

Providers wanting to enroll in the Georgia Medicaid program can easily do so at www.mmis.georgia.gov using the Enrollment Wizard found within the Provider Enrollment menu. This online enrollment system requires you to upload electronic attachments against a submitted application. Please review the provider enrollment coversheets below for your category of service to ensure you have all the required documentation prior to starting a new Provider Enrollment application with Georgia Medicaid.

Category of Service Required Documentation

COS 010/070 – Inpatient/Outpatient Hospital Services Program.....	.
COS 080 – Swing-bed Services Program.....	.
COS 110, 140-180 – Nursing Facility Services Program	.
COS 200 – Home Health Services Program – Addition of Branch Location	.
COS 200 – Home Health Services Program.....	.
COS 230 – Independent Laboratory Services Program.....	.
COS 232 – Mobile X-Ray Unit Services Program.....	.
COS 270 – Family Planning Clinic Services Program	.
COS 300/321 – Pharmacy Services Program	.
COS 320 – Durable Medical Equipment Program	.
COS 330 – Orthotics and Prosthetics / Hearing Services Program	.
COS 370 – Emergency Ground Ambulance Services Program.....	.
COS 371 – Emergency Air Ambulance Services Program.....	.
COS 400 – Medicare Only Speech Therapy Program	.
COS 410 – Medicare Only Physical Therapy Program	.
COS 420 – Medicare Agency Only Rehabilitation Therapy Program.....	.
COS 430 – Physician’s Services Program.....	.
COS 431 – Physician Assistant Services Program	.
COS 440 – Community Behavioral Health Rehabilitation Services	.
COS 445 – Autism Spectrum Disorder Services (Specialty 565 Physician/Psychologist)	.
COS 445 – Autism Spectrum Disorder Services (Specialty 566 – Board Certified Behavioral Analysts (BCBA)).....	.
COS 450/460 – Dental Services Program.....	.
COS 470 – Vision Care Program.....	.
COS 480 – Nurse Midwifery Program.....	.
COS 490 – Oral Maxillofacial Surgery Program.....	.
COS 540 – Federally Qualified Health Centers Program	.
COS 541 – Hospital-Based Rural Health Services Program (The facility must be affiliated to a Hospital)	.
COS 542 – Free-Standing Rural Health Clinic Program	.
COS 550 – Podiatry Program.....	.

COS 560 – Medicare Only Chiropractic’s Program	
COS 570 – Psychology Services Program.....	
COS 590 – Community Care Services Program	
COS 600 – Health Check Services Program.....	
COS 660 – Independent Care Waiver Services Program	
COS 670 – Ambulatory Surgical Center Program / Birthing Center Program	
COS 680 – Mental Retardation Waiver Program	
COS 681 – Community Habilitation and Support Services Waiver Program	
COS 690 – Hospice Program.....	
COS 720 – Dialysis Program – Technical	
COS 721 – Dialysis Program - Professional.....	
COS 740 – Advanced Nurse Practitioners/Certified Registered Nurse Anesthetists Services Program.....	
COS 750 – Lactation Consultant Services Program.....	
COS 761 – Perinatal Case Management Program	
COS 762 – Targeted Case Management for Adults with AIDS	
COS 790 – Diagnostic, Screening and Preventive Services Program	
COS 800 – Early Intervention Case Management Services Program.....	
COS 820 – Medicare Only Licensed Clinical Social Worker Program.....	
COS 840 – Children’s Intervention Services Program	
COS 910 – Childbirth Education Program.....	
COS 930 – SOURCE Case Management.....	
COS 960 – Children’s Intervention Services – School Based Program	
COS 971 – Georgia Pediatric Program – In Home Nursing	
Out of State Emergency Services for an Individual Practitioner or Hospital	

COS 010/070 – Inpatient/Outpatient Hospital Services Program

Hospital Name: _____

Confirmation #: _____

Payee Provider # (if available): _____

☐ Change of Ownership

OR

☐ Initial Application

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Inpatient or Outpatient Hospital Services programs:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee's name on the W-9 must match the business name as registered with the IRS

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

Must be completed if the designated payee is different from the applicant (signed and notarized)

_____ National Plan and Provider Enumeration System and taxonomy code (NPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of document of compliance with Title VI Civil Rights Act

_____ Copy of Medicare Approval Notice

_____ Hospital Room Rates including semi-private, NICU and ICU

_____ Advance Directives Letter of Agreement (*new applicant*)

_____ Copy of Utilization Review Plan (*new applicant*)

_____ Copy of the Mammography certification issued by the U.S. Dept. of Health and Human Services, Public Health Service, Food and Drug Administration (when applicable)

