

ALABAMA MEDICAID PARTICIPATION REQUIREMENTS

The participation requirements chart beginning on page 2 indicates requirements by provider type. Refer to said chart, as well as the information below, to ensure you meet the minimum participation requirements to enroll in the Alabama Medicaid Program.

In addition to the participation requirements according to provider type starting on page 2, the following documentation and forms must also be provided with the online application if applicable. Provider Web Portal Application forms can be found in the Provider Enrollment Forms section of the Medicaid Website.

Required For All Applications Submitted:

- Provider Web Portal Application W-9 Tax Form (can be faxed with the barcoded cover sheet that is provided after submitting the online application)
- Include the following if applicable
 - o CLIA Certificate
 - o DEA Certificate
 - o IV Sedation Certification – dental only
 - o EPSDT Agreement (Electronic signatures will be acceptable)
 - o Plan First Agreement (Electronic signatures will be acceptable)
 - o Telemedicine Service Agreement/Certification (Electronic signatures will be acceptable)
 - o Mobile Dental Facilities Certification – dental providers only
 - o Certification of Mammography Systems – for mammography services only

Application Fee Collection:

The list below contains a notation for providers identified as institutional providers who are required to submit an application fee to enroll as a provider in the Alabama Medicaid program. An application fee is applicable to all newly enrolling or revalidating institutional providers. The application fee will be \$595 for calendar year 2020 but will change yearly. The fee should be submitted at the time of initial application or revalidation in the form of a certified or cashier's check made payable to the Alabama Medicaid Agency. Note that individual physicians and non-physician practitioners are not required to pay an application fee.

Institutional providers who have already submitted an application fee to Medicare or another State or are enrolled in Medicare, another State's Medicaid program, or CHIP will be exempt from submitting a fee to Alabama Medicaid. Note: To be exempt from paying a fee to Alabama Medicaid, providers must submit documentation with their application showing they meet one of the situations indicated above. Providers may also request a hardship exemption from CMS as needed. If a hardship exemption is granted, the provider must submit proof of this exemption at the time of the initial application or revalidation.

Additional Documents Required if Enrolling as a Group or Facility Provider:

- Provider Web Portal Application Disclosure Form.
- Voided check or bank letter for verification of EFT information.
- Include the following if applicable:
 - o Provider Web Portal Application Corporate Board of Directors Resolution and Articles of Incorporation (Applicable for any business that is incorporated).
 - o Provider Web Portal Application Physiological Lab.
 - o Certificate of Incorporation/Certificate of Authority – If your corporation is registered in a state other than Alabama, a Certificate of Authority to do business in Alabama is required.
 - o Application Fee (certified or cashier's check) – for a list of providers required to submit a fee, please refer to the link on the Provider Enrollment page.

