

Application Checklist for Practitioners

Please use this checklist to complete the credentialing process. All items listed below are required for the organizational provider to participate with AmeriHealth Caritas Pennsylvania or AmeriHealth Caritas Northeast.

You should use this checklist as a fax cover sheet. Fax all applicable items on this checklist to the AmeriHealth Caritas Credentialing department at **1-717-651-1673**. Or, you may scan your signed documents and submit them by secure e-mail to **provider.credentialingbg@amerihealthcaritaspa.com**. Please be sure to scan this checklist and email it along with the documents.

Please provide the following practitioner information:

Applicant's full name:		
Practice name to appear in directory (doing business as [DBA]):		
Is this practice a		
<input type="checkbox"/> Federally qualified health center (FQHC)	<input type="checkbox"/> Rural health clinic (RHC) <input type="checkbox"/> Indian tribe	<input type="checkbox"/> Tribal organization <input type="checkbox"/> Urban Indian organization
Are you contracted with AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast and AmeriHealth VIP Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Products: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Long-Term Services and Supports (LTSS) <input type="checkbox"/> All three		
Practice's Tax Identification Number (TIN):	Group's National Provider Identifier (NPI) number:*	Applicant's NPI number:
Individual Medicaid ID number:	CAQH-issued ID number (if applicable):	
Medicare ID number (if applicable; must have a Medicare ID number in order to participate with Medicare plan):		
<input type="checkbox"/> Primary care practitioner (PCP) <input type="checkbox"/> Specialist	<input type="checkbox"/> Dentist <input type="checkbox"/> Hospital-based only	<input type="checkbox"/> Allied health <input type="checkbox"/> Behavioral health
Applicant's specialty:		
Credentialing contact name:	Credentialing contact email address:	Credentialing contact phone number:
**Applicant's race (choose only one):		
<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Some other race <input type="checkbox"/> Decline to say
**Applicant's ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Unknown or decline to say
**Language(s) spoken by applicant and/or clinical staff:		

* If provider is at more than one location, please attach a list of the group's NPI number for each location where the provider is providing services.

** Providing race, ethnicity, and language information is optional. We collect this data to assist members in selecting a provider.

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Please provide the following:

CAQH authorization allowing AmeriHealth Caritas to access practitioner information. **(Please ensure all current copies of the below supporting documents are updated on the CAQH application. Do not submit until all documents are current.)**

Non-CAQH participants must submit copies of the following support documents:

- Practitioner application (completed, signed, and dated).
- State medical license.
- Board certification (if applicable).
- Certifications for the following practitioners (if applicable):
 - (Behavioral health) Social Worker, • Nurse Practitioner. • Nurse Midwife.
 - Professional Counselor, and • Physician Assistant.
 - Psychologist.
- Drug Enforcement Administration (DEA) registration certificate (if applicable).
 - DEA certificate must have the state in which the practitioner is rendering services to our members.
- Controlled Dangerous Substances (CDS) certificate (if applicable).
- Malpractice insurance policy face sheet showing expiration dates and limits of liability. (Provider's name must be on face sheet. If name is not included, a roster is required.)
- CV/résumé (if applicable).
 - CV/résumé must cover five years of work experience with no gaps. Provide an explanation of any gaps greater than six months.
- Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable).
- Medicaid provider enrollment number. (We must have your individual PROMISE™ Provider Identification Number (PPID) number as well as a PPID number for each location, or proof that you have submitted an application. For applications in process with the Department of Human Services (DHS), please submit a copy of the first page and signature page of the application you submitted.)
- W-9 form.
- Hospital privileges indicating the practitioner's primary admitting hospital. Please forward a copy of a coverage agreement if the practitioner does not have admitting privileges or a letter stating hospitalist service used.
- Practitioner's office hours (must be completed on the application).
- Allied health professionals listed below are required to provide a Collaborative Agreement:
 - Nurse Practitioner (NP). • Osteopathic Assistant (OA).
 - Physician Assistant (PA). • Certified Nurse Midwife (CNM).
- Ownership disclosure (if available).
- AmeriHealth Caritas Warranty Attestation (paper application only).

To check the status of your application, or if you have questions or concerns regarding this process, please contact the AmeriHealth Caritas Credentialing department at **provider.credentialinghbg@amerihealthcaritaspa.com**. Please include provider's full name, facility name, TIN, and NPI number.

If you are new to AmeriHealth Caritas and you or your group do not have a provider contract, you must first call AmeriHealth Caritas Pennsylvania at **1-800-521-6007** or AmeriHealth Caritas Northeast at **1-888-208-7370** to discuss obtaining an AmeriHealth Caritas Provider Agreement.

If you are a PCP, OB/GYN, general dentist, or pediatric dentist, our Provider Network department will contact you to schedule a site visit at your office(s).