_____ Clinical Lab Improvement Act Certificate (CLIA)

_____ Copy of Permit to operate an acute care or general hospital issued by DCH Healthcare Facilities Regulation Division (HFRD)

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 080 – Swing-bed Services Program

(The Hospital must be enrolled in the GA Medicaid program and it must be located in the state of Georgia)

Provider's Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

Hospital Name: _____

Hospital's Georgia Medicaid Provider Number: _____

The following information and/or documentation is required to complete the application for enrollment in the Swing-bed Hospital Services program:

_____ Facility Enrollment Web Application

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

Must be completed if the designated payee is different from the applicant (signed and notarized).

_____ National Plan and Provider Enumeration Services (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice

_____ Proof of transfer agreement with surrounding area nursing homes as beds become available (new enrollment)

_____ Hospital Permit issue by the DCH Healthcare Facilities Regulation Division (HFRD)

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 110, 140-180 – Nursing Facility Services Program

Nursing Facility Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

☐ Change of Ownership

OR

☐ Initial Application

The following information and/or documentation is required to complete the application for enrollment in the Nursing Facility program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

_____ Power of Attorney for Payee

Must be completed if the designated payee is different from the applicant (signed and notarized)

_____ 147-C Letter from the IRS

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ License to operate a nursing facility (including effective date of licensure) issued by DCH Healthcare Facilities Regulation Division

_____ Projected cost to calculate per diem rate (*New Applicants only*)

_____ Copy of signed Advanced Directives policy

Nursing facilities are required to sign a letter of understanding, thereby agreeing to provide all adult individuals with information on advance directives as mandated by Section 1902 (a) (57) of the Social Security Act. (See Section 909 of Part II, Policies and Procedures for Nursing Facilities manual.) (New Applicants only)

_____ Copy of Medicare Approval Notice

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 200 – Home Health Services Program – Additional Site(s) of Branch Location

Agency Name *(as it appears on permit)*: _____

Current GA Medicaid Provider #: _____

Current Payee Provider #: _____

Confirmation # *(assigned by fiscal agent)*: _____

The following information and/or documentation is required to complete the application for enrollment of the branch location in the home health program:

_____ Online Additional Location Web Application

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Home Health Permit (including effective date of licensure) issued by DCH Healthcare Facilities Regulation Division reflecting the branch County Location

_____ National Plan and Provider Enumeration Services (NPPES)

_____ Copy of Medicare Notice of Approval for Branch containing the name, address and branch identification number.

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 200 – Home Health Services Program

Provider Name (as it appears on permit): _____

Confirmation / Provider #: _____
CHOW or ☐ Initial Application

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Home Health program:

- _____ Facility Enrollment Web Application
- _____ IRS Form W-9
The payee's name on the W-9 must match the business name as registered with the IRS.
- _____ 147-C Letter from the IRS
- _____ Power of Attorney for Payee
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.
- _____ National Plan and Provider Enumeration System and taxonomy code (NPPES)
- _____ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.
- _____ Copy of Medicare Approval Notice
- _____ Two copies of the Medicare Cost Report and Medicaid Cost Data Form
- _____ Home Health Permit License (including effective date of licensure) issued by DCH Healthcare Facilities Regulation Division (formerly DHR ORS)
- _____ Home health agencies established after June 30, 1979, must be approved by and possess a Certificate of Need from the State Health Planning Agency- Copy of Certificate of Need (New Applicant)

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 230 – Independent Laboratory Services Program

Lab Name: _____
(As it appears on CLIA certification)

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Independent Laboratory Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice

_____ Clinical Lab Improvement Act Certificate (CLIA)

*Laboratories must be established as a single facility for the biological, microbiological, serological, immunological, chemical, hematological, radio bioassay, cytological, pathological or other examination of materials derived from the human body, for providing information for the diagnosis, prevention, or treatment of any disease or assessment of a medical condition. **Facilities that only collect specimens and do not perform testing are excluded from participation in the Georgia Medicaid Laboratory program.***

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 232 – Mobile X-Ray Unit Services Program

Lab Name: _____
(As it appears on state license)

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Mobile X-Ray Unit Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9
The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System with taxonomy (NPPES)

_____ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice

_____ Current state registration letter

_____ Accreditation Company (Joint Commission on Accreditation of Healthcare Organizations (JCAHO))

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 270 – Family Planning Clinic Services Program

Physicians, Physician Assistants, Advance Nurse Practitioner, Nurse Midwife, FQHC's, Rural Health and Hospital-Based Rural Health Clinics, and County Health Departments or District Health Departments Only!

