



Dear Doctor:

Thank you for your interest in becoming a Children's Medical Services approved physician provider. As the state's Title V agency, CMS has a long tradition of championing excellence in the provision of medical services to children with special health care needs and high-risk pregnant women. We continually strive to improve and expand our network of providers and services throughout the state.

Enclosed within this packet you will find a CMS physician provider application and a CMS Physician's Handbook. Please review all information carefully and note that there are separate requirements for Child Protection Team (CPT) and Regional Perinatal Intensive Care Centers (RPICC) physicians. Should you have any questions regarding the application process, please feel free to contact Brenda Tune, R.N. at (850) 245-4444 ext. 2256.

Sincerely,

Joseph J. Chiaro, M.D.

Deputy Secretary

Children's Medical Services



CMS PHYSICIAN PARTICIPATION CRITERIA

General CMS Participation

Physicians wishing to participate in the CMS network of providers must comply with the CMS approval and re-approval process and criteria. Physicians must provide information on the following:

- Valid, current State of Florida medical license; and
- Current board certification or actively in the process of obtaining board certification * in area of practice;
- Current Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certification; and
- Current, full active admitting privileges at a CMS approved hospital; or Letter of Transfer Agreement with a CMS approved physician in good standing who has current admitting privileges at a CMS approved hospital; and
- Current curriculum Vitae indicating five (5) year work history including month and year; explaining any gaps in employment; and
- Current malpractice coverage or bond that complies with the physician's relevant practice act in the Florida Statutes; and
- Summary of professional liability claim(s) pending or that resulted in settlement or judgments paid by or on their behalf in the last ten (10) years; and
- Summary of Medicaid and Medicare sanctions within the past ten (10) years; and
- A completed and signed CMS application and attestation forms.

* Board Certification - Effective October 1, 2001, CMS will require all participating providers to be board certified in their area of practice.

- Non-board certified physician applicants who meet requirements for board certification examination may be approved for active status pending completion of board certification. The physician must achieve board certification before their three (3) year re-approval date.

- Specialty physician providers who have not yet obtained their specialty board certification must be certified by their primary board, when applicable, before they will be eligible to provide specialty services to CMS patients.
 - Non-board certified specialty physicians must achieve specialty board certification before their three-year re-approval date to continue to provide specialty services to CMS patients, unless certification process is a multiphase process.
 - For those specialties that have a multiphase certification process, the physician must have passed the first step of the board certification process and they must demonstrate an active, continuing pursuit of board certification at the time of their re-approval review to continue to provide specialty services to CMS patients.
- Subspecialty physicians not providing primary care services will not be required to maintain active certification of their primary board.
- Physicians approved for CMS participation before October 1, 1998 will be exempt from the board certification requirement pending recommendation of the area CMS Medical Director.

Under special circumstances and when in the best interests of the CMS participants, the Deputy Secretary for Children's Medical Services may grant, upon recommendation from CMS Medical Director, CMS approved provider status to any physician licensed in the State of Florida.

APPLICATION & APPROVAL PROCESS

Children's Medical Services (CMS) Physician Approval Process is not a licensure process, but rather a quality assurance process to ensure that participating CMS physician providers meet established minimum standards deemed necessary for the provision of quality medical services to children with special health care needs.

To assure timely approval of physician applications in compliance with national quality standards, the entire physician approval process must be completed within 180 days of the signed application. HCMS Physician Provider Approval (PPA) Coordinator maintains an approval process tracking system to ensure compliance with required timeframes.

The application packet contains the following:

- CMS Physician Participation Criteria
- CMS Provider Application & Approval Overview
- CMS Provider Application Checklist
- CMS Physician Provider Application
- Letter of Transfer Agreement Form
- CMS Physician's Handbook
- CMS Professional Liability Claim Form

Upon receipt, the HCMS Physician Provider Approval (PPA) Coordinator reviews the application packet for completeness.

- If there is information missing, PPA Coordinator notifies the applicant within thirty (30) days of receipt of missing or incomplete application elements.
- Physician has sixty (60) days from the date of signed application to provide all missing elements to HCMS. If all elements have not been submitted within the 60-day timeframe, the application will be returned to the applicant.

