

**ADDITIONAL ENROLLMENT REQUIREMENTS CHECKLIST FOR MS MEDICAID PARTICIPATION
SECTION A-3**

Revised 9/16/2020

	Provider Type	License or Permit	NPI Verification (NPDES)	SSN Verification	Medicare Certification	Joint Commission Approval	Approved Medicare Cost Report	CLIA	DMH Certification	MS Board of Pharmacy Permit	ASHA	Certificate of Disease Management	Tax ID Verification	State Dept. of Health License	Medicaid Approval Letter	Medicaid Approved Proposal Letter
Crossover	Crossover Only ¹	✓	✓	✓	✓								✓			
Dental	Dental Clinic/Group		✓										✓			
	Dentist	✓	✓	✓												
Durable Medical Equipment (DME)	Home Health		✓		✓					✓			✓			
	Medical Equipment Supplies		✓		✓					✓			✓			
	Pharmacy Based, Community		✓		✓					✓			✓			
EPSDT (Screening/Diagnostic)	Expanded Services/ School Health Related ²	✓	✓										✓			
	School Based Screener RN ³	✓	✓										✓			
	School Telepresenter ⁴	✓	✓										✓			
Health Clinics	Federally Qualified Health Center		✓		✓		✓	✓					✓			
	Rural Health Clinic	✓	✓		✓			✓					✓			
Hearing Provider	Audiologist	✓	✓	✓							✓					
	Hearing Aid Dealer	✓	✓	✓							✓		✓			
	Hearing Clinic		✓										✓			
Home Health Agency	Hospital Based	✓	✓		✓								✓			
	Public Health	✓	✓		✓								✓			
	Unclassified	✓	✓		✓								✓			
Hospice	Hospice	✓	✓		✓							✓				
Hospitals	Nonprofit General	✓	✓		✓			✓					✓			
	Proprietary	✓	✓		✓			✓					✓			
	Psychiatric	✓	✓		✓			✓					✓			
	Psychiatric Residential Treatment Facility	✓	✓			✓		✓					✓			
	Swing bed	✓	✓		✓								✓			
Independent Laboratory	Independent Diagnostic Testing Facility (Crossover Only)		✓		✓								✓			
	Independent Laboratory		✓					✓					✓			
Intermediate Care Facility	Non-profit IID	✓	✓					✓					✓			
	Proprietary IID	✓	✓					✓					✓			
Kidney Dialysis Facilities	Freestanding		✓		✓								✓			
	Hospital Based		✓		✓								✓			
Mental Health Services	Board Certified Behavior Analyst (BCBA)	✓	✓	✓												
	Community Mental Health Center		✓						✓				✓			
	IDD Community Support Program		✓						✓				✓			
	Licensed Marriage & Family Therapist (LMFT)	✓	✓	✓												
	Licensed Professional Counselor	✓	✓	✓												
	Mental Health Clinic/Group		✓										✓			
	MYPAC ⁵		✓										✓		✓	
	Private Mental Health Center		✓						✓				✓			
Psychologist	✓	✓	✓													
Social Worker (LCSW Only)	✓	✓	✓													

¹Application can be for an Individual or Group Provider. If applying as an individual provider, the SSN Verification is required. If applying as a group provider, the Tax ID Verification is required.

² The letter from the school superintendent is required.

³ The EPSDT Provider Agreement and a letter from the school superintendent are required documents. Go to <https://medicaid.ms.gov/programs/early-and-periodic-screening-diagnosis-and-treatment-epsdt/> for the EPSDT Provider Agreement.

⁴ The letter from the school superintendent is required.

⁵ Medicaid approval letter is required with the MYPAC application. If questions, contact DOM's Office of Mental Health at 800-421-2408 or (601) 359-9545.

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	Description	Provider License or Permit	NPI Verification (NPPES)	SSN Verification	Medicare Certification	Joint Commission Approval	Approved Medicare Cost Report	CLIA	DMH Certification	MS Board of Pharmacy Permit	ASHA	Certificate of Disease Management	Tax ID Verification	State Dept. of Health License	Medicaid Approval Letter	Medicaid Approved Proposal Letter
Nursing Services	Certified Registered Nurse Anesthetist (CRNA)	✓	✓	✓												
	Nurse Clinic/Group		✓										✓			
	Nurse Midwife	✓	✓	✓												
	Nurse Practitioner	✓	✓	✓												
	Prescribed Pediatric Extended Care Center		✓										✓	✓		
	Private Duty Nursing Agency ⁶		✓										✓			✓
Nursing Facilities	County-owned ⁷	✓	✓										✓			
	Non-profit ⁷	✓	✓										✓			
	Proprietary ⁷	✓	✓										✓			
	State-owned ⁷	✓	✓										✓			
Nutritionist/Dietician	Nutritionist (Crossover Only)	✓	✓	✓	✓											
	Dietician (Crossover Only)	✓	✓	✓	✓											
Optical	Optical Dispensary		✓										✓			
	Optometric Clinic/Group		✓										✓			
	Optometrist	✓	✓	✓												
Pharmacy	Closed Door/Specialty		✓							✓			✓			
	Institutional		✓							✓			✓			
	Pharmacist - Disease Management	✓	✓	✓								✓				
	Pharmacy - Disease Management Group		✓										✓			
	Retail Community Pharmacy		✓							✓			✓			
Physician and Related	Chiropractor	✓	✓	✓												
	Osteopath - DO	✓	✓	✓												
	Physician - MD	✓	✓	✓												
	Physician Assistant ⁸	✓	✓	✓												
	Physician Clinic		✓										✓			
	Podiatrist	✓	✓	✓												
Surgical Center	Ambulatory Surgical Center		✓		✓								✓			
	Birth Center		✓		✓								✓	✓		
Therapist	Comprehensive OP Rehab Facility (Crossover Only)		✓		✓								✓			
	Occupational Therapist	✓	✓	✓												
	Physical Therapist	✓	✓	✓												
	Speech Language Pathologist	✓	✓	✓							✓					
	Therapy Clinic/Group		✓										✓			
Ambulance	Ambulance	✓	✓										✓			
Waiver Services	Adult Day Care ⁹		✓										✓			✓
	Assisted Living ⁹		✓										✓	✓		✓
	Case Management ⁹		✓										✓			✓
	Habilitation ⁹								✓				✓			
	Home Delivered Meals ⁹								✓				✓			✓
	Multiple Services Provider for HCBS ⁹		✓						✓				✓			✓
	Personal Care Attendant ⁹								✓				✓			
	Personal Care Services ⁹												✓			✓
	Respite Care, In Home ⁹								✓				✓			✓
	Respite Care, Institutional ⁹							✓				✓			✓	✓

⁶ Medicaid approval letter is required with all Private Duty Nursing (PDN) applications. If questions, call DOM's Office of Medical Services at 800-421-2408 or (601) 359-6150.

⁷ To obtain the Addendum for Nursing Facility Ventilator Dependent Care Services form, go to <https://medicaid.ms.gov/resources/forms/> and click Provider Forms.

⁸ If servicing state is Mississippi, verification of the current approved supervisors from the MS Board of Medical Licensure is required.

⁹ DMH certification or Medicaid Approved Proposal letter is required based on the services provided. If questions, contact DOM's Office of Mental Health at 800-421-2408 or (601)359-9545 or Office of Long Term Care at 800-421-2408 or (601) 359-6141