Facility/Provider Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Family Planning Services program:

_____ Individual Practitioner or Facility Enrollment Web Application

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney

A signed and notarized Power of Attorney for Payee must be completed.

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ CVO-Curriculum Vitae (Resume) (Individual Practitioner)

_____ CVO-Proof of Malpractice Insurance (Individual Practitioner)

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted) (Individual Practitioner)

_____ CVO-Explanation of Work History Gaps (Individual Practitioner)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at: 1-800-766-4456

COS 300/321 – Pharmacy Services Program

Pharmacy Name: _____

Confirmation / Provider #: _____

Provider payee # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

☐ Change of Ownership

OR

☐ Initial Application

The following information and/or documentation is required to complete the application for enrollment in the Pharmacy program:

_____ Pharmacy Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed for Payee.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Pharmacy license issued by the state's Board of Pharmacy

_____ National Council for Prescription Drug Program (NCPDP) number Documentation

_____ Copy of Drug Enforcement Administration Certificate

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 320 – Durable Medical Equipment Program

Provider Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation are required to complete the application for enrollment in the Durable Medical Equipment program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ A valid business license and/or State license

A business license is considered valid if in accordance with the services to be provided. (If the local county business codes do not require a business license, the provider must submit a statement to that effect to Provider Enrollment)

_____ Proof of liability insurance

_____ Copy of National Registry of Rehab Technology Suppliers certification or Assistive Technology Supplier TS testing (for custom wheelchair providers only)

_____ Copy of Medicare Approval Notice (*required for Out of State providers more than 50 miles from GA border*)

_____ Effective 9/30/2009, **Accreditation:** all DME providers (In-state, Border and OOS) must be accredited by 09/30/09.

_____ Durable Medical Equipment license via the Georgia Pharmacy Board or Licensure Exemption Attestation Form

Pharmacy Durable Medical Equipment

_____ The pharmacy must either submit either the accreditation certification or a letter from NSC (National Services Clearinghouse) which states less than 5% of their business is DME.

Accreditation Companies approved for most DME, and O & P include:

1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
2. Commission on Accreditation of Rehabilitation Facilities (CARF)
3. Community Health Accreditation Program (CHAP)
4. Healthcare Quality Association on Accreditation (HQAA)
5. Accreditation Commission for Healthcare (ACHC)
6. The American Board for Certification in Orthotics & Prosthetics, Inc. (ABC)
7. Board of Certification/Accreditation, International (BOC), or
8. The Compliance Team

Applicants more than 50 miles from the Georgia border may enroll to receive Medicare crossover reimbursement only.

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 330 – Orthotics and Prosthetics / Hearing Services Program

Provider Name: _____

Confirmation/ Provider#: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation are required to complete the application for enrollment in the Orthotics and Prosthetics / Hearing Services program:

_____ Facility or Individual Practitioner Web Enrollment Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice (only if the applicant is more than 50 miles from the Georgia border)

_____ Copy of business license appropriate to service

_____ Proof of liability insurance

_____ Copy of license issued by the Georgia Composite State Board (Orthotics and Prosthetics)

Orthotics and Prosthetics Program Only:

_____ Effective 7/1/2007, the Orthotics or Prosthetics provider must be licensed via the Georgia Composite State Board

Pedorthist

_____ A facility must have at least one (1) practitioner who is licensed to supervise the practitioner who is Board for Certification in Pedorthics (C Ped.) via Georgia Composite State Board.

Hearing Services Applicants Only:

_____ Copy of a current hearing aid dealer license or hearing aid dispenser license as applicable from the Georgia State Board of Hearing Aid Dealers and Dispensers *or the equivalent agency in the state where the services will be provided.*

_____ Audiologists need to provide evidence of a current audiology license from the Georgia Board of Examiners for Speech Pathology and Audiology *or the equivalent agency in the state where the services will be provided.*

Pharmacy O & P

_____ The pharmacy must have someone employed who has the COF (Certified Orthotic Fitter) certification to provide off-the shelf orthotics.

Accreditation Companies approved for most DME and O & P include:

1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
2. Commission on Accreditation of Rehabilitation Facilities (CARF)
3. Community Health Accreditation Program (CHAP)
4. Healthcare Quality Association on Accreditation (HQAA)
5. Accreditation Commission for Healthcare (ACHC)
6. The American Board for Certification in Orthotics & Prosthetics, Inc. (ABC)
7. Board of Certification/Accreditation, International (BOC), or
8. The Compliance Team

Applicants who are more than fifty (50) miles from the Georgia border may enroll as Medicare-Only.

