



**Simply Healthcare Plans  
Better Health  
Clear Health Alliance**

## Bulletin

9/22/2017

**Obtaining a Provisional  
(temporary) Medicaid ID Number**

### Obtaining A Provisional Medicaid ID

If you rendered services to a Florida Medicaid recipient during the Hurricane Irma State of Emergency between the dates 9/7/17 and 9/21/17 and you do not have a Florida Medicaid ID number, please visit the AHCA website to register for a provisional (temporary) Medicaid ID number.

The process for provisional (temporary) provider enrollment is located at <http://www.mymedicaid-florida.com>. For reimbursement purposes, the Agency will expedite enrollment for providers that do not have a Florida Medicaid ID on a provisional (temporary) basis after services are rendered.

On the website, under the Provider Services dropdown, you will find the necessary forms that must be filled out to obtain your provisional Florida Medicaid ID.

Once you have received your provisional Medicaid ID, please forward your ID number to the Health Plan using any of the methods listed below:

- Fax the information to Provider Administration at 786-441-8237
- Call the Plan's Provider Call Center at 877-915-0551 prompt # 4
- Mail to Provider Administration at 9250 W Flagler St Miami, FL 33174

### Frequently Asked Questions •••

#### Who does this process apply to?

- Any provider that provided services to Medicaid recipients during the period of 9/7/17 and 9/21/17 and who does not have a Florida Medicaid.

#### Where do I find the forms for provisional enrollment?

- Visit the Florida Medicaid website at <http://www.mymedicaid-florida.com>.

#### Once I receive a provisional Medicaid ID what do I do?

- Send the Medicaid ID to the Health Plan by either:
  - Fax 786-441-8237
  - Call the Plan's Provider Call Center at 877-915-0551 prompt # 4
  - Mail to Provider Administration at 9250 W Flagler St Miami, FL 33174

## Contact Us

**Provider Services: (877) 915-0551**

**Eligibility Verification, Prompt # 1**

**Referrals and Authorizations, Prompt # 2**

**Claims Status, Prompt # 3**

**Provider Relations, Prompt # 4**

**Pharmacy Department, Prompt # 5**

**Email: [provideradministration@simplyhealthcareplans.com](mailto:provideradministration@simplyhealthcareplans.com)**