



Provider Enrollment Checklist

Provider Type 98/Specialty 898: Reentry Health Services

Please refer to the Provider Enrollment Information Booklet for guidance and to the applicable Medicaid Services Manual (MSM) Chapter for enrollment requirements. In addition, the following are required for your provider type and specialty. In the online application, upload specified documents where prompted and additional documents in the Miscellaneous Attachment section.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

- ☐ Must be a County, City and/or State Government enrolling on behalf of the detention center/carceral facility
- ☐ Please identify one of the following agency affiliations below and identify the agency's name. Upload the completed document in the Miscellaneous Attachment section of the application.

State Agency Name: _____

City Agency Name: _____

County Agency Name: _____