Provider Type	Participation Requirements
Ambulance	<ul style="list-style-type: none"> • Must be Medicare certified. • Must maintain and submit a disclosure of the extent and cost of services, equipment, and supplies furnished to eligible recipients. • Must be licensed in the state of Alabama or the state in which services are provided. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data & Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Ambulatory Surgical Center	<ul style="list-style-type: none"> • Must be Medicare certified. • Possess and submit licensure from the appropriate licensing authorities. • Possess and submit a copy of a transfer agreement with an acute care facility (refer to the <i>Alabama Medicaid Agency Administrative Code</i> rule no. 560-X-38-.05 for details). • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data & Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Audiologist	<ul style="list-style-type: none"> • Must be licensed to practice and operate within the scope of practice established by the Board of Examiners for Speech Pathology and Audiology or board in state in which services are provided. • Self-employed audiologists must also possess and submit a Certificate of Accreditation for their facility. • If Medicare enrolled, must submit General Data & Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Chiropractor	<ul style="list-style-type: none"> • Must possess a current certification and/or be licensed to practice and operate within the scope of practice established by the Board of Chiropractic Examiners or board in state in which services will be provided. • Must be Medicare certified. • Chiropractors are enrolled only for services provided to QMB recipients or to recipients referred as a result of an EPSDT screening. • Must submit General Data & Statement of Compliance sections of Civil Rights Compliance Information Request Package.
CORF	<ul style="list-style-type: none"> • Enrolled only for services provided to QMB eligible recipients (crossover claims). • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Dentistry (General)	<ul style="list-style-type: none"> • Must be licensed in the state of Alabama or the state in which services are provided. • Fiscal Agent enrolls each office location. • Dentists who perform IV sedation services must submit a copy of their IV Sedation Certification issued by the Board of Dental Examiners of Alabama. • Must submit a copy of DEA certification. • Must submit a copy of the Mobile Dental Facilities or Portable Dental Operations Certification if applying to enroll as a mobile dental provider. • All dentists enrolling as an Oral Surgeon must provide a copy of the Oral Surgery Certification. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Durable Medical Equipment	<ul style="list-style-type: none"> • The provider’s business must have a physical location in the state of Alabama or within a 30-mile radius of the Alabama state line. This requirement does not apply to Medicare crossover-only providers or providers described below. • Out-of-state bordering DME providers, located within 30 miles of the border of the state of Alabama, may be enrolled as a regular Medicaid DME provider. Out-of-state DME providers not bordering Alabama, or located more than 30 miles from the state border, may be enrolled only as follows: <ul style="list-style-type: none"> - for specialty equipment and supplies such as augmentative communication devices, automatic external defibrillators, high frequency chest wall oscillation air pulse generator systems which are not readily available in state; or - for supplies and equipment needed as the result of a transplant or unique treatment approved out of state as the result of an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) referral or medical necessity. Suppliers will be enrolled by the Medicaid Fiscal Agent on a temporary basis for these situations. • There must be at least one person present to conduct business at the physical location. Answering machines and/or answering services are not acceptable as personal coverage during normal business hours, Monday through Friday, and must be open at least eight-hours a day. DME Providers must have durable medical equipment, appliances or supply items stocked in the physical store location that are readily available to Medicaid recipients presenting prescriptions for these items. Satellite businesses affiliated with a provider are not covered under the provider contract, therefore, no reimbursement will be made to a provider doing business at a satellite location; however, the satellite could enroll with a separate NPI. • Must be certified to participate as a Medicare provider and submit a copy of the Medicare Surety Bond, Medicaid Surety Bond, a valid business license and a valid license from the Alabama Board of Home and Medical Equipment Services Providers. • Only in-state Prosthetic, Orthotic, and Pedorthic providers are eligible for participation in Medicaid to supply devices for adults age 21-64. Providers must be licensed by the Alabama Board of Prosthetists and Orthotists. • Medicaid’s Fiscal Agent will enroll manufacturers of augmentative/alternative communication devices (ACDs) regardless of location with approval from the Pharmacy DME Unit of the Alabama Medicaid Agency. • Medicaid’s Fiscal Agent will enroll manufacturers of high frequency chest wall oscillation air pulse generator systems regardless of location with approval from the Pharmacy DME Unit of the Alabama Medicaid Agency. • The provider shall have no felony convictions and no record of willful or grossly negligent noncompliance with Medicaid or Medicare regulations. • A provider with multiple DME store locations must have completed a provider application for each store location. Each store location enrolled with Alabama Medicaid is assigned a unique Medicaid identification number. • Providers must notify the Fiscal Agent in writing of any changes to the information contained in its application at least 30 business days prior to making such changes. These changes may include, but are not limited to, changes in ownership or control, federal tax identification number, or business address changes. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State’s Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Durable Medical Equipment Pharmacy Medicare Part B	<p>Pharmacy Medicare Part B/Medicaid Crossover Enrollment</p> <ul style="list-style-type: none"> • Pharmacies billing pharmaceutical services reimbursed by Medicare Part B MUST be enrolled as a DME provider and select both the DME/Medical Supply Dealer and Part B Pharmacy Enrollment specialties. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State’s Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
FQHC	<ul style="list-style-type: none"> • Submit appropriate documentation from the Department of Health Resources and Services, Public Health Services (PHS), that the center meets FQHC requirements as evidenced by a copy of a grant awards letter. • Submit a budgeted cost report for its initial cost reporting period. • Federally Funded Health Centers, which are Medicare certified, must also submit copies of Medicare certification. • Comply with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) for all laboratory-testing sites. • Provider contracts are valid for the time of the grant award period and are renewed yearly in accordance with the grant renewal by PHS. A copy of the grant renewal by PHS must be forwarded to the Fiscal Agent as verification of continuing FQHC status. They are renewed upon receipt of proof that requirements stated in the Alabama Medicaid Agency Administrative Code Rule No. 560-X-48-01 are met. • Each satellite center must complete an enrollment application. Physicians, Nurse Practitioners, Nurse Midwives, and Physician Assistants associated with the clinic must also complete enrollment applications. • Must submit a copy of the Mobile Dental Facilities or Portable Dental Operations Certification if applying to enroll as a mobile dental provider. • Psychologists, Licensed Independent Clinical Social Workers, chiropractors, and podiatrists associated with the clinic must also complete enrollment applications. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. <p>EPSDT</p> <ul style="list-style-type: none"> • If performing EPSDT screenings, complete and submit an EPSDT Agreement and current CLIA certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Plan First</p> <ul style="list-style-type: none"> • To provide Plan First services, complete and submit the Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements.
Hearing Services	<ul style="list-style-type: none"> • Hearing Aid dealers must possess and submit a valid license issued by the Alabama Board of Hearing Aid Dealers, or as issued by the state in which the business is located. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Home Health	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Must obtain a certificate of need (CON) from SHPDA. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Hospice	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Must obtain a Certificate of Need (CON) from SHPDA. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Submit a copy of the current hospice license from the Alabama Department of Public Health. • Submit a copy of the notification from CMS showing the approved Medicare reimbursement rates. • Submit a copy of the notification from the Alabama Department of Public Health showing the fiscal year end and the Medicare certification letter. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Hospital/Lithotripsy/Swing Beds	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Receive certification for participation in the Title XVIII Medicare and Title XIX Medicaid programs as a short term or children's hospital. Hospital types are identified on the Hospital Request for Certification in the Medicare/Medicaid Program (CMS-1514) or its successor. • Possess a license as a hospital by the state of Alabama in accordance with current rules contained in the Rules of Alabama State Board of Health, Bureau of Provider Services, Chapter 420-5-7. • Submit a budget of cost for medical inpatient services for its initial cost reporting period, if a new facility. • Submit a written description of an acceptable utilization review plan currently in effect. • The effective date of enrollment cannot be earlier than the Medicare certification dates. Participating out-of-state (border) hospitals are subject to all program regulations and procedures that apply to participating Alabama hospitals and must submit copies of their annual certification from CMS, State licensing authority, and other changes regarding certification. "Border" is defined as within 30 miles of the Alabama state line. • Nonparticipating hospitals are those hospitals that have not executed an agreement with Alabama Medicaid covering their program participation, but that provide medically necessary covered out-of-state services. • All Medicaid admissions to participating and nonparticipating facilities are subject to program benefits and limitations based on current Medicaid eligibility. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. <p>Lithotripsy</p> <ul style="list-style-type: none"> • Submit documentation that the lithotripsy machine is FDA approved. <p>Mammography</p> <ul style="list-style-type: none"> • Submit a copy of the mammography certification issued by FDA. <p>Post-Hospital Extended Care Services (PEC)</p> <ul style="list-style-type: none"> • Must provide nursing care by or under the supervision of a registered nurse on a 24-hour basis. • Provide bed and board in a semi-private room; private accommodations may be used if the patient's condition requires isolation, if the facility has no ward or semi-private rooms, or if all ward or semi-private rooms are full at the time of admission and remain so during the recipient's stay. • Provide medically necessary over-the-counter (non-legend) drug products ordered by physician (Generic brands are required unless brand name is specified in writing by the attending physician). • Must provide personal services and supplies ordinarily furnished by a nursing facility for the comfort and cleanliness of the patient. • Possess nursing and treatment supplies as ordered by the patient's physician or as required for quality nursing care. • Provide services ordinarily furnished to an inpatient of a hospital. <p>Swing Beds</p> <ul style="list-style-type: none"> • Have fewer than 100 beds (excluding newborns and intensive care beds) and be located in a rural area as defined by the Census Bureau based on the most recent census. • Possess certification as a Medicare provider. • Possess certificate of need for swing beds. • Comply with SNF conditions of participation for patient rights, specialized rehabilitation services, dental services, social services, patient activities, and discharge planning. (Most other SNF conditions would be met by virtue of the facilities compliance with comparable conditions of participation for hospitals). • Must not have in effect a 24-hour nursing waiver. • Must not have had a swing bed approval terminated within the two years previous to application for swing bed participation. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
	<p>Residential Treatment Facility (RTF)</p> <ul style="list-style-type: none"> All residential treatment facilities must be under contract with one of the following state agencies, Department of Mental Health, Department of Human Resources, or Department of Youth Services who place children in residential settings. The state agency contracting with the certified RTF will be responsible for collecting all documentation required for enrollment and will forward to Medicaid for approval. Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exception. Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. <p>Hospital Subpart Enrollment</p> <ul style="list-style-type: none"> The subpart (Psych or Rehab) must be a subpart of a hospital currently enrolled with Alabama Medicaid. If CLIA, information is to be registered with Alabama Medicaid for the enrolling subpart, submit a copy of the CLIA certification. <p>Long Term Care Hospital</p> <ul style="list-style-type: none"> Enrolled as Crossover Only. LTC Hospitals are not required to submit a budget of cost for medical inpatient services. Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Independent Laboratory	<ul style="list-style-type: none"> Possess and submit certification as a Medicare provider. Possess and submit certification as a valid CLIA provider if a clinical lab. Exist independently of any hospital, clinic, or physician's office. Possess licensure in the state where located, when it is required by that state or equivalent documentation. Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. Must submit General Data and Statement of Compliance sections Civil Rights Compliance Information Request Package.
Independent Nurse Practitioner	<ul style="list-style-type: none"> Must be licensed as a RN in the state of Alabama or the state in which services are provided or be licensed under the Enhanced Nurse Licensure Compact and allowed to practice in any state apart of the compact. Must be licensed as a CRNP in the state of Alabama or the state in which services are provided. Must submit a copy of current certification as a Certified Registered Nurse Practitioner in the appropriate area of practice from a national certifying agency. Copy of the certified registered nurse practitioner protocol signed by a collaborating physician. If intending to prescribe medication, must provide proof of prescriptive authority from the licensure board. If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package <p>EPSDT</p> <ul style="list-style-type: none"> If performing EPSDT screenings, complete and submit an EPSDT Agreement and current CLIA certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Plan First</p> <ul style="list-style-type: none"> To provide Plan First services, complete and submit the Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements.

