

Alabama Medicaid



ENROLLMENT APPLICATION

LIMITED ENROLLMENT AS A NON-MEDICAID PROVIDER FOR ORDERING, PRESCRIBING OR REFERRING (OPR) PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS

- In accordance with the implementation of Section 6405 of the Affordable Care Act, the completion of this application is only applicable to physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, prescribing or referring items or services for Medicaid recipients.
- These physicians and non-physician practitioners **do not and will not send claims to Medicaid** for the services they provide.
- This type of enrollment does not allow Medicaid to reimburse you for your services.
- Please type or print legible using BLACK OR BLUE INK ONLY.
- Return this form to:
HP Provider Enrollment
P.O. Box 244035
Montgomery, AL 36124
- Please remember to retain a copy of this document in its entirety for your records.

**SECTION 1: BASIC INFORMATION FOR ORDERING, PRESCRIBING OR RENDERING
(OPR) NON-MEDICAID PROVIDERS**

NPI: _____

SECTION 2: IDENTIFYING INFORMATION

A. PERSONAL INFORMATION

Last Name First Name Middle Initial

Date of Birth (mm/dd/yyyy) Social Security Number

License Number State Where Issued

Effective Date (mm/dd/yyyy) Expiration/Renewal Date (mm/dd/yyyy)

DEA Number (if applicable)

B. CORRESPONDENCE ADDRESS

Provide contact information for the person shown in Section 2A above. Once enrolled, the information provided below will be used by Medicaid if it needs to contact you directly. This address cannot be a billing address or P.O. Box.

Address Line 1 (Street Name and Number)

Address Line 2 (e.g., Department #, Suite #, etc.)

City/Town State Zip Code + 4

Phone Number Fax Number E-mail Address
(Including area code) (Including area code)

SECTION 2: IDENTIFYING INFORMATION

D. MEDICAL SPECIALTIES

1. Physician Specialty

If you are a physician, designate your primary specialty. A physician must meet all Federal and State requirements for the type of specialty(s) checked.

- Allergist (310)
- Anesthesiologist (311)
- Cardiac Electrophysiology (021)
- Cardiologist (312)
- Cardiovascular Surgeon (313)
- Colon and Rectal Surgery (750)
- Dermatologist (314)
- EENT (760)
- Emergency Medicine Practitioner (315)
- Endocrinology (770)
- Family Practitioner (316)
- Gastroenterologist (317)
- General Dentistry Practitioner (271)
- General Pediatrician (345)
- General Practitioner (318)
- General Surgeon (319)
- Geriatric Practitioner (320)
- Hand Surgeon (321)
- Hematology (780)
- Infectious Disease (790)
- Internal Medicine (800)
- Neonatologist (323)
- Nephrologist (326)
- Neurological Surgeon (325)
- Neurologist (326)
- Nuclear Medicine Practitioner (327)
- Nutritionist (230)
- Obstetrics/Gynecologist (328)
- Oncologist (329)
- Ophthalmologist (330)
- Oral Surgeon (272)
- Orthopedic (810)
- Orthopedic Surgeon (331)
- Otolologist, Layrngologist, Rhinologist (332)
- Pathologist (333)
- Physical Medicine and Rehabilitation (336)
- Plastic Surgeon (337)
- Proctologist (338)
- Psychiatrist (339)
- Pulmonary Disease Specialist (340)
- Radiologist (341)
- Referring Provider Only (820)
- Rheumatology (830)
- Sports Medicine (023)
- Thoracic Surgeon (342)
- Urologist (343)

SECTION 2: IDENTIFYING INFORMATION (Continued)

2. Non-Physician Specialty

If you are a non-physician practitioner, check the appropriate box below to indicate your specialty.

All non-physician practitioners must meet specific licensing, educational, and work experience requirements. If you need information concerning the specific requirements for your specialty, contact Provider Enrollment at 1-888-223-3630.

