

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 04/01/11
Section: Provider Enrollment	Section: 4.38 Pages: 1	
Subject: Speech Therapist	Cross Reference: Definitions 4.01	

Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card or permit
- Copy of current certificate of clinical competence from the American Speech and Hearing Association (ASHA); **or**
- Documentation from the State Department of Health verifying that they have completed **one** of the following requirements per CFR 440.110:
 - Has completed the equivalent educational requirements and work experience necessary for the certificate; or
 - Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 4.01, Definitions, for provider definitions.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: X Current:	Effective Date: 12/01/08 04/01/11 Date:
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Additional Provider Type Specific Requirements

- National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES)
- Copy of current licensure card or permit
- ~~Copy of current ASHA certificate or the provider must supply documentation from the State Department of Health that they have completed the following requirements per CRF 42, Section 440.110:~~
- Copy of current certificate of clinical competence from the American Speech and Hearing Association (ASHA); or
- Documentation from the State Department of Health verifying that they have completed **one** of the following requirements per CFR 440.110:
 - Has completed the equivalent educational requirements and work experience necessary for the certificate; or
 - Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.
- Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number
 - Name noted on verification must match the name noted on the W-9

NOTE: Refer to Provider Policy Manual Section 4.01, Definitions, for provider definitions