners](#).

CREDENTIALING ASSISTANCE ▼

Step 1. Visit the “For Health Care Professionals” section under “CMS Managed Care Plan” on the FloridaHealth.gov website.

<http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/for-health-care-providers/index.html>)

Step 2. Scroll down to “Become a CMS Plan Provider.” Click on the highlighted link under Renew (left) to navigate to the “CMS Provider Management System” website. You will be directed to the Login screen to enter your user name and password. If you have forgotten them, please see page 2 for instructions on obtaining this information.

Step 3. Once you have logged into the system, you will see the View Applications page (below).

- If you wish to change your password, click on the “Change Password” button, circled in red.
- If your status is listed as “Terminated” or “Initial Application Denied”, please see “Instructions for New Provider Applicants” on page 3 below.
- If you have already started an application, click on “Continue”, circled in green. If you are renewing your application, the word “Renew” will appear in this space, instead of “Continue”. Once you click on Continue or Renew, you will be taken into your application.

Children's Medical Services
Provider Management
 Florida Department of Health

Login

Login

User Name:

Password:
Case Sensitive

Token Value:

Children's Medical Services

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Provider Management
Florida Department of Health

Children's Medical Services

View Applications

Status	Provider Type	Last Modified	Date Status Determined	Reapproval Date	Submitted Date	View	Continue/ Renew
	Speech Language Pathology	10/17/2013					Continue

View Applications
Edit Information

Start New Application
Contact Us

Change Password
Log Out

Step 4. The application information will be repopulated with all previously entered information. Only necessary changes will need to be made.

A few words of caution...

- If you start the renewal application and have to continue later, you must at least complete and *save the first page* or the information will not be saved and repopulate itself when you go back in to finish. When you are ready to continue with the application, log back in and on the “View Applications” screen, click on “**Continue**”.
- The email addresses asked for on the application will be used for all correspondence, so please consider using the credentialing staff’s email address, as well as the provider’s.
- Please be sure that all information is accurate and up to date before you submit your application.

USER NAME / PASSWORD INSTRUCTIONS

IMPORTANT!!! Current/Active providers must log in with their existing username and password to avoid duplicating themselves in the CMS system.

Providers who do not know their username and/or password will need to contact technical support at (850) 245-4215. Providers can also request this information via email. However, due to security issues, **technical support will not share the requested information via email, but will call you to provide the information.**

There are two ways to obtain the login information so that you may submit the renewal application:

1. The provider can personally call CMS Provider Management at 850-245-4215 and they will assist them with obtaining login information. CMS is only authorized to provide user name and password information *directly to the provider* over the phone.
2. The provider may designate an individual to retrieve their User Name and/or Password. To do so, the provider must submit the below form letter (*see page 3*) to CMS Provider Management, **signed by the provider**. This letter must include the designated person's name and email address, as well as **both provider and delegate's** contact phone number.
 - a. Submit this letter via **fax:** (850) 487-1279; or **email:** cmsproviderhelp@flhealth.gov.
 - b. Generally, you will get a phone call from CMS within 24 to 48 hours to provide you with the login information. If you have not heard from CMS within that time span, please follow up with them via phone or email to ensure they received your request.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Children’s Medical Services Managed Care Plan (CMS Plan) is a health plan for children with special health care needs and is offered by the Florida Department of Health.

CMS Provider Management:

I, _____ **[Insert Provider Name]** _____, grant permission to Children’s Medical Services Provider Management to provide my User ID and Password to the individuals listed below. This information will be used to complete my application and to view and receive credentialing status information.

Provider Signature (stamps not accepted)

[Insert Provider Name] _____
Provider’s License Number (if applicable)

Permissions granted to:

[Insert Staff Name] _____
Staff Name

[Insert Phone Number] _____
Phone Number

[Insert Email Address] _____
Email Address

[Insert Staff Name] _____
Staff Name

[Insert Phone Number] _____
Phone Number

[Insert Email Address] _____
Email Address

[Insert Staff Name] _____
Staff Name

[Insert Phone Number] _____
Phone Number

[Insert Email Address] _____
Email Address

Please submit this form via email to cmsproviderhelp@flhealth.gov or fax to 850-487-1279.

Florida Department of Health
Office of Children’s Medical Services Managed Care Plan & Specialty Programs
4052 Bald Cypress Way, Bin A-06, Tallahassee, FL 32399
PHONE: 850-245-4200 • FAX: 850-488-3813



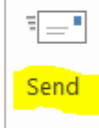
Instructions for New Provider Applicants

If you are a new credentialing applicant to the CMS Plan, please navigate to the following website:
www.CMSPlanFlorida.gov.