Check only one of the following:

- Certified Nurse Midwife (095)
- Clinical Social Worker (116)
- Nurse Practitioner (093)
- Physician Assistant (100)
- Clinical Psychologist (112)
- Unlisted Non-Physician Practitioner Type (Specify):
 - _____
 - _____
 - _____
 - _____

SECTION 3: DISCLOSURE INFORMATION

Licensure

1. Is your license currently suspended or restricted? If yes, please fully explain the details including dates, the state where the incident occurred and any adverse action against your license. (If a disclosure explanation requires details, please attach additional sheets.)
 Yes No
2. Has any action ever been taken against your license or certification, by any state or certification board?
 Yes No
3. Have there ever been any changes to your license, registration or certification?
 Yes No

Affiliations

4. Has any action ever been taken against your medical privileges or any other associations, by any hospital, healthcare institution or governing board?
 Yes No
5. Have you ever voluntarily withdrawn your privileges based on any action by a hospital, healthcare institution or governing board?
 Yes No
6. Has an agent, managing employee or person/entity with ownership/controlling interest of 5% or more of this business ever been convicted of a felony or misdemeanor for fraud/abuse in a government program, been found liable for fraud/abuse in a civil proceeding or entered into a settlement in lieu of conviction of fraud/abuse? If yes, give their name(s) and their relationship to you.
 Yes No
7. Have you ever been terminated or not renewed your enrollment, or subject to any disciplinary action by any healthcare organization or licensing agency?
 Yes No

Education

8. Have you ever been disciplined in any manner during your medical education?
 Yes No
9. Have you ever voluntarily withdrawn or terminated your medical education due to an investigation?
 Yes No
10. Has your board certification ever been suspended or terminated?
 Yes No
11. Have you ever chosen to terminate your board certification while under investigation?
 Yes No

Substance Registration

12. Has any action ever been taken against your federal or state controlled substance certifications or authorizations?

- Yes No

Governmental Programs

13. Has any action ever been taken against you during your participation in, or have you ever been excluded, suspended, sanctioned, or debarred from, any federal or state governmental healthcare program? If yes, please fully explain the details including dates, the state where the incident occurred and any adverse action against your license. (If a disclosure explanation requires details, please attach additional sheets.)

- Yes No

Investigations

14. Have you ever been the subject of an investigation by any healthcare organization or military agency, related to your performance of medical duties, for any action that qualifies as fraudulent activities?

- Yes No

15. Are you aware of any information being reported regarding your performance as a medical practitioner, to any public medical malpractice reporting agency?

- Yes No

16. Have you ever been under investigation by any state or federal regulatory agencies?

- Yes No

17. Have you ever been convicted, or are you currently under investigation, by any licensing authority, law enforcement agency or any other entity for any legal misconduct?

Convicted Means that:

1) A judgement of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:

- a) There is a post trial motion or appeal, or
- b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;

2) A Federal, State or local court has made a finding of guilt against an individual or entity;

3) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or

4) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license. (If a disclosure explanation requires details, please attach additional sheets.)

- Yes No

Liability

18. Has any action ever been taken against your professional liability coverage based on your history of medical practice?

- Yes No

19. Have you ever had an adverse professional liability action?

- Yes No

Legal History

20. Have you ever been convicted or plead guilty to a felony or misdemeanor (excluding minor traffic citations)?

Convicted Means that:

1) A judgement of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:

- a) There is a post trial motion or appeal, or
- b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;

2) A Federal, State or local court has made a finding of guilt against an individual or entity;

3) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or

4) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license. (If a disclosure explanation requires details, please attach additional sheets.)

- Yes No

21. Do you have any outstanding criminal fines, restitution orders, or overpayments identified in this state or any other state?

- Yes No

SECTION 4: CONTACT PERSON

This section captures information regarding the person you would like for us to contact regarding this application. If no one is listed below, we will contact you directly at the Correspondence Address in Section 2B.

First Name

Last Name

Telephone Number
(Including area code)

Fax Number
(Including area code)

E-mail Address

SECTION 5: PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Alabama Medicaid program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. § 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against an individual who "knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a program under a Federal health care program.

The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729 imposes civil liability, in part, on any person who:
 - a) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government a false or fraudulent claim for payment or approval;
 - b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
 - c) conspire to defraud the Government by getting a false or fraudulent claim allowed or paid.

4. Section 1128B(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...

A claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:

- a) was not provided as claimed; and/or
- b) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 per each item or service, an assessment of up to 3 times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The Government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." **Remedies include compensatory and punitive damages, restitution and recovery of the amount of the unjust profit.**

SECTION 6: CERTIFICATION STATEMENT

To the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to HP and the Alabama Medicaid Agency for the purpose of enrolling with Alabama Medicaid.

I hereby authorize, consent to, and request the release to the Alabama Medicaid Agency of any and all records concerning me, including, but not limited to, employment records, government records, and professional licensing records, and any other information requested by the Alabama Medicaid Agency for purposes of acting on my application to be an enrolled provider under the Alabama Medicaid program.

Signature of applicant:

Signature

_____ _____
Title Date

All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.