Provider Type	Participation Requirements
Independent Radiology	<ul style="list-style-type: none"> • Possess certification as a Medicare provider. • Exist independently of any hospital, clinic, or physician's office. • Possess licensure or equivalent documentation in the state where located. • Possess and submit copy of Public Health Certification of X-Ray Inspection. • For mammography services, possess and submit a certification issued by the FDA. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Independent Rural Health Clinic	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Submit a budgeted cost report for initial cost reporting period. • Submit a copy of the CMS Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate or waiver. • Must have a CRNP or PA on staff. CRNPs or PAs must be licensed to practice in the state of Alabama or the state in which services are provided. • CRNPs associated with an Independent Rural Health Clinic are required to enroll as a Medicaid Provider. • Operate in accordance with applicable federal, state, and local laws. • The effective date of enrollment of an independent rural health clinic will be the date of Medicare certification. However, if a provider's request for enrollment is received more than 120 days after the date of their Medicare certification, then the effective date will be the first day of the month the enrollment is initially received by Medicaid's Fiscal Agent. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. <p>EPSDT</p> <ul style="list-style-type: none"> • If performing EPSDT screenings, complete and submit an EPSDT Agreement and current certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Plan First</p> <ul style="list-style-type: none"> • To provide Plan First services, complete and submit the Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements.
Intermediate Care Facility/Mental Retardation	<ul style="list-style-type: none"> • Must possess Medicare certification. • Submit a letter to the Long-Term Care Division requesting enrollment. • Submit a budget to the Provider Audit Division for the purpose of establishing a per diem rate. • Execute a Provider Agreement and a Nursing Facility/Patient Agreement with Medicaid. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Licensed Independent Clinical Social Worker	<ul style="list-style-type: none"> • Must be Medicare certified (for QMB). • Must be licensed by the Alabama State Board of Social Work Examiners. • Must possess a master's degree or above from an accredited school. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Licensed Marriage and Family Therapist & Licensed Marriage and Family Therapist Associate	<ul style="list-style-type: none"> • Must be licensed by the Alabama Board of Examiners in Marriage and Family Therapy. • Possess a master's degree or above from an accredited school. • Licensed Marriage and Family Therapists and Licensed Marriage and Family Therapist Associate are limited to claims for services provided to EPSDT recipients only. • Submit a completed Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Licensed Master Social Worker	<ul style="list-style-type: none"> • Must be Medicare certified (for QMB). • Must be licensed by the Alabama State Board of Social Work Examiners. • Possess a master's degree or above from an accredited school. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Licensed Professional Counselor & Associate Licensed Counselor	<ul style="list-style-type: none"> • Must be licensed by the Alabama Board of Examiners in Counseling • Possess a master's degree or above from an accredited school. • Licensed Professional Counselors and Associate Licensed Counselors are limited to claims for services provided to EPSDT recipients only. • Must submit completed Civil Rights Compliance Information Request Package.
Nurse Midwife	<ul style="list-style-type: none"> • Submit a copy of the current licensure or licensure renewal card. • Submit a copy of the American College of Nurse-Midwife certificate. • Submit a copy of the current enrollment in the American College of Nurse Midwives Continuing Competency Assessment Program. • Submit a copy of the Certified Nurse Midwifery Protocol signed by your collaborating physician. • Submit a letter from the hospital granting admitting privileges for deliveries. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Nursing Facility	<ul style="list-style-type: none"> • Possess certification for Medicare Title XVIII. • Must obtain a Certificate of Need (CON) from SHPDA. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the conditions of participation. • Submit a budget to Provider Audit Reimbursement Division at Medicaid for the purpose of establishing a per diem rate. • Execute a Provider Agreement and a Nursing Facility/Patient Agreement with Medicaid. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Optician	<ul style="list-style-type: none"> • Must possess a current certification and be licensed to practice in the state of Alabama or the state in which services are provided. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Optometrist	<ul style="list-style-type: none"> • Must possess a current certification and be licensed to practice in the state of Alabama or the state in which services are provided. • To prescribe therapeutic agents for the eye the optometrist must be licensed by the Alabama Board of Optometry. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Oral Surgeon	<ul style="list-style-type: none"> • Must be licensed in the state of Alabama or the state in which services are provided. The Fiscal Agent enrolls each office location. • Must submit a copy of certification in the field of oral surgery. • Oral Surgeons who perform general anesthesia or IV sedation services must submit a copy of their GA/IV certification to the Fiscal Agent with their provider enrollment application. • Must submit a copy of DEA certification. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Pharmacy	<ul style="list-style-type: none"> • Operate under a permit or license to dispense drugs as issued by the Alabama State Board of Pharmacy or appropriate authority in the State where the service is rendered. • Agree to abide by the rules and regulations of third-party billing procedures. Refer to Section 3.3.6, Third Party Liability, for more information. • Maintain records, including prescriptions, to fully disclose the extent of services rendered. Pharmacies should maintain records, such as purchase invoices and recipient signature logs, within the state of Alabama. At a minimum, prescription files and invoices must be available for examination. • Must submit copy of valid license for registered pharmacist. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit completed Civil Rights Compliance Information Request Package. <p>Out-of-State Pharmacies</p> <ul style="list-style-type: none"> • Out-of-state bordering pharmacies, located within 30 miles of the border of the state of Alabama, may be enrolled as a regular Medicaid pharmacy provider. Out-of-state pharmacies not bordering Alabama or located more than 30 miles from the state border, will be enrolled on a temporary basis for emergency situations. • Possess certification from the State Board of Pharmacy in the state where the pharmacy is registered and hold a permit to operate in the state of residence. • Agree to abide by the Alabama state provider tax law. • Alabama Medicaid program limitations apply to both out-of-state and in-state pharmacies. Medicaid uses the same payment methodology to reimburse out-of-state and in-state pharmacies enrolled with the Alabama Medicaid Program for drugs dispensed. • The registered pharmacist must possess a valid license. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption if enrolling for DME. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package. <p>Pharmacy Medicare Part B/Medicaid Crossover Enrollment</p> <ul style="list-style-type: none"> • Pharmacies billing pharmaceutical services reimbursed by Medicare Part B MUST enroll as a DME provider and select both the DME /Medical Supply Dealer and Part B Pharmacy Enrollment specialties. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Physician	<ul style="list-style-type: none"> • Must be licensed in the state of Alabama or the state in which services are provided. • If selecting the oral and maxillofacial surgery specialty, the provider must be licensed by the dental board in the state in which services are provided. • The Fiscal Agent will not enroll physicians having limited licenses unless complete information as to the limitations and reasons are submitted in writing to the Provider Enrollment Unit for review and consideration for enrollment. • Must submit a copy of DEA certification, if applicable. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package. • Psychiatrists may provide ABA Therapy. • If completing the Alabama Medicaid Certification and Attestation for Primary Care Rate Increase form, and if the provider is board certified, then provider must submit board certification proof (web verification printout preferred) if enrolling in one of the following specialties: <ul style="list-style-type: none"> 021 Cardiac Electrophysiology 023 Sports Medicine 310 Allergist 312 Cardiologist 313 Cardiovascular Surgeon 315 Emergency Medicine Practitioner 316 Family Practitioner 317 Gastroenterologist 318 General Practitioner 320 Geriatric Practitioner 323 Neonatologist 324 Nephrologist 329 Oncologist 336 Physical Medicine and Rehabilitation Practitioner 340 Pulmonary Disease Specialist 345 General Pediatrician 770 Endocrinology 780 Hematology 790 Infectious Disease 800 Internal Medicine 830 Rheumatology • To have secondary claims processed, provider should submit a copy of the Medicare certification. Medicare certification is NOT required for enrollment. Out-of-state non-bordering physicians, meaning physicians outside of the 30-mile radius from the state line of Alabama, should not submit the Medicare certification at any time. <p>EPSDT</p> <ul style="list-style-type: none"> • If performing EPSDT screenings, complete and submit an EPSDT Agreement and current CLIA certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Mammography</p> <ul style="list-style-type: none"> • If performing Mammography procedures, submit a copy of the Mammography certification issued by FDA. <p>Plan First</p> <ul style="list-style-type: none"> • To provide Plan First services, complete and submit the Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Telemedicine Services</p> <ul style="list-style-type: none"> • Must be licensed in the state of Alabama. • Submit the Telemedicine Services Agreement/Certification Form. Electronic signatures will be acceptable for the Telemedicine agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. • As stated on the Agreement/Certification form, Enrollment staff must ensure that a sample copy of the provider's Informed Consent form is attached to this agreement. A sample copy has been provided for Enrollment staff. Enrollment staff must review the submitted Provider's Informed Consent form to ensure that it contains the information that is in the Agency's sample copy. <p>VFC</p> <ul style="list-style-type: none"> • If administering vaccinations, provider must contact ADPH – Vaccines for Children (VFC) Program at (800) 469-4599 for enrollment.