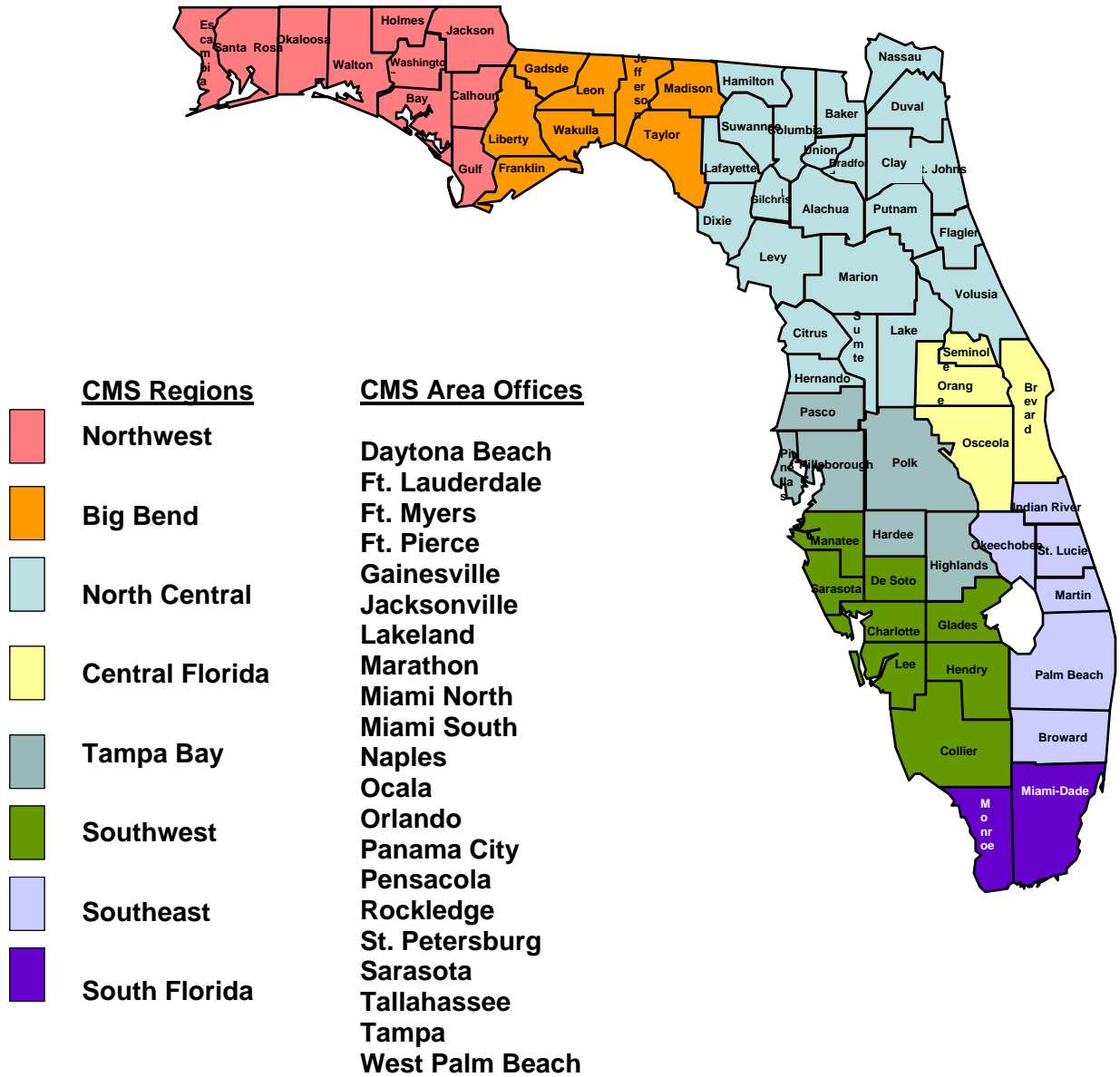
After verification of required elements, which includes obtaining letter of recommendation from the appropriate CMS program Medical Director, the PPA Coordinator prepares physician's file for the CMS Physician Review Committee.

The Physician Review Committee meets monthly to review completed files and determine provider participation status.

