

## Enrollment Status

Provider enrollment applications pass through multiple processing steps necessary to verify the applicant meets all requirements for enrollment in the Medicaid program.

To track the progress of an application through the process, enter the Application Tracking Number (ATN) and the Business or Last Name exactly as submitted on the application, including punctuation, in the search tool. The current status of the application will be displayed along with a list of required supporting documents showing which have been received by Medicaid and which still need to be submitted to complete the application packet.

Please note: Gainwell Technologies cannot provide information regarding applications that are under review by the Agency.

**Attention Behavior Analysis Applicants:** Behavior Analysis providers are required to provide an NPI as a condition of enrollment with Florida Medicaid. If the enrollment application status is Application Deficient, use the Correct Application feature to add an NPI to the application.

Please note: Applicants using the Correct Application feature should complete their corrections in a single session. Not completing the Correct Application process in a single session could cause the Correct Application link to disappear, making the feature unavailable to the applicant to submit their corrections at a later time or date.

Enrollment Tracking Search	
ATN*	<input type="text" value="1016170"/>
Business OR Last Name*	<input type="text" value="MAGNUS HEALTHCARE SOLUTIONS CORP"/>

Search Results							
ATN	Name	Document	Status	Status Date	Provider ID	Effective Date	Provider Screening Category
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	LIMITED ENROLLMENT PROCESS	STATE REVIEW	10/23/2024	124043800	09/17/2024	MODERATE
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	FULL ENROLLMENT PROCESS	STATE REVIEW	10/23/2024			MODERATE
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	LIVESCAN BACKGROUND SCREENING OR PROOF OF EXEMPTION	VERIFIED	09/24/2024	124043800	09/17/2024	
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	PROOF OF EFT (VOIDED CHECK OR BANK LETTER)	VERIFIED	09/24/2024	124043800	09/17/2024	
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	PROOF OF TAX ID	VERIFIED	09/24/2024	124043800	09/17/2024	
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	MEDICAID PROVIDER AGREEMENT - NON INSTITUTIONAL	VERIFIED	10/22/2024	124043800	09/17/2024	
1016170	MAGNUS HEALTHCARE SOLUTIONS CORP	OTHER SUPPORTING DOCUMENTS	VERIFIED	10/22/2024	124043800	09/17/2024	

**PRINT Application**

Print a copy of the application for your records.

Need enrollment forms? Forms are available on the [Enrollment Forms](#) page of the public Web Portal.

Application Status Code descriptions with average timeframes.

Application Status Codes	Definition	Timeframe
Not Submitted	The application has not been submitted to Medicaid for processing. The applicant must log into the online application, complete all sections of the application, and submit before processing can begin.	Awaiting Provider
Awaiting Supporting Documentation	The application was submitted. The applicant needs to upload the required supporting documentation as shown in the search results above before the application will be processed.	Awaiting Provider
In process	Application is being reviewed for accuracy and compliance with all provider eligibility requirements.	Approximately 14 Business Days
Background Screening	Application processing has been completed. Results of background screening have not been received from the Background Screening Clearinghouse.	Approximately 5 Business Days
QC	The application has been processed and is being reviewed to ensure accurate handling by the processor.	Approximately 5 Business Days
Application Deficient	The application or supporting documentation was deemed deficient. A letter detailing the items to be corrected and resubmitted was sent to the applicant.	Awaiting Provider
Clearinghouse	The application has no deficiencies and is awaiting results of the background screening.	< 15 calendar days. If screening results are not received within 14 calendar days, a deficiency letter will be sent to the applicant.
State Review	The application requires review by the Agency for Health Care Administration for one or more of the following:	
	Change of Ownership for Facility Providers	Facility Providers, length of review depends on if a survey or rate setting is required before rates are released
	Change of Ownership for Non-Facility Providers	Non-facility Providers, < 15 Days
	Facility Rate Setting	Varies by Facility Type
	Onsite visit	< 60 Days
	Pre-Certification Survey for Behavioral or Home Health Services	< 365 Days
	Previous Denial/Termination or Background Screening	Approximately 3 Business Days

Enrolled	Enrollment approved. A welcome letter will be mailed 2 business days after the activation of the new provider.	Approved applications are activated approximately 5 Business Days after all requirements for enrollment have been satisfied, including receipt of eligible screening results from the Background Screening Clearinghouse
Denied	Enrollment denied. If the applicant still wishes to pursue enrollment, a new application must be submitted.	N/A
Closed	The application is incomplete and has been closed due to inactivity. If the applicant still wishes to pursue enrollment, a new application must be submitted.	N/A