Provider Type	Participation Requirements
Physician-Employed Anesthesiology Assistants (AA)	<ul style="list-style-type: none"> • Must be Medicare certified. • Must be licensed in the state of Alabama or the state in which services are provided. • Must submit copy of current certification with the Alabama Board of Medical Examiners Certificate of Registration and National Commission for Certification of Anesthesiologist Assistants. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Physician-Employed Certified Registered Nurse Anesthetist (CRNA)	<ul style="list-style-type: none"> • Must be licensed as a RN in the state of Alabama or the state in which services are provided or be licensed under the Enhanced Nurse Licensure Compact and allowed to practice in any state apart of the compact. • Must be licensed as a CRNA. • Must submit a copy of certification with the Alabama Board of Nursing Certificate of Registration. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Physician-Employed Certified Registered Nurse Practitioner (CRNP)	<ul style="list-style-type: none"> • Must be licensed as an RN in the state of Alabama or the state in which services are provide or be licensed under the Enhanced Nurse Licensure Compact and allowed to practice in any state apart of the compact. • Must be licensed as a CRNP. • Must submit a copy of certification from a national certifying agency. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package. <p>EPSDT</p> <ul style="list-style-type: none"> • If performing EPSDT screenings, complete and submit an EPSDT Agreement and current CLIA certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Plan First</p> <ul style="list-style-type: none"> • To provide Plan First services, complete and submit the Plan First Agreement. Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>VFC</p> <ul style="list-style-type: none"> • If administering vaccinations, provider must contact ADPH – Vaccines for Children (VFC) Program at (800) 469-4599 for enrollment.
Physician-Employed Physician Assistant (PA)	<ul style="list-style-type: none"> • Must be licensed in the state of Alabama or the state in which services are provided. • If intending to prescribe medication, must provide proof of prescriptive authority from the licensure board. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package. <p>EPSDT</p> <ul style="list-style-type: none"> • If performing EPSDT screenings, complete and submit an EPSDT Agreement and current CLIA certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Plan First</p> <ul style="list-style-type: none"> • To provide Plan First services, complete and submit the Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>VFC</p> <ul style="list-style-type: none"> • If administering vaccinations, provider must contact ADPH – Vaccines for Children (VFC) Program at (800) 469-4599 for enrollment.

