

# Application Checklist for Organizations/Facilities



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.

Submit this application checklist, the organizational/facility application, and all other accompanying documents to [provider.credentialinghbg@amerihealthcaritaspa.com](mailto:provider.credentialinghbg@amerihealthcaritaspa.com) or fax to **1-717-651-1673**. For more information, go to [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) → **Providers** → **Join our network**.

## Please provide the following organizational provider information:

Legal business name:

Practice name to appear in directory (doing business as [DBA]):

Are you contracted with AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas VIP Care?

Yes     No

Products:  AmeriHealth Caritas Pennsylvania (Medical Assistance)  
 AmeriHealth Caritas VIP Care (Medicare Advantage dual eligible special needs plan [D-SNP])  
 AmeriHealth Caritas Pennsylvania Community HealthChoices (long-term services and supports [LTSS])  
 All three

Practice's Taxpayer Identification Number (TIN):

Group's National Provider Identifier (NPI) number (please list all NPI numbers; attach additional sheet if needed):

Medicaid ID number (if applicable; must have a Medicaid number in order to participate with Medicaid plan):

Medicare ID number (if applicable; must have a Medicare number in order to participate with Medicare plan):

Credentialing contact name:

Credentialing contact email address:

Credentialing contact phone number:

# Application Checklist for Organizations/Facilities



**Please provide the following:**

- Facility application (completed, signed, and dated) **for new credentialing only.**

**For credentialing and recredentialing, please complete this checklist and include all the following applicable documents.**

<input type="checkbox"/>	State-required operating documents: <ul style="list-style-type: none"> <li>• State license.</li> <li>• Business permit.</li> <li>• Occupational permit or license.</li> <li>• Medical gases permit.</li> </ul>
<input type="checkbox"/>	Accreditation/certification or Centers for Medicare & Medicaid Services (CMS) state survey or site evaluation.  <b>Note:</b> Any hospital or ancillary organizational provider that is not accredited is required to have a CMS state survey or plan site evaluation.
<input type="checkbox"/>	Drug Enforcement Administration (DEA) registration certificate (if applicable). DEA registration must have the state in which the practitioner is rendering services to our members.
<input type="checkbox"/>	Controlled Dangerous Substances (CDS) certificate (if applicable).
<input type="checkbox"/>	Medicaid provider enrollment number (if applicable). We must have your PROMISe™ Provider Identification Number (PPID) 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.
<input type="checkbox"/>	Malpractice insurance policy face sheet showing expiration date and limits of liability.
<input type="checkbox"/>	Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable).
<input type="checkbox"/>	Medicare/Medicaid certification. (We must have your PPID or proof that you have submitted an application. For applications in process with DHS, please submit a copy of the first page and signature page of the application you submitted.)
<input type="checkbox"/>	W-9 form.
<input type="checkbox"/>	Organizational office hours (must be completed on the application).
<input type="checkbox"/>	Ownership disclosure.

To check the status of your application, or if you have questions or concerns about this process, please contact the AmeriHealth Caritas Credentialing department at [provider.credentialinghbg@amerihealthcaritaspa.com](mailto:provider.credentialinghbg@amerihealthcaritaspa.com). Please include provider’s full name, organizational provider 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** to discuss obtaining an AmeriHealth Caritas Provider Agreement.

Coverage by AmeriHealth First.