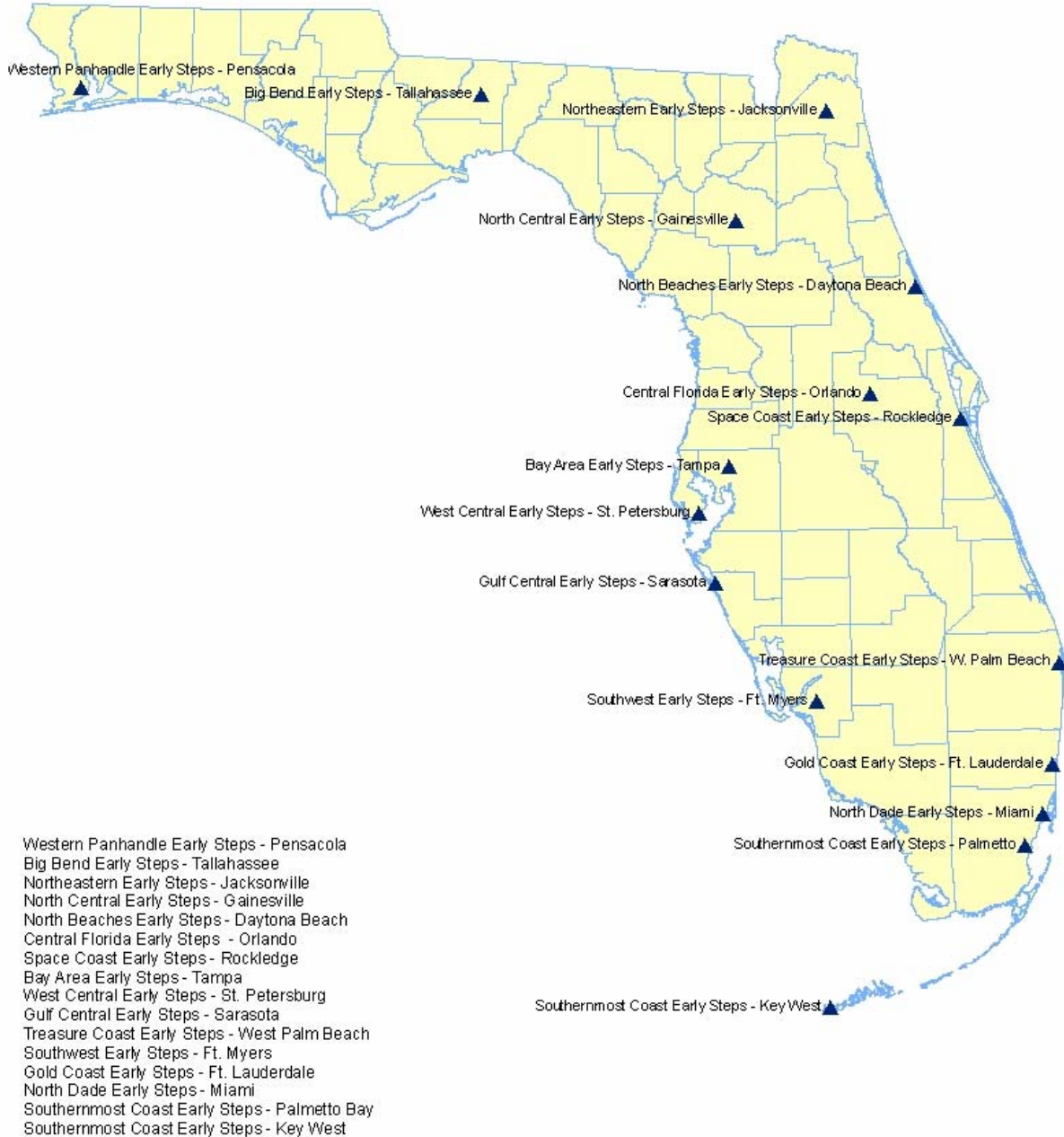
Once your credentials have been verified, the CMS Physician Review Committee (PRC) will review your application. CMS provider status will be determined by the CMS Deputy Secretary based on PRC recommendation. You will be notified in writing within fifteen (15) days of the determination of your provider status.