Step 1. Click on the following:

- For Healthcare Professionals (left side)
- Join (middle of page)
- CMS Letter of Intent Requirements document

Step 2. Once the letter from CMS opens, click on the CCP email link. An email should automatically populate. If it does not, you may copy the bulleted items from the LOI letter, paste it into a new email, and send it to the email address in the letter (ccp.cms.loi@ccpcares.org).

	To...	ccp.cms.LOI@ccpcares.org
	Cc...	
	Bcc...	
	Subject	CMS Plan Provider LOI

- Provider's First and Last Name
- Credentialing Contact Person
 - Name
 - Email Address
 - Phone Number
- Tax ID
- NPI
- W-9
- Communications preference
- Group Affiliation
 - Group Contracted Yes/No
- Populations Served
 - Children, adults, or both
- Specialty
- Other Services Provided
- Service Area (please list counties served)
- Lines of business you are interested in:
 - Title 19 (Medicaid)
 - Title 21 (CHIP)
 - Both Title 19 and Title 21

Step 3. Provide all of the information listed in the Letter of Interest (LOI). Once completed, click "send" to submit your Letter of Interest.

**You will receive a confirmation of receipt from CCP within 2 business days. Contact CCP if the confirmation is not received.*

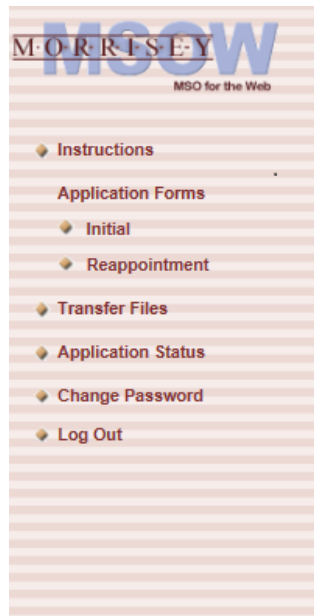
Community Care Plan
 Credentialing Department 844-618-5773 | 954-622-3483
ccp.cms.loi@ccpcares.org
www.ccpcares.org

Step 4. CCP will notify you of the next steps in the credentialing process within the next 30-45 days.

Note: The confirmation email from CCP states that you will receive a link to the Credentialing On-Line application system **if the Committee identifies a need within your area** (this is what may take 30-45 days). If your group is already contracted with Ped-I-Care, **you will receive the application link once your LOI has been approved by the Committee.**

Continue to page 6.

Step 5. Apply. Once you have received your application link from CCP, each provider will be required to register with CAQH, if not already registered, and authorize CCP to access their information electronically. There is no fee for this. The provider can then access the CAQH application option on the Morrisey application website (see below).



FORMS - INITIAL Fake CMS Fake Online, MD

Application Instructions - New Appointment:

Click on the link to one of the applications below. If you have a CAQH ID, please fill out the CAQH Application, if not please complete Initial Application. The application uses Adobe Acrobat to display the application. Complete the application. When done scroll to the bottom of the application.

Special Instructions:

Please submit all dates in mm/dd/yyyy format.

Please remember to use the Transfer Files link to the left to submit your required attachments. Your application can not be processed without all required documents. See the Instructions page for the list of required documents to submit. If the field is required, please do not leave the field blank. Please put N/A on the application.

Click **Save** to save your work so you can return to the application later.

Click **Submit** when you are done completing the application and want to submit it to the Credentialing office.

Application	Last Activity
CAQH Application-Physician	Not viewed
Initial Credentialing Application Physician	Not viewed
CCP Credentialing Peer Reference Letter	Not viewed
CCP Credentialing Malpractice Form	Not viewed

CAQH ProView Registration

If you are a **“first-time user”** please follow the instructions listed below:

- First-time users:**
1. Go to <https://proview.caqh.org/pr>.
 2. Click registration to begin the registration process. A welcome kit will be emailed to the practitioner.
 3. Click on the link in the email to complete the registration process.
 4. Authorize Community Care Plan to access your information electronically.

For **existing CAQH users**, enter your CAQH Provider ID to enter or update your information.

1. Authorize Community Care Plan to access your information electronically.
2. Submit necessary changes through CAQH.

Changes to the following information must be made through CAQH ProView:

• First name	• Date of Birth	• Specialty of Board Certification
• Middle name	• Social Security number	• Hospital affiliation including status as hospital-based
• Last Name	• Primary address (individual practitioners only)	• Suffix

- ❖ Address changes must be made through the CAQH ProView database **and** CCP Credentialing Department. Address changes made via CAQH ProView impact only the demographic information associated with the NPI.
- ❖ Group changes, including practice locations, must be made using our group application forms

****All providers must keep CAQH information up to date.**
Update expired CAQH ProView database information within 60 days. Any changes that are made will be available for all health plans that are authorized to view the information.