Provider Type	Participation Requirements
Physiological Lab	<ul style="list-style-type: none"> • Possess certification as a Medicare provider. • Complete and submit the Physician's Supervisory Certification form. • Utilize certified technicians for ultrasounds, Doppler services, and non-invasive peripheral vascular studies if a physiological lab. • Possess licensure or equivalent documentation in the state where located. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Podiatrist	<ul style="list-style-type: none"> • Must possess a current certification and/or be licensed to practice and operate within the scope of practice established by the Alabama Board of Podiatry or board in state in which services will be provided. • Podiatrists are enrolled only for services provided to QMB recipients or to recipients referred as a result of an EPSDT screening. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Preventive Health Education	<ul style="list-style-type: none"> • Providers include clinics or other organizations that use licensed practitioners of the healing arts within the scope of practice under state law and federal regulations. Professional instructors of the provider must meet the following qualifications (according to specialty) as listed below: • A health educator must have graduated from an accredited four-year college or university with major course work in public health, health education, community health, or health/physical education/recreation with a concentration in health. • A social worker must be licensed by the Alabama Board of Social Work Examiners. • A registered nurse must be licensed by the Alabama Board of Nursing as a Registered Nurse. • A nurse practitioner must have successfully completed a supplemental program in an area of specialization and must be licensed by the Alabama Board of Nursing as a Registered Nurse and be issued a certificate of approval to practice as a Certified Registered Nurse Practitioner in the area of specialization. • A nurse midwife must be licensed by the Alabama Board of Nursing as a Registered Nurse and a Certified Nurse Midwife. • A nutritionist must be licensed as a Registered Dietitian by the American Dietetic Association. • A nutritionist associate must have graduated from a four-year college or university with major course work in nutrition or dietetics. • A professional counselor must be licensed by the Alabama Board of Examiners in Counseling. • A health instructor must have a bachelor's degree with extensive experience in providing instruction in preventive health education supplemented by a training program approved by the Alabama Medicaid Agency. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.
Private Duty Nursing	<ul style="list-style-type: none"> • Private Duty Nursing providers are enrolled to provide services to recipients referred as a result of an EPSDT screening. These providers must submit a copy of current Alabama business license. • Only in-state private duty nursing providers and out-of-state providers within 30 miles of the state line qualify for participation in the Medicaid program. • To participate in the Technology Assisted (TA) Waiver for Adults program, please contact LTC Healthcare Reform Development. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Provider-based Rural Health Clinic	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Submit a copy of the CLIA certificate to waiver. • Must have a CRNP or PA on staff. Submit a copy of license for employed CRNP or PA and proof of prescriptive authority, if applicable. • CRNPs associated with a Provider-based Rural Health Clinic are required to enroll as a Medicaid Provider. • Submit a budgeted cost report for initial cost reporting period. • The effective date of enrollment is the date of Medicare certification. Providers, who request enrollment more than 120 days after Medicare certification, are enrolled on the first day of the month the enrollment is approved. • Podiatrists associated with the clinic must also complete enrollment applications. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. <p>EPSDT</p> <ul style="list-style-type: none"> • If performing EPSDT screenings, complete and submit an EPSDT Agreement and current CLIA certification. Electronic signatures will be acceptable for the EPSDT agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements. <p>Plan First</p> <ul style="list-style-type: none"> • To provide Plan First services, complete and submit the Plan First Agreement. Electronic signatures will be acceptable for the Plan First agreement. Please refer to the Administrative Code Chapter One – General, regarding Provider/Recipient Signature Requirements.
Psychiatric Hospital	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Receive certification for participation in the Medicare/Medicaid program. • Possess a license as an Alabama psychiatric hospital in accordance with current rules contained in the Alabama Administrative Code. State hospitals that do not require licensing as per state law are exempt from this provision. • Be accredited by the Joint Commission on Accreditation of Hospitals. • Have a distinct unit for children and adolescents. • Have a separate treatment program for children and adolescents. • Submit a written description of an acceptable utilization review plan currently in effect. • Submit a budget of cost for medical inpatient services for its initial cost reporting period, if a new provider. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
Psychologist	<ul style="list-style-type: none"> • Possess and submit a doctoral degree from an accredited school or department of Psychology. • Must possess a current certification and/or be licensed to practice and operate within the scope of practice established by the Alabama Board of Psychology or board in state in which services will be provided. • Psychologists are enrolled only for services provided to QMB recipients or to recipients referred as a result of an EPSDT screening. • Psychologists may provide ABA Therapy. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.

