



PHYSICIAN & DENTIST APPLICATION CHECKLIST

Doctor of Medicine (MD)
Doctor of Osteopathic Medicine (DO)
Doctor of Dental Medicine (DMD)

Doctor of Dental Surgery (DDS)
Doctor of Podiatric Medicine (DPM)
Doctor of Chiropractic (DC)

The time required to process a **complete CMS provider application is now less than (30) days. To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application for review.**

Before you begin your online application at www.cmskidsproviders.com, be prepared to mail, email or fax the following required documents:

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- Copy of **Form W9(s)** for each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment.
 - Copy of current **Curriculum Vitae** documenting previous five (5) year work/educational history in a month/year timeline, *with explanation of any gaps longer than 90 days in employment.*
 - Copy of current, valid Medical License if not currently licensed to practice in the State of Florida.
 - Individual **National Provider Identification (NPI)** number
 - Level II Security Background Screen. Active/eligible Medicaid providers are exempt from submitting a Level II Security Background Screen if an **eligible** background screen has been conducted within the past 5 years as indicated in FLMMIS or AHCA
 - Copy of any **Specialty Certificates, Certifications, or Degrees** (*Dentists, Podiatrists, Chiropractors only*)
 - Copy of **Board Certification** in the specialty for which you are requesting approval. Review the Board Certification section of the Provider Handbook for exceptions and additional information.
 - Copy of current **DEA Certification**, if applicable.
 - Summary of professional liability claim(s) pending or filed against you within the past five (5) years. Provide detailed information as indicated on the **Professional Liability Claim Form**, if applicable.
 - Summary of **Medicaid and Medicare sanctions** within the past five (5) years, if applicable. Provide date of occurrence, amount paid and brief summary of events for each sanction.
 - Copy of **Letter of Transfer Agreement** or a copy of an existing agreement on file with an AHCA approved facility, signed and dated within the last year (*Pediatrics, Internal and Family Medicine only*).
 - Current malpractice coverage in accordance to your specific Florida Statute Practice Act or bond that complies with the physician's relevant practice act in the Florida Statutes.
 - Two (2) Peer Evaluation/References using required form at <http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/providers.html>.
 - Provider Ownership Disclosure Statement using required form found at: <http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/providers.html>

Please be aware that there are additional required documents to participate in CMS specialty programs – Early Steps, Child Protection Team, Medical Foster Care, and Regional Perinatal Intensive Care Centers. Refer to the Physicians & Dentists Provider Handbook for more details.

Please submit your documentation only once and by one of the following methods:

MAIL

Children's Medical Services
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: Provider Management

EMAIL

cmsproviderhelp@flhealth.gov

FAX

(850) 487-1279

You will be notified of receipt of application documentation by the Provider Management team within 7-10 business days of receipt. If the application is incomplete, you will be requested to submit the required documentation within 21 days. Failure to achieve a complete application within 30 day time frame may result in the application process being closed.

Under special circumstances, a provider's application may undergo additional review by the Physician Review Committee (PRC), which may delay CMS participation determination. Audiology applications may be delayed until they are considered at the next monthly Audiology Committee for approval

You will be notified in writing within fifteen (15) days of CMS participation determination. CMS Provider Management Helpdesk by telephone (850) 245-4215 or email cmsproviderhelp@flhealth.gov

Refer to the Physicians & Dentists Provider Handbook at www.cms-kids.com for more detailed information on the application process.