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 370 – Emergency Ground Ambulance Services Program

Provider Name: _____
(As it appears on license)

Confirmation / Provider #: _____

Payee Provider #(if available): _____
*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Emergency Ground Ambulance Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9
The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Proof of State required insurance

_____ Copy of EMS license (including effective date of licensure) issued by Georgia Department of Community Health
(Public Health)

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 371 – Emergency Air Ambulance Services Program

Provider Name: _____
(As it appears on license)

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Emergency Air Ambulance Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9
The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney of Payee
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Proof of State required insurance

_____ Copy of Federal Aviation Administration license

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 400 – Medicare Only Speech Therapy Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Medicare Only Speech Therapy program:

_____ Individual Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice for the service and location

_____ Copy of practitioner's license issued by the Georgia Secretary of State

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 410 – Medicare Only Physical Therapy Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Medicare Only Physical Therapy program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice for the service and location

_____ Copy of practitioner's license issued by the Georgia Secretary of State

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 420 – Medicare Agency Only Rehabilitation Therapy Program

Facility/Agency Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation are required to complete the application for enrollment in the Medicare Only Rehabilitation Therapy program (Rehab Groups):

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice for the service and location

_____ Copy of practitioner's license issued by the Georgia Secretary of State

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 430 – Physician’s Services Program

Physician’s Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation are required to complete the application for enrollment in the Physician’s Services Program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee’s name on the W-9 must match the business name as registered with the IRS.

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When Payee is an entity other than the enrolling Physician

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Copy of Controlled Substance Registration Certification from the Drug Enforcement Administration (if applicable)

_____ Copy of Physician’s wallet-sized license issued by the Georgia Composite State Medical Board (or the Medical Board in the state where this office is located)

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 431 – Physician Assistant Services Program

Physician Assistant Name: _____

Supervising Physician's Name and Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation are required to complete the application for enrollment in the Physician's Assistant Services Program:

_____ Physician's Assistant Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

Signed by Physician's Assistant, reassigning reimbursement to employer

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Physicians license issued by the Georgia Composite State Medical Board (or the medical board in the state where the physician will be seeing GAMedicaid members)

_____ Copy of PA license issued by the Georgia Composite State Medical Board (or Medical Board in the state where the PA will be seeing GA Medicaid members)

_____ Copy of Written notice of Approval from the Georgia Composite State Medical Board (PA to work under MD's supervision-pull the documentation from the Georgia Composite State Medical Board).

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at: 1-800-766-4456

COS 440 – Community Behavioral Health Rehabilitation Services

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the Georgia Medicaid application for enrollment in the Community Behavioral Health Rehabilitation Services program:

_____ Provider Enrollment Web Application

_____ Additional Location Web Application (adding an additional site)

_____ DBHDD Approval Memo to DCH

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee (if applicable)

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

Please contact the DEPARTMENT OF BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES for instructions on completing the application process:

Georgia DBHDD
2 Peachtree Street, 23rd Floor
Atlanta, GA 30303
(404) 657-2144
mhddad-serviceapps@dbhdd.ga.gov

The manual containing forms and instructions is also available on the DBHDD website at:

www.dbhdd.georgia.gov

COS 445-Autism Spectrum Disorder Services

Specialty 565 – Physician/Psychologist

Provider's Name: _

Payee Provider # (if available): _____

The EFT Agreement and W-9 are not required if a valid Payee Provider number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.

The following information and/or documentation is required to complete the application for enrollment in the Autism Spectrum Disorder Services program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of wallet-sized medical license issued by the Georgia Composite State Medical Board (or the Medical Board in the state where the provider will be seeing GA Medicaid recipients)

_____ One year of experience treating individuals diagnosed with ASD

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Board Certification (if applicable; Psychologists are NOT Board Certified)

_____ CVO-Explanation of Reported Adverse Actions (If Adverse Actions are noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 445-ASD
Specialty 566 – Board Certified Behavioral Analysts (BCBA)

Provider's Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Autism Spectrum Disorder Services program:

_____ Individual Enrollment Web Application

_____ IRS Form W-9

The payee name on the W-9 must match the business name as registered with the IRS.

