

Specialty Description	Provider Subject to Application Fee*	Medicaid Initial Enrollment Screening Risk Level	Medicaid Revalidation Screening Risk Level
Hospital	No	Limited	Limited
Psychiatric Hospital	No	Limited	Limited
Outpatient Health Facility	No	Moderate	Moderate
Rural Health Clinic	No	Limited	Limited
Help Me Grow	No	Limited	Limited
Registered Dietician Nutritionist	No	Limited	Limited
PACE	No	Limited	Limited
Free Standing Birth Center	Yes	Limited	Limited
Federally Qualified Health Center	Yes	Limited	Limited
Eyeglass Volume Purchase Contract Vender	No	Limited	Limited
Other Accredited Home Health Agency	Yes	High	Moderate
Managed Care Organization Panel Provider Only	No	Limited	Limited
Physicians	No	Limited	Limited
Professional Medical Group	No	Limited	Limited
Acupuncturist	No	Limited	Limited
Physician Assistants	No	Limited	Limited
Non-Agency Personal Care Aide	No	Limited	Limited
Non-Agency Home Care Attendant	No	Limited	Limited
Chiropractors	No	Limited	Limited
Medicaid School Program	Yes	Limited	Limited
Dentists	No	Limited	Limited
Professional Dental Group	No	Limited	Limited
Optometrists	No	Limited	Limited
Podiatrists	No	Limited	Limited
Practitioners licensed or certified by the Counselor, Social Worker, and Marriage and Family Therapist Board	No	Limited	Limited
Private Duty Nurse	No	Limited	Limited
Physical Therapists	No	Moderate	Moderate
Speech Pathologists	No	Limited	Limited
Occupational Therapists	No	Limited	Limited
Psychologists	No	Limited	Limited
Audiologists	No	Limited	Limited
Hospice	Yes	Moderate	Moderate
Waivered Services Organization			
- Adult Day Health Centers	Yes	High	Moderate
- Adaptive & Assistive Devices Services	Yes	High	Moderate
- Emergency Response System	Yes	Limited	Limited
- Home Delivered Meals	Yes	Limited	Limited
- Home Modifications	Yes	Limited	Limited
- Out of Home Respite	Yes	Limited	Limited
- Supplemental Transportation	Yes	High	Moderate

Ambulatory Surgery Center	Yes	Limited	Limited
Clinic	Yes	Limited	Limited
<b>Mental Health Clinic</b>	<b>Yes</b>	<b>Limited</b>	<b>Limited</b>
Certified Ohio Behavior Analyst	No	Limited	Limited
Practitioners licensed or certified by the Ohio Chemical Dependency Professionals Board	No	Limited	Limited
Paraprofessionals	No	Limited	Limited
- Qualified Mental Health Specialist	No	Limited	Limited
- Qualified Mental Health Specialist 3	No	Limited	Limited
- Care Management Specialist	No	Limited	Limited
- Peer Recovery Supporter	No	Limited	Limited
- IPS-SE	No	Limited	Limited
Waivered Services Individual	No	Limited	Limited
End-Stage Renal Disease Clinic	Yes	Limited	Limited
Medicare Certified Home Health Agency	Yes	High	Moderate
Clinical Nurse Specialists	No	Limited	Limited
Anesthesia Assistants	No	Limited	Limited
Pharmacy	Yes	Limited	Limited
Nurse Midwife Individual	No	Limited	Limited
Nurse Practitioners	No	Limited	Limited
Certified Registered Nurse Anesthetists	No	Limited	Limited
Home and Community Based ODA Assisted Living	Yes	Limited	Limited
Optician / Ocularist	No	Limited	Limited
Durable Medical Equipment	Yes	High	Moderate
Health Maintenance Organization	N/A	N/A	N/A
Enhanced Care Management	N/A	N/A	N/A
Independent Diagnostic Testing Facility	Yes	Moderate	Moderate
Independent Laboratory	Yes	Moderate	Moderate
Portable X-Ray Supplier	Yes	Moderate	Moderate
Ambulance	Yes	Moderate	Moderate
Wheelchair Van	Yes	High	Moderate
Mental Health and Substance Use Disorder Agencies Certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS)	Yes	Moderate	Moderate
DODD Targeted Case Management	Yes	Limited	Limited
Nursing Facility	Yes	Limited	Limited
State Operated ICF - MR	Yes	Limited	Limited
Non-State Operated ICF - MR	Yes	Limited	Limited
State of Ohio Department Agency	N/A	N/A	N/A
Converted Inactive Provider/Type	No	Limited	Limited
Franchise Fee Only (Non-Medicaid Provider)	No	Limited	Limited
Veteran Home	No	Limited	Limited

A provider suspended based on a credible allegation of fraud, waste or abuse in the previous 10 years	High	High	*
A provider that has an existing Medicaid overpayment of more than \$1,500 that is more than 30 days old, has not been repaid at the time the application was filed, is not currently being appealed and is not of an approved extended repayment schedule.	High	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	High	*
A provider that was prevented from enrolling based on a temporary moratorium imposed by ODM 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	High	*

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