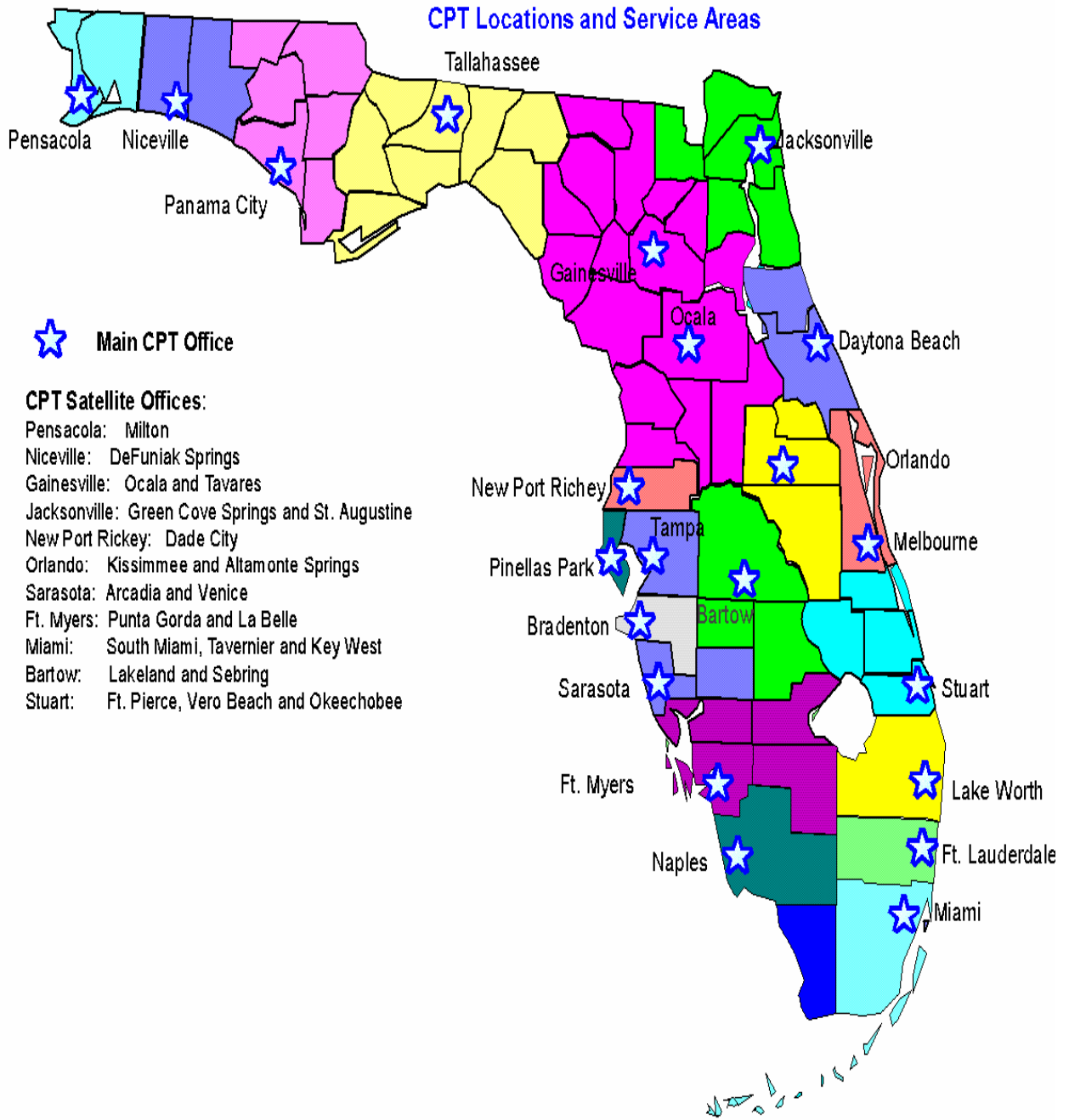
After approval as a CMS active physician, applicants for special programs having additional qualifications requirements; e.g., CPT and RPICC, will receive subsequent notification of provider status for that specific program.