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of BCBA Certificate (National Certification)

_____ One year of experience treating individuals diagnosed with ASD.

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456

COS 450/460 – Dental Services Program

Dentist's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Dental Services Program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When the Payee is an entity other than the enrolling dentist

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Dentist's license issued by the state's Board of Dentistry (or Dental Board in the state where the applicant is practicing-only border applicants)

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 470 – Vision Care Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Vision Care Program:

_____ Individual Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When Payee is an entity other than the enrolling optometrist.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of practitioner license as an Optometrist or Ophthalmologist issued by the appropriate licensing board

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 480 – Nurse Midwifery Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Nurse Midwifery Program:

_____ Individual Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When Payee is an entity or individual other than the enrolling provider.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of current registered nurse license issued by the Georgia State Board of Nursing (or the Nursing Board in the state where the midwife will be seeing GA Medicaid recipients)

_____ Copy of current certification by the American College of Nurse Midwives (ACNM)

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 490 – Oral Maxillofacial Surgery Program

This contract must be in conjunction with either contract 450, 460 or both. Only licensed dentists may enroll in the Oral Max program.

COS 540 – Federally Qualified Health Centers Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Federally Qualified Health Centers program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed with original signatures.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of grant award letter issued by the Health Resources and Services Administration

_____ List of staff with Medicaid provider numbers

_____ Copy of Medicare Approval Notice

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 541 – Hospital-Based Rural Health Services Program (The facility must be affiliated to a hospital)

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Hospital Based Rural Health Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed with original signatures.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice as a rural health clinic

_____ List of staff with Medicaid provider numbers

_____ Hospital Permit

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 542 – Free-Standing Rural Health Clinic Program

Provider's Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Free-Standing Rural Health Clinic program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Medicare Certification as a rural health clinic

_____ List of staff, with Medicaid provider numbers

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

*Note: The effective date of Medicaid enrollment will be the first day of the month in which the completed application is received by the Division and **not** the effective date of the Medicare approval.

COS 550 – Podiatry Program

Provider's Name: _____

Provider#: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Podiatry Program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Podiatrist's license issued by the Georgia state Board of Podiatry

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 560 – Medicare Only Chiropractic's Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation are required to complete the application for enrollment in the Medicare Only Chiropractic's program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare certification for the service and location currently being applied for

_____ Copy of wallet-sized chiropractic license issued by the appropriate licensing board

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology

Provider Enrollment at: 1-800-766-4456

COS 570 – Psychology Services Program

Psychologist's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Psychology Services Program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Psychologist's license issued by the state Board of Examiners of Psychologists

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact Gainwell Technology

Provider Enrollment at: 1-800-766-4456

COS 590-Community Care Services Program

NOTE: ALL items are required for an initial application (new provider without a payee ID.)

Providers Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

_____ DCH Provider Enrollment Application and Statement of Participation (completed online at “Enrollment Wizard” in the dropdown under “Provider Enrollment” at www.mmis.georgia.gov).

_____ Current Permit (license) from the Healthcare Facility Regulation Division (HFRD) for Personal Care Homes, Private Home Care Providers and Adult Day Health Facilities (ADH beginning Jan 2015)

_____ Most recent clean (no violations) inspection report from HFRD for personal care homes and adult day health facilities (ADH beginning Jan 2015)

_____ Local Business License or letter from city/county if not required

_____ Electronic Funds Transfer Agreement (completed online at “EFT Agreement” under “Provider Enrollment” at www.mmis.georgia.gov.) *Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.*

_____ Request for Taxpayer ID (W9)

_____ IRS Letter 147C or Form SS4 to confirm EIN (Federal tax ID)

_____ Proof of general liability insurance (\$1 million or greater) and worker’s compensation coverage, including dates of coverage

_____ Disposition and Rate Sheet (completed by DCH/Medicaid)

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

NOTES:

COS 600 – Health Check Services Program

Physicians (pediatrics, family practice, OB/GYN), nurse practitioners (pediatric, OB/GYN, family or adult), nurse midwives, registered nurses with special training, physician's assistants, schools, hospitals, Health Departments, Rural Health Centers or Federally Qualified Health Centers may enroll in the Health Check program to provide screening services.

Providers who wish to provide Diagnostic and Treatment services should enroll in their respective Medicaid program, such as Physician Services, Nurse Practitioner Services, etc. Physicians, nurse practitioners and nurse midwives may enroll in both Health Check to provide screening services and their respective programs to provide diagnostic and treatment services by completing one provider application.

Hospitals, Public Health Departments, Federally Qualified Health Centers, Rural Health Centers, and Schools must enroll as an entity, as opposed to each provider that will be providing services enrolling individually.

COS 660 – Independent Care Waiver Services Program

Provider's Name: _____

Confirmation / Provider#: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Independent Care Waiver Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

Must be completed if the designated payee is different from the applicant (signed and notarized).