Provider Type	Participation Requirements
Renal Dialysis Facility	<ul style="list-style-type: none"> • Be certified to participate as a Medicare provider. • Be certified by the Division of Provider Services of the Alabama Department of Public Health as meeting specific statutory requirements and the Conditions of Participation. • Certification for participation in the Title XVIII Medicare Program. • Approval by the appropriate licensing authority. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • Must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package.
State Rehabilitative Services Provider	<p>To participate in the Alabama Medicaid Program, rehabilitative services, providers must meet the following requirements. Service providers must demonstrate that they meet the criteria in either (1), (2), OR (3) and both (4) AND (5) below.</p> <ol style="list-style-type: none"> 1. A provider must be certified as a 310-board community mental health center by DMH and must have demonstrated the capacity to provide access to the following services through direct provision or referral arrangements: <ul style="list-style-type: none"> • Inpatient services through referral to community hospitals and through the attending physician for community hospitalizations • Substance abuse services including intensive outpatient services and residential services • Must submit an application to and receive approval from DMH to provide mental health rehabilitative services under the Medicaid Rehabilitative Option program. 2. For the provision of Substance Abuse Rehabilitative Services, an entity: <ul style="list-style-type: none"> • Must be an organization that is currently certified by the Alabama Department of Mental Health (DMH) to provide alcohol and other drug treatment services under the provisions of Chapter 580 of the Alabama Administrative Code; and • Must submit an application to and receive approval by DMH to provide Substance Abuse Rehabilitative Services under the Medicaid Rehabilitative Option program. 3. The Department of Human Resources (DHR), the Department of Youth Services (DYS), and the Department of Children's Services (DCA) are eligible to be rehabilitative services providers for children under age 21 if they have demonstrated the capacity to provide an array of medically necessary services, either directly or through contract. Additionally, DHR may provide these services to adults in protective service status. At a minimum, this array includes the following: <ul style="list-style-type: none"> ➤ Individual, group, and family counseling ➤ Crisis intervention services ➤ Consultation and education services ➤ Case management services Assessment and evaluation 4. A provider must demonstrate the capacity to provide services off-site in a manner that assures the recipient's right to privacy and confidentiality and must demonstrate reasonable access to services as evidenced by service location(s), hours of operation, and coordination of services with other community resources. 5. A provider must ensure that Medicaid recipients receive quality services in a coordinated manner and have reasonable access to an adequate array of services delivered in a flexible manner to best meet their needs. Medicaid does not cover all services listed above, but the provider must have demonstrated the capacity to provide these services.

