



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)

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 securely email, fax or mail 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
 - 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
 - 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
 - One [peer evaluation/reference](#)* using the CMS required form
 - Level II Security Background Screen. Active/eligible Medicaid providers are exempt from submitting a Level II Security Background Screen if an **eligible** screen has been conducted within the past 5 years as evidenced by AHCA
 - Dentists, Podiatrists, Chiropractors only:* Copy of any **Specialty Certificates, Certifications, or Degrees**
 - Copy of **Board Certification** in the specialty for which you are requesting approval
 - Copy of current **DEA Certification**, if applicable
 - Pediatrics, Internal and Family Medicine only* 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

*All CMS provider forms and handbooks are located at CMSPlan.floridahealth.gov under the [For Health Care Professionals](#) section.

**Please be aware that there are additional required documents to participate in CMS specialty programs, e.g., Early Steps, CPT, RPICC.

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

EMAIL

cmsproviderhelp@flhealth.gov

FAX

(850) 487-1279

MAIL

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

You will receive an automated email notification of application receipt by the CMS Provider Management system upon submitting the online application. If your application is incomplete, you will be requested to submit the required documentation within (30) days. Failure to achieve a complete application within the thirty (30) day time frame may result in the application process being stopped or dismissed.

Under special circumstances, a provider's application may undergo additional review by the Physician Review Committee (PRC), which may delay CMS participation determination.

For questions or additional instruction, contact your local Provider Relations Liaison or the Children's Medical Services Provider Management Helpdesk by telephone (850) 245-4215 or email cmsproviderhelp@flhealth.gov

Refer to the Physician and Dental Provider Handbook at <http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/for-health-care-providers/index.htm> for more detailed information on the application process.