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Completed ICWP Application Addendum (Appendix A)

_____ Copy of DCH Permit (Nursing, Personal Support and CNA-Certified Nursing Assistant)

_____ Number of staff per specialty

_____ Business License

Case Manager:

_____ Must possess a BA or BS degree or be a Registered Nurse with a minimum of three years documented Case Management working with the Physical Disabled and Traumatic Brain Injury (TBI) patients.

Personal Support:

_____ Training Proposal, Resume for Registered Nurse on staff

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 670 – Ambulatory Surgical Center Program / Birthing Center Program

Center Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

☐ Change of Ownership

OR

☐ Initial Application

The following information and/or documentation is required to complete the application for enrollment in the Ambulatory Surgical Center program or the Birthing Center program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Medicare Approval Notice

_____ State license/permit from DCH Healthcare Facilities Regulation Division as an Ambulatory Surgical or Birthing Center

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

COS 680 – Mental Retardation Waiver Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Mental Retardation Waiver program:

_____ Facility or Additional Location Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ Power of Attorney for Payee

Must be completed if the designated payee is different from the applicant (signed and notarized).

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Home Health, Private Home Care, Personal Care, In Home Private Home Care, or Out of Home Personal Care license

_____ Approval letter from the Department of Human Resources

_____ Service to be provided should be stated on application

Please review the application instructions at:

<https://dbhdd.georgia.gov/>

COS 681 – Community Habilitation and Support Services Waiver Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Mental Retardation Waiver program. The initial enrollment is done through DHR.

_____ Facility or Additional Location Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ Power of Attorney for Payee (004)

Must be completed if the designated payee is different from the applicant (signed and notarized).

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Home Health, Private Home Care, Personal Care, In Home Private Home Care, or Out of Home Personal Care license

_____ Approval letter from the Department of Human Resources

_____ Service to be provided should be stated on application

Please review the application instructions at:

<https://dbhdd.georgia.gov/>

COS 690 – Hospice Program

Hospice Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

☐ Change of Ownership

OR

☐ Initial Application

The following information and/or documentation is required to complete the application for enrollment in the Hospice program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Written evidence of compliance with Title VI Civil Rights Act (*New Applicants Only*)

_____ Advance Directives Letter of Agreement (*New Applicants Only*)

_____ Hospice permit issued by DCH Healthcare Facilities Regulation Division (formerly DHR ORS)

_____ Copy of Medicare Approval Notice

Comments:

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 720 – Dialysis Program – Technical

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

☐ Change of Ownership

OR

☐ Initial Application

The following information and/or documentation is required to complete the application for enrollment in the technical portion of the Dialysis Services program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ End Stage Renal Disease Facility Permit issued by DCH Healthcare Facilities Regulation Division (formerly DHR ORS)

_____ Copy of Medicare Approval Notice

_____ Copy of Clinical Lab Improvement Act Certification (CLIA)

_____ List of physicians providing professional services in the facility, with Medicaid provider numbers when applicable
(New Applicants Only)

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

**COS 721 – Dialysis Program -
Professional
(Physicians Only)**

Provider's Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Professional portion of the Dialysis Services program:

_____ Individual Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of wallet-sized medical license issued by the Georgia Composite State Medical Board (or the Medical Board in the state where the provider will be seeing GA Medicaid recipients)

_____ Copy of Medicare certification for the facility (the individual certification)

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 740 – Advanced Nurse Practitioners/Certified Registered Nurse Anesthetists Services Program

Provider's Name: _____

Confirmation #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation are required to complete the application for enrollment in the Advanced Nurse Practitioners Services program:

_____ Individual Practitioner Enrollment Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of wallet-sized license issued by the state Board of Nursing

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

_____ Copy of current certification from the appropriate certifying body/board of the American Nurses Association as indicated below:

1. Pediatric nurse practitioner - current certification through the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP);
2. Psychiatric, Family, adult and gerontological nurse practitioner – current certification through the certifying agent of the American Nurses Association, such as the American Nurses Credentialing Center (ANCC);
3. OB/GYN nurse practitioner - current certification through the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN, formerly NAACOG); or
4. Certified registered nurse anesthetist - current certification through the certifying agent of the American Association of Nurse Anesthetists (AANA)

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 750 – Lactation Consultants

Provider's Name: _____

Confirmation #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation are required to complete the application for enrollment in the Advanced Nurse Practitioners Services program:

_____ Individual Practitioner Enrollment Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ CVO-Curriculum Vitae (Resume)

_____ CVO-Proof of Malpractice Insurance

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

_____ CVO-Explanation of Work History Gaps

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO.