CMS REGIONS AND AREA OFFICE LOCATIONS

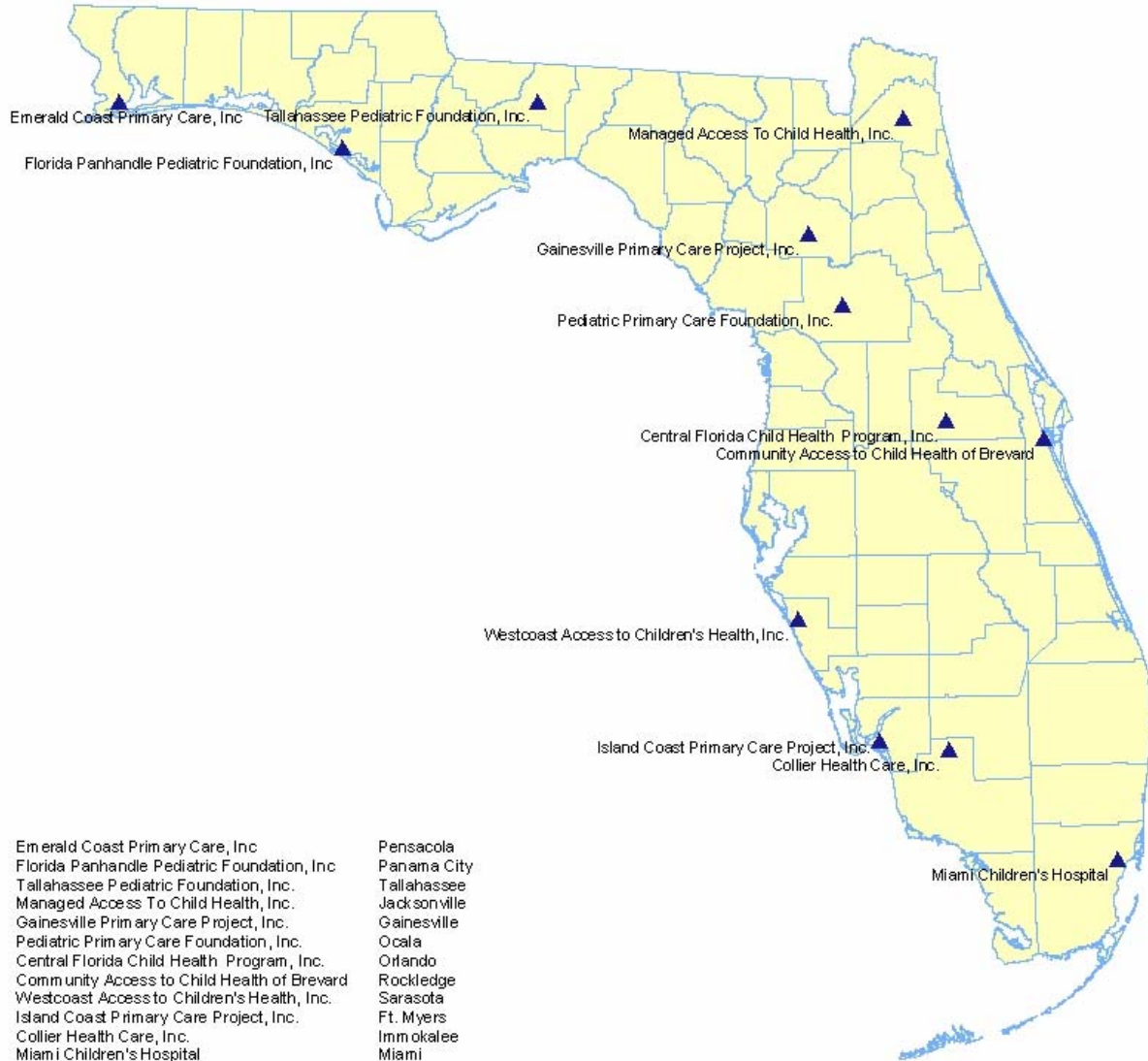


CMS Early Steps Locations
Created on 10/02/2007





**CMS Primary Care Offices
 Created on 9/28/2007**



CMS - RIPCC Centers
Created on 9/28/2007



- Center 01 - Tampa General Hospital
- Center 02 - Shands Teaching Hospital - Gainesville
- Center 03 - Shands Jacksonville
- Center 04 - Jackson Memorial Medical Center - Miami
- Center 05 - Sacred Heart Hospital - Pensacola
- Center 06 - Winnie Palmer Hospital - ORHCS - Orlando
- Center 07 - All Childrens Hospital - Bayfront Medical Center - St. Petersburg
- Center 08 - St. Marys Hospital - West Palm Beach
- Center 10 - Broward General Medical Center - Ft. Lauderdale
- Center 11 - MemReg Hospital, JD Childrens Hosp/Womens Svcs - Hollywood
- Childrens Hospital of SW Florida - Lee Memorial - Ft. Myers

APPLICATION CHECKLIST

The usual time required to process a complete CMS physician provider application packet is ninety (90) days. To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application packet for review:

- Completed six (6) page CMS Physician Provider **Application**, signed and dated;
- Current **Curriculum Vitae** indicating five (5) year work history including month and year; explaining any gaps in employment;
- Copy of current **Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS)** certification;
- Copy of signed and dated **Letter of Transfer Agreement**, if applicable;
- Copy of **Board Certificate**; if not currently board certified, proof of eligibility to sit for board certification from the applicable board in the specialty for which you are requesting approval; i.e., a copy of Letter of Application;
- Summary of **professional liability claim(s)** pending or filed against you within the past ten years. Provide detailed information as indicated on Professional Liability Claim Form.

Please mail all documentation to:

Children's Medical Services
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: PPA Coordinator

You will be notified of receipt of application documentation within thirty (30) days of receipt. If the application documentation is not complete, you will be requested to submit the specified information within thirty (30) days. Failure to achieve a complete application packet within the thirty (30) day time frame will result in the application packet being returned to you.

Once your credentials have been verified, the CMS Physician Review Committee (PRC) will review your application. CMS provider status will be determined by the CMS Deputy Secretary based on PRC recommendation. You will be notified in writing within fifteen (15) days of the determination of your provider status.

Should you have questions regarding the status of your application, please feel free to contact HCMS PPA Coordinator, Marceller Bright : Telephone - (850) 245-4214
Confidential Fax - (850) 487-1279
Email - Marceller_Bright@doh.state.fl.us



Last Name _____ First Name _____ MI _____

Maiden or Other Names Used: _____ Gender _____ DOB _____

Address Listed on FL Medical License _____

City _____ State _____ Zip Code _____

E-mail Address _____

PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH COMPLETED APPLICATION:

- Current Curriculum Vitae Current indicating five (5) year work history including month and year; explaining any gaps in employment
Letter of Transfer Agreement, if applicable (see page two)
Copy of Board Certificate or Letter of Application for Board Certification Examination
Copy of Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certification.

