Required Enrollment Fee and/or Site Visit by Provider Type

PROVIDER TYPE	DESCRIPTION	ENROLLMENT FEE	SITE VISIT
A3	COMMUNITY SERVICE AGENCY	Y	Y
A4	LICENSED INDEPENDANT SUBSTANCE ABUSE	N	N
A5	BEHAVIORAL HEALTH THERAPEUTIC HOME	N	N
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY	Y	N
A8	IHR-INDIVIDUAL HOME RESPITE	Y	N
B1	RESIDENTIAL TREATMENT CTR-SECURE (17+BEDS) (IMD)	Y	N
B2	RESIDENTIAL TREATMENT CENTER-NON-SECURE	Y	N
B3	RESIDENTIAL TREATMENT CENTER-NON-SECURE	Y	N
B5	SUBACUTE FACILITY (1-16 BEDS)	Y	N
B6	SUBACUTE FACILITY (17+BEDS)	Y	N
B7	CRISIS SERVICES PROVIDER	Y	N
B8	BEHAVIORAL HEALTH RESIDENTIAL FACILITY	Y	N
BC	BOARD CERTIFIED BEHAVIOR ANALYST (BCBA)	N	N
C2	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	Y	N
C4	SPECIALTY PER DIEM HOSPITAL	N	N
E1	INDEPENDENT TESTING FACILITIES	Y	N
ED	FREE STANDING EMERGENCY DEPARTMENT	N	N
F1	FISCAL INTERMEDIARIES	Y	N
G2	DD DAY TREATMENT / CBE	N	N
H2	ONE TIME ONLY OUT OF STATE HOSPITAL	N	N
I1	IMMUNIZATION CLINICS	Y	N
IC	INTEGRATED CLINIC	Y	Y
SA	SPEECH LANGUAGE PATHOLOGY ASSISTANT	N	N
TR	TREAT & REFER	Y	Y
TS	TRAVEL SERVICES	N	N
01	GROUP-PAYMENT ID	N	N
02	ACUTE HOSPITAL	Y	N
03	PHARMACY	Y	N
04	LABORATORY	Y	Y
05	NON- HOSPITAL AFFILATED CLINIC	Y	N
06	EMERGENCY TRANSPORTATION	Y	Y
07	DENTIST	N	N
08	MD-PHYSICIAN	N	N
09	CERTIFIED NURSE-MIDWIFE (CNM)	N	N
10	PODIATRIST	N	N
11	PSYCHOLOGIST	N	N
12	CERTIFIED REGISTERED NURSE-ANESTHETIST	N	N
13	OCCUPATIONAL THERAPIST	N	N
14	PHYSICAL THERAPIST	N	Y
15	SPEECH/HEARING THERAPIST	N	N
16	CHIROPRACTOR	N	N
17	NATUROPATH	N	N
18	PHYSICIANS ASSISTANT	N	N
19	REGISTERED NURSE PRACTITIONER	N	N
20	RESPIRATORY THERAPIST	N	N
22	NURSING HOME	Y	N
23	HOME HEALTH AGENCY	Y	Y
25	GROUP HOME (DEVELOPMENTAL	N	N
27	ADULT DAY HEALTH	Y	N
28	NON-EMERGENCY TRANSPORTATION PROVIDERS	Y	Y
29	COMMUNITY/RURAL HEALTH CENTER	Y	N
30	DME SUPPLIER	Y	Y

Required Enrollment Fee and/or Site Visit by Provider Type

PROVIDER TYPE	DESCRIPTION	ENROLLMENT FEE	SITE VISIT
31	DO-PHYSICIAN OSTEOPATH	N	N
32	MEDICAL FOODS	Y	N
35	HOSPICE	Y	Y
36	ASSISTED LIVING HOME	Y	N
37	HOMEMAKER	N	N
39	HABILITATION PROVIDER	N	N
40	ATTENDANT CARE (COMPANIES ONLY)	Y	N
41	DIALYSIS CLINIC	Y	N
43	AMBULATORY SURGICAL CENTER	Y	N
44	ENVIRONMENTAL (LTC)	Y	N
46	REGISTERED NURSE (PRIVATE-RN/LPN)	N	N
47	REGISTERED DIETICIAN (RD)	N	N
48	NUTRITIONIST	N	N
49	ASSISTED LIVING CENTER	Y	N
50	ADULT FOSTER CARE	N	N
54	DENTAL HYGIENIST	N	N
55	HOTELS	Y	N
56	BOARDING HOME	Y	N
62	AUDIOLOGIST	N	N
67	PERFUSIONIST	N	N
68	HOMEOPATHIC	N	N
69	OPTOMETRIST	N	N
70	HOME DELIVERED MEALS	Y	N
71	PSYCHIATRIC HOSPITAL	Y	N
72	REGIONAL BEHAVIORAL HEALTH AUTHORITY	Y	N
73	OUT OF STATE 1 TIME WAIVER OF REGISTRATION REQUIREMENTS	N	N
77	MENTAL HEALTH REHABILATATION	Y	Y
78	MENTAL HEALTH RESIDENTIAL TREATMENT CENTER	Y	N
79	VISION CENTER	Y	N
81	EPD HCBS	Y	N
82	SURGICAL FIRST ASSISTANT	N	N
83	FREE-STANDING BIRTHING CENTER	Y	N
84	LICENSED MIDWIFE	N	N
85	LICENSED CLINICAL SOCIAL WORKER	N	N
86	LICENSED MARRIAGE & FAMILY THERAPIST	N	N
87	LICENSED PROFESSIONAL COUNSELOR	N	N
90	QMB ONLY PROVIDER	N	N
92	SCHOOL BASED BUS TRANSPORTATION	Y	N
93	SCHOOL BASED ATTENDANT CARE	N	N
94	SCHOOL BASED NURSE (RN/LP)	N	N
95	NON-MEDICARE CERTIFIED HOME HEALTH AGENCIES	Y	Y
97	AIR TRANSPORTATION	Y	N