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 761 – Perinatal Case Management Program

Enrollment open to Individual Practitioners: GA licensed physician, Physician's Assistant working under the direction of a licensed physician, Nurse Practitioner, Certified Nurse-Midwife and Entity that employs or arranges for Registered Nurses to furnish the perinatal case management services, such as a local public health agency, an FQHC, an RHC.

Provider Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation are required to complete the application for enrollment in the Perinatal Case Management Program:

_____ Individual Practitioner or Facility Enrollment Web Application

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When the payee is an entity other than the enrolling provider.

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Perinatal case management questionnaire (Part II, Policies and Procedures for Perinatal Case Management Program manual, Appendix B). **Health Departments:** Upon initial enrollment, please complete one form for the enrolling location

_____ Copy of Professional license

_____ CVO-Curriculum Vitae (Resume) (Individual Practitioner)

_____ CVO-Proof of Malpractice Insurance (Individual Practitioner)

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted) (Individual Practitioner)

_____ CVO-Explanation of Work History Gaps (Individual Practitioner)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 762 –Targeted Case Management for Adults with AIDS

Provider Name: _____

Confirmation / Provider#: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Targeted Case Management for Adults with AIDS Program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee
When the Payee is an entity other than the enrolling provider.

_____ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of registered Nurse's (RN) license with a bachelor's or master's degree or copy of Bachelor's or Master's degree in Social Work or an equivalent graduate degree.

_____ Completed Targeted Case Management Program Case Management Agreement Form (Appendix A)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

_____ Provider certification enrollment form (Appendix E)

Special Conditions of Participation Written/Physical evidence of the following:

Eligible case managers must meet the following qualifying criteria:

- a. Case managers must hold a bachelor's degree or Master's degree in social work (MSW) or an equivalent social service or healthcare degree from an accredited college or university, OR
- b. be a licensed registered nurse (RN), with a bachelor's or Master's degree from an accredited college or university; AND
- c. have at least one-year experience in a social services delivery system; AND
- d. have considerable skill in the methods of locating, developing, and coordinating the provision of supportive services in the community for the AIDS or HIV symptomatic HIV disabled individual.

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 790 – Diagnostic, Screening and Preventive Services Program
Enrollment open to in-state Public Health Departments only

Facility Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is needed to complete the application for enrollment in the Diagnostic, Screening & Preventive Services program:

- _____ Facility Enrollment Web Application
Must have the original signature of the authorized representative of the facility

- _____ IRS Form W-9
The payee's name on the W-9 must match the business name as registered with the IRS.

- _____ 147-C Letter from the IRS

- _____ Power of Attorney for Payee
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

- _____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

- _____ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456

COS 800 – Early Intervention Case Management Services Program
(Individual Practitioners and In-State Public Health Departments Only)

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Early Intervention Case Management Services program:

_____ Individual Practitioner or Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ CVO-Curriculum Vitae (Resume) (Individual Practitioner)

_____ CVO-Proof of Malpractice Insurance (Individual Practitioner)

_____ Babies Can't Wait" certificate from the Georgia Department of Public Health

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted) (Individual Practitioner)

_____ CVO-Explanation of Work History Gaps (Individual Practitioner)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

Website <https://dph.georgia.gov/babies-cant-wait>

Phone: (404) 657-2850

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 820 – Medicare Only Licensed Clinical Social Worker Program

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Medicare Only LCSW program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of wallet-sized practitioner's license as a clinical social worker issued by the appropriate licensing board

_____ Copy of Medicare Approval Notice for the service and location currently being applied for

_____ CVO-Curriculum Vitae (Resume) (Individual Practitioner)

_____ CVO-Proof of Malpractice Insurance (Individual Practitioner)

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted) (Individual Practitioner)

_____ CVO-Explanation of Work History Gaps (Individual Practitioner)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 840 – Children’s Intervention Services Program

Provider’s Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Children’s Intervention Services program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee’s name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of wallet-sized practitioner’s license issued by the appropriate licensing board

Qualified providers must be a currently licensed audiologist, clinical social worker, occupational therapist, physical therapist, registered nurse, speech-language pathologist or dietitian by the State of Georgia.