PLEASE INDICATE AREAS FOR WHICH YOU ARE APPLYING (check all that apply):

Client Service Area (City/County):

- Primary Care Provider
Family Practice
General Practice
Internal Medicine
Pediatrician
Other:

- Specialty Care Provider
Cardiology
Dermatology
Endocrinology
Hematology/Oncology
Neonatology
Neurology
Obstetrics/Gynecology
Ophthalmology
Orthopedics/Rehabilitation
Otolaryngology
Psychiatry
Pulmonology
Urology

Surgery: _____

Other: _____

- Program Provider
CMS Network
Child Protection Team (CPT)
Early Intervention Program (EIP)
HIV
Hematology/Oncology
Medical Foster Care (MFC)
Primary Care
Regional Perinatal Intensive Care Centers (RPICC)
Other:

- Medical Director
CMS Network
Children's Multidisciplinary Assessment Team (CMAT)
Child Protection Team (CPT)
Early Intervention Program (EIP)
HIV
Hematology/Oncology
Medical Foster Care (MFC)
Primary Care
Regional Perinatal Intensive Care Centers (RPICC)
Other:

PROFESSIONAL INFORMATION:

Medical License Number _____ Expires _____

DEA / CDS Number _____ Expires _____

Medicaid Provider # _____ National Provider ID # _____

SS# _____ - _____ - _____ Federal Employer ID # _____

Are you currently a Florida Healthy Kids provider? Yes _____ No _____

Specialty Board Certifications (if not board certified, provide letter of eligibility; i.e., letter of application for examination):

1. _____ Date Expired _____

2. _____ Date Expired _____

Hospital Affiliations:

A. List each hospital where you currently have **full active admitting** privileges; courtesy privileges require a Letter of Transfer Agreement (see B):

1. _____

2. _____

3. _____

B. If you have no current, active affiliation with an approved CMS facility (list attached), please provide the name of an approved CMS physician(s) who have full active admitting privileges at an approved CMS hospital with whom you have a Letter of Transfer Agreement (template attached).

1. _____

2. _____

C. If you do not have active hospital admitting privileges nor a Letter of Transfer Agreement, explain how hospital admissions are accomplished:

Work History:

Please provide your work history for the past five years (explain any gaps in employment that occurred).

1. Employer _____

City/State _____ Dates _____

Position(s) _____

Comments _____

2. Employer _____

City/State _____ Dates _____

Position(s) _____

Comments _____

3. Employer _____

City/State _____ Dates _____

Position(s) _____

Professional References:

Please provide names and telephone number of two physicians, at least one in your own specialty, who can attest to you character and clinical expertise.

1. Name _____

Address _____

City/State _____

Telephone () _____ Specialty _____

2. Name _____

Address _____

City/State _____

Telephone () _____ Specialty _____

OFFICE PRACTICE INFORMATION:

Practice Mode Solo _____ Group * _____ Other * _____

* Name of Group or Employer _____

A. Primary Practice Location

Practice Address _____

City _____ County _____ Zip Code _____

Telephone () _____ Fax () _____

Email _____

B. Other Office Locations

1. Address _____

City _____ County _____ Zip Code _____

Telephone () _____ Fax () _____

2. Address _____

City _____ County _____ Zip Code _____

Telephone () _____ Fax () _____

C. Billing Information (if different from primary office location)

Billing Address _____

City _____ County _____ Zip Code _____

Telephone () _____ Fax () _____

D. List any physician extenders (ARNPs/ PAs) that function under your supervision that will provide services to CMS enrollees?

1. Name _____ FI License # _____

2. Name _____ FI License # _____

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E. Please identify the name of CMS approved physician(s) who provide coverage for you when you are unavailable:

1. Name _____

Telephone () _____ Specialty _____

2. Name _____

Telephone () _____ Specialty _____

F. Are you currently accepting new patients in your practice? Yes _____ No _____

G. How many patients do you currently have? _____

H. Are you currently accepting new patients? Yes _____ No _____

I. Are you currently participating in a managed care/HMO? Yes _____ No _____

If yes, please list: _____

HEALTH STATUS:

Do you presently have any physical, mental health, or other conditions including substance abuse and/or chemical dependency that affect or are reasonably likely to affect your ability to perform professional practice duties? *

Yes _____ No _____

* Regardless how this question is answered, your application will be processed in the usual manner. If you have answered this question affirmatively and are found to be otherwise qualified to participate in CMS, you will be given the opportunity to meet with a regional CMS Medical Director to determine what accommodations are necessary or feasible to allow you to practice safely.

DISCIPLINARY ACTIONS:

If the answer to any of the following questions is affirmative, please attach a detailed explanation a separate sheet of paper, including settlement amounts, descriptions of claims and other relevant information.