Provider Type	Participation Requirements
Targeted Case Management (TCM)	<p>Targeted Case Management providers must meet the requirements in below:</p> <ul style="list-style-type: none"> • Demonstrate the capacity to provide the core elements of case management, including assessment, care and services plan development, linking and coordination of services, and reassessment and follow-up. • Demonstrate case management experience in coordinating and linking community resources as required by the target population. • Demonstrate experience with the target population. • Provide the administrative capacity to ensure quality of services in accordance with state and federal requirements. • Maintain a financial management system that provides documentation of services and costs. • Demonstrate the capacity to document and maintain individual case records in accordance with state and federal requirements. • Demonstrate the ability to ensure a referral process consistent with Section 1902(a)23 of the Social Security Act, freedom of choice of provider. • Demonstrate the capacity to meet the case management service needs of the target population. • Provide an approved training program certified by Medicaid to address the needs and problems of the recipients served. • Provide a quality assurance program for case management services approved and certified by Medicaid. The quality assurance program includes record reviews at a minimum of every six months. • Fully comply with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. • Fully comply with applicable federal and state laws and regulations. <p>Target Groups:</p> <ol style="list-style-type: none"> 1. Mentally Ill Adults – Department of Mental Health 2. Intellectually Disabled Adults - Department of Mental Health 3. Disabled Children - Department of Youth Services 4. Foster Child - Department of Human Resources 5. Pregnant Women 6. AIDS/HIV Positive Individuals - AIDS Alabama Inc. 7. Adult Protective Services - Department of Human Resources 8. Technology Assisted (TA) Waiver for Adults 9. Individuals with a Diagnosed Substance Use Disorder - Department of Mental Health 10. Disabled Children with Autism Spectrum Disorder (ASD) or Serious Emotional Disturbance (SED), Severe Mental Illness (SMI)– High Intensity Care Coordination – Department of Mental Health <ul style="list-style-type: none"> • All Target Group providers must complete training in a case management curriculum approved by Medicaid and the Department of Mental Health. • Target Groups 1, 3 and 10 - must be Regional Boards incorporated under Act 310 of the 1967 Alabama Acts & Comprehensive Community Health Centers who have demonstrated the ability to provide targeted case management services directly, or the Alabama Department of Mental Health. • Target 1, 2, 3, 9 and 10 - must be certified and provide services through a contract with the Department of Mental Health. • Target 4 and 7 - must be certified and provide services through a contract with the Department of Human Resources.