_____ CVO-Curriculum Vitae (Resume) (Individual Practitioner)

_____ CVO-Proof of Malpractice Insurance (Individual Practitioner)

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted) (Individual Practitioner)

_____ CVO-Explanation of Work History Gaps (Individual Practitioner)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 910 – Childbirth Education Program

Enrollment opens to Individual Practitioners (e.g. Physician, R.N., Nurse Practitioner, or Nurse Midwife)

Provider's Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation are required to complete the application for enrollment in the Childbirth Education program:

_____ Individual Practitioner Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of wallet-sized practitioner's license issued by the appropriate licensing board. *A Childbirth Education Program provider must be licensed as a registered nurse, certified nurse practitioner, certified nurse-midwife or physician.*

_____ Resume which lists recent work experience (within the last 5 years) in Labor and Delivery (or) 1 year of Experience as a Childbirth Educator *(R. Ns and Nurse Practitioners only)*

_____ Copy of certification from a qualifying certifying body

_____ CVO-Curriculum Vitae (Resume) (Individual Practitioner)

_____ CVO-Proof of Malpractice Insurance (Individual Practitioner)

_____ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted) (Individual Practitioner)

_____ CVO-Explanation of Work History Gaps (Individual Practitioner)

_____ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO (Individual Practitioner)

_____ Copy of completed Appendix B: Certification of Instructor Qualifications

Providers in the Childbirth Education Program must be certified as a childbirth educator by one of the following associations: *(R. Ns and Nurse Practitioners only)*

- International Childbirth Education Association (ICEA);
- American Society of Psych prophylaxis in Obstetrics, Inc. (ASPO/LAMAZE);
- Childbirth and Postpartum Professional Association (CAPP) World Headquarters.
- American Academy of Husband-Coached Childbirth (The Bradley Method); or
- Prepared Childbirth Educators, Inc.

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 930 – SOURCE Demonstration Project

Provider's Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the SOURCE Demonstration project:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

The payee's name on the W-9 must match the business name as registered with the IRS.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

If the designated payee is different from the applicant

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ SOURCE Letter of Intent from the SOURCE Case Management entity

_____ Proof of an approved CCSP file (provide approved ID#). The CCSP file must be in an active status for 6 months or more

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456

COS 960 – Children’s Intervention Services –School Based Program
Georgia Public School Systems Only

Provider’s Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above*

The following information and/or documentation is required to complete the application for enrollment in the Children’s Intervention School Services program:

_____ Facility Enrollment Web Application

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ IRS Form W-9

The payee name on the W-9 must match the business name as registered with the IRS.

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

(A signed and notarized Power of Attorney for Payee must be completed.)

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of completed Memorandum of Understanding

_____ License(s) of all RN’s, PTs, OTs, Speech Therapists, Social Workers, and Dietitians on staff

Comments: _____

Provider’s Signature: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment
at: 1-800-766-4456**

COS 971 – Georgia Pediatric Program – In Home Nursing

Provider Name: _____

Confirmation / Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Georgia Pediatric Program:

_____ Facility Enrollment Web Application

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee's name on the W-9 must match the business name as registered with the IRS.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When the Payee is an entity other than the enrolling provider.

_____ Electronic Funds Transfer Agreement

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Private Home Care Provider (Nursing Services) license

_____ Copy of business license

_____ Background and experience in Pediatric / Neonatal nursing, or Pediatric Intensive Care Nursing/ Neonatal Intensive Care Nursing, or a Critical Care Certification in Pediatrics or Neonatal nursing. **(All nurses are required to have experience in pediatric/neonatal nursing within the past two years).**

_____ Ratio of staff to client

_____ Number of nurses, their license(s), resume, and summary of skilled critical care pediatric experience (all nurses are required to have experience in Pediatric Neonatal nursing, or Pediatric Intensive Care Nursing within the past two years)

_____ Provisions for back-up coverage

Comments: _____

**If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:
1-800-766-4456**

Out of State Emergency Services for an Individual Practitioner or Hospital

Practitioner's Name: _____

Practice Address: _____

Current Provider #: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation are required to complete the application for an additional location for an individual practitioner:

_____ OOS Emergency Individual Practitioner or OOS Emergency Facility Enrollment Web Application

_____ IRS Form W-9

If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed. The payee's name on the W-9 must match the business name as registered with the IRS.

_____ National Plan and Provider Enumeration System and taxonomy code (NPPES)

_____ 147-C Letter from the IRS

_____ Power of Attorney for Payee

When Payee is an entity other than the enrolling Practitioner.

_____ Electronic Funds Transfer Agreement-**OPTIONAL**

Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

_____ Copy of Practitioner's license issued by the appropriate medical board (or medical regulatory authority in the state where the practitioner is providing services)

_____ Copy of current specialty certification from the appropriate advance certifying agency
(Advance Nurse Practitioner or Nurse Midwife)

_____ Copy of Drug Enforcement Administration Certificate (if applicable)

OR

_____ Copy of Facilities license issued by the appropriate licensing authority in the state where the facility is located

Comments: _____

If you have any additional questions, please contact Gainwell Technology Provider Enrollment at:

1-800-766-4456