1. Have any of the following ever been, or are any currently in the process of being disciplined, denied, revoked, terminated, suspended, reduced, limited, probationary, not renewed, or voluntarily relinquished?

a) Medical license in any state: Yes _____ No _____

b) DEA registration in any state: Yes _____ No _____

c) Other professional registration; i.e., Medicaid: Yes _____ No _____

d) Membership or affiliation on any healthcare facility medical staff: Yes _____ No _____

e) Rights associated with practice on any medical staff: Yes _____ No _____

f) Professional society membership or fellowship: Yes _____ No _____

2. Have you had any other type of professional sanctions; i.e., Medicaid? Yes _____ No _____

3. Have you ever been convicted of any criminal activity? Yes _____ No _____

4. To your knowledge, have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program, health maintenance organization, preferred provider program or provider network?

Yes _____ No _____

MALPRACTICE HISTORY:

If any information to any of the following questions is affirmative, please provide complete summary of professional liability information. See attached Professional Liability Claim template.

1. Have any professional liability suits been filed against you in the past ten (10) years?

Yes _____ No _____

2. Have any professional liability suits been filed against you which are currently pending?

Yes _____ No _____

3. Have any judgments or settlements been made against you in a professional liability case within the past ten (10) years?

Yes _____ No _____

ATTESTATION:

I fully understand that any significant misstatement or omission from this application constitutes cause for denial of approval or cause for summary termination from participating as a physician provider in the Children's Medical Services . All information submitted by me in this application is true to the best of my knowledge and belief.

I have read the Children's Medical Services Physician's Handbook and hereby voluntarily agree to provide services to CMS patients in accordance with the standards presented within that document.

I hereby apply to participate in CMS and authorize CMS, through its agents and employees, to contact any and all agencies, institutions, and persons listed herein for the purpose of obtaining background data, information, and records relevant to my application. I further authorize, and agree to hold harmless, all agencies, institutions, and person listed herein to release to CMS, upon request, background data, information, and records relevant to my application, including records that might be otherwise confidential or exempt from the public records law of the State of Florida. Confidential or exempt records released to CMS pursuant to this authorization shall otherwise retain their confidential or exempt status. A copy of this authorization to release information shall be deemed as valid as the original.

Signature of Applicant

Date

Printed or Typed Name of Applicant

**LETTER OF TRANSFER AGREEMENT
FOR HOSPITALIZATION OF
CHILDREN'S MEDICAL SERVICES (CMS) PATIENTS**

For physicians without admitting privileges at a CMS approved hospital.

I, _____
Transferring Physician – Type or Print Name

understand that I am required as a CMS approved physician to provide 24-hour, 7 day a week health care access for my CMS patients. Therefore, I have entered into an agreement with the below named approved CMS Physician who has admitting privileges at a CMS approved hospital.

The below named physician, or their designee, is a CMS approved physician who has admitting privileges at a CMS approved hospital.

The below named physician, or their designee, agrees to admit and oversee in-patient care for CMS enrollees assigned to me who require hospitalization.

By instituting this agreement, I affirm my desire to ensure that all children with special health care needs enrolled in CMS have a medical home with an assigned CMS primary care provider and have access to a continuum of services within the CMS network of providers.

Transferring Physician Signature

Date

CMS Admitting Physician Signature

Date

CMS Admitting Physician - Type or Print Name

Please mail or fax to:
850-487-1279 (confidential fax)

Children's Medical Services
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: PPA Coordinator

PROFESSIONAL LIABILITY CLAIM INFORMATION - REQUIRED

INSTRUCTIONS:

- Claim is defined to include: any notice of intent, claim, or suit, whether settled or pending, regardless of result, arising from your professional activity and brought against you.
- A photocopy of this authorization shall be considered as effective and as valid as the original.
- Each incident/claim form must have a physician's original signature.
- Answer each question fully. Leave no blanks. If additional space is needed, use reverse side or attach additional pages.
- Provide official / court documentation of claim dismissal, if applicable.

1. Patient Name _____ Age _____ Sex _____

2. Date of Consultation _____ Condition/DX _____

3. Describe care & treatment of pt. Narrative must provide adequate clinical detail for evaluation purposes.

4. Date of Incident _____ Location of Incident _____

5. Allegation Against You _____

6. Patient Outcome _____

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7. Was this claim reported to your insurance carrier? Yes _____ No _____

If yes, list name of carrier and policy number _____

8. Indicate present status or disposition of claim, including amount of settlement or judgment.

- | | |
|---|---------------------------------------|
| a. _____ Incident only | h. _____ Out of court settlement |
| b. _____ Suit threatened, no action taken | Date _____ |
| c. _____ Dropped by claimant | Total Amt Pd _____ |
| d. _____ Awaiting court action | Amt Pd on your behalf _____ |
| e. _____ Awaiting settlement | i. _____ Amt of Court Award _____ |
| f. _____ Unknown | j. _____ Summary judgment in my favor |
| g. _____ Court trial with defense verdict | Date dismissed _____ |