Provider Type	Participation Requirements
Therapy	<ul style="list-style-type: none"> • A qualified Speech Therapist must have a Certification of Clinical Competence in Speech Language Pathology or be eligible for certification and licensed by the Alabama Board of Examiners for Speech, Language Pathology, and Audiology. • A qualified OT must be registered by the American Occupational Therapy Certification Board and licensed by the Alabama State Board of Occupational Therapy. • A qualified PT must be a graduate of a program of physical therapy approved by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent. A qualified PT must be licensed by the Alabama Board of Physical Therapy. • A qualified Behavior Analyst must be certified by the Behavior Analyst Certification Board and licensed by the Alabama Behavior Analyst Licensing Board. • Therapists are enrolled only for services provided to QMB recipients or to recipients referred as a result of an EPSDT screening. • ABA therapy services are for recipients referred as a result of an EPSDT screening and these services may be provided by an ABA Therapist, Psychologist, or Psychiatrist. • Hospital Based Therapists are not eligible to enroll. • Must submit application fee, proof of payment to Medicare or another State, proof of enrollment in Medicare, another State's Medicaid program, or CHIP, OR proof of hardship exemption. • If Medicare enrolled, must submit General Data and Statement of Compliance sections of Civil Rights Compliance Information Request Package. If not Medicare enrolled, must submit entire completed Civil Rights Compliance Information Request Package.