

Appendix
Provider List for Provider Screening and Application Fee

Provider Type	Medicaid Screening Level	Provider Subject to Application Fee
Ambulance Service Providers	Moderate	Yes
Ambulatory Health Care Clinics	Limited	Yes
Ambulatory Surgical Centers	Limited	Yes
Assisted Living Facilities	Limited	Yes
Chiropractors	Limited	No
Chiropractors / Mechanotherapists	Limited	No
Clinical Nurse Specialists	Limited	No
Community Mental Health Centers	Moderate	Yes
Comprehensive Outpatient Rehabilitation Facilities	Moderate	Yes
Dentists	Limited	No
Durable Medical Equipment Suppliers	New Enrollments: High Reenrollments: Moderate	Yes
End-Stage Renal Disease Facilities	Limited	Yes
Federally Qualified Health Centers	Limited	Yes
Freestanding Birth Centers	Limited	Yes
Independent Clinical Laboratories	Moderate	Yes
Medicaid School Providers	Limited	Yes
Non-Agency Home Care Attendants	Limited	No
Non-Agency Personal Care Aides	Limited	No
Non-Agency Registered Nurses and Licensed Practical Nurses	Limited	No
Non-State Operated Intermediate Care Facilities for the Mentally Retarded	Limited	Yes
Nurse Anesthetists	Limited	No
Nurse Midwife	Limited	No
Nurse Practitioners	Limited	No
Nursing Facilities or Skilled Nursing Facilities	Limited	Yes
Occupational Therapists	Limited	No
Ohio Department of Alcohol and Drug Addiction Services Treatment Providers	Moderate	Yes
Opticians	Limited	No
Optometrists	Limited	No
Osteopaths	Limited	No
Other Accredited Agencies	New Enrollments: High Reenrollments: Moderate	Yes
Pharmacies	Limited	Yes
Physicians	Limited	No
Podiatrists	Limited	No
Portable X-Ray Suppliers	Moderate	Yes

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Psychologists	Limited	No
Religious Non-Medical Health Care Institutions	Limited	Yes
State Operated Intermediate Care Facilities for the Mentally Retarded	Limited	Yes
Waiver Services Provider-Agencies	New Enrollments: High Reenrollments: Moderate	Yes
Waiver Services Provider-Individuals	Limited	No
Wheelchair Van	New Enrollments: High Reenrollments: Moderate	Yes
A provider suspended based on a credible allegation of fraud, waste, or abuse in the previous 10 years	High	*
A provider that has an existing Medicaid overpayment	High	*
A provider who has been excluded by the Office of the Inspector General for the Department of Health and Human Services or another state's Medicaid program in the previous 10 years	High	*
A provider that was prevented from enrolling based on a temporary moratorium imposed by ODJFS or CMS for a particular provider type if the provider applies for enrollment any time within 6 months from the date the moratorium was lifted.	High	*

*Provider must pay an application fee if it is required for their specific provider type.