9. Name and address of other physicians and hospitals, if any, involved in the claim or suit.

Print Name of Applicant

Signature of Applicant

Date

CMS APPROVED HOSPITALS

Northwest Florida Region

Ft. Walton Beach

- Ft. Walton Beach Medical Center

Marianna

- Jackson Hospital

Milton

- Santa Rosa Medical Center

Panama City

- Bay Medical Center
- Gulf Coast Community Hospital

Pensacola

- Sacred Heart Hospital

North Central Florida Region

Clermont

- South Lake Hospital

Crystal River

- Seven Rivers Community Hospital

Daytona

- Halifax Medical Center

Deland

- Florida Hospital - Deland

Gainesville

- North Florida Regional Medical Center
- Shands Teaching Hospital

Shands at AGH

Inverness

- Citrus Memorial Hospital

Jacksonville

- Baptist Medical Center/Wolfson's Children's Hospital
- Shands / Jacksonville Hospital

Jasper

- Hamilton Medical Center

Lake Butler

- Ramadan Hand Institute

Lake City

- Lake City Medical Center
- Shands at Lake Shore

Live Oak

- Shands at Live Oak

New Smyrna Beach

- Bert Fish Medical Center

Ocala

- Munroe Regional Medical Center
- Ocala Regional Medical Ctr (ER only)

Palatka

- Putnam Community Medical Center

Starke

- Shands at Starke

Florida's Big Bend Region

Perry

- Doctor's Memorial Hospital

Quincy

- Gadsden Community Hospital

Tallahassee

- Tallahassee Memorial Healthcare

Central Florida Region

Cocoa Beach

- Cape Canaveral Hospital

Eustis

- Florida Hospital Waterman

Kissimmee

- Osceola Regional Medical Center

Leesburg

- Leesburg Regional Medical Center

Melborne

- Holmes Regional Medical Center

Ocoee

- Health Central

Orlando

- Arnold Palmer Women & Children's Hosp.
- Florida Hospital

Rockledge

- Wuesthoff Memorial Hospital

Sanford

- Columbia Medical Center

Titusville

- Parrish Medical Center

Florida's Tampa Bay Region

Bartow

- Bartow Hospital

Bradenton

- Manatee Memorial Hospital

Brandon

- Brandon Community Hospital

Brooksville

- Springhill Regional Medical Center

Clearwater

- Morton Plant Hospital

Haines City

- Heart of Florida Regional Medical Center

Largo

- Suncoast Hospital

Florida's Tampa Bay Region, continued

Lakeland

- Lakeland Regional Medical Center

Lake Wales

- Lake Wales Medical Center

New Port Richey

- Community Hospital of New Port Richey
- North Bay Medical Center

Safety Harbor

- Mease Countryside Hospital

Springhill

- Springhill Hospital

St. Petersburg

- All Children's Hospital
- Bayfront Medical Center

Tampa

- St. Joseph's Hospital
- Shriner's Children's Hospital
- Tampa General Hospital
- University Community Hospital
- Women's Hospital

Winter Haven

- Regency Medical Center
- Winter Haven Hospital

Zephyrhills

- East Pasco Medical Center

Southeast Florida Region

Boca Raton

- Boca Community Hospital
- West Boca Medical Center

Coral Springs

- Coral Springs Medical Center

Ft. Lauderdale

- Broward General Medical Center
- Holy Cross Hospital

Ft. Pierce

- Lawnwood Regional Medical Center

Hollywood

- Memorial Regional Hospital / Joe DiMaggio Children's Hospital

Kendall

- Baptist Hospital

Loxahatchee

- Palms West Hospital

Pompano Beach

- North Broward Medical Center

Stuart

- Martin Memorial Medical Center

Vero Beach

- Indian River Memorial Hospital

West Palm Beach

- Bethesda Memorial Hospital
- St. Mary's Hospital

Southwest Florida Region

Cape Coral

- Cape Coral Hospital

Clewiston

- Hendry Regional Medical Center

Ft. Myers

- Doctor's Osteopathic Medical Center/
Gulf Coast Hospital

- Lee Memorial Hospital

Lehigh Acres

- East Pointe Hospital

Naples

- Naples Community Hospital
- North Collier Hospital

Port Charlotte

- Peace River Regional Medical Center

Sarasota

- Sarasota Memorial Hospital

Sebring

- Florida Hospital, Heartland Division
- Highlands Regional Medical Center

South Florida Region

Miami

- Ann Bates Leach Eye Hospital
- Jackson Memorial Medical Center
- Miami Children's Hospital

Key West

- Lower Keys Health System

Marathon

- Fisherman's Hospital

Tavernier

- Mariner's Hospital