

Application Checklist for Practitioners



Submit this application checklist, either the Pennsylvania standard application or CAQH number, and all other accompanying documents to **provider.credentialinghbg@amerihealthcaritaspa.com** or fax to **1-717-651-1673**. Please alert your Account Executive when submitting credentialing documents. For more information, go to **www.amerihealthcaritaspa.com → Providers → Join our network**.

Please provide the following practitioner information:			
Applicant's full name:		Title:	
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"/> Mobile <input type="checkbox"/> Tribal organization <input type="checkbox"/> Urban Indian organization
Are you contracted with AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas VIP Care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Products: <input type="checkbox"/> AmeriHealth Caritas Pennsylvania (Medical Assistance) <input type="checkbox"/> AmeriHealth Caritas VIP Care (Medicare Advantage dual eligible special needs plan [D-SNP]) <input type="checkbox"/> AmeriHealth Caritas Pennsylvania Community HealthChoices (long-term services and supports [LTSS]) <input type="checkbox"/> All three			
Practice's Taxpayer Identification Number (TIN):	Group's National Provider Identifier (NPI) number:*	Applicant's NPI number:	
Individual Medicaid ID number:	Group 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	<input type="checkbox"/> Public Health Dental Hygiene Practitioner
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, Professional Counselor, and Psychologist.
 - Nurse Practitioner.
 - Physician Assistant.
 - Nurse Midwife.
 - Public Health Dental Hygiene Practitioner.
- 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.)
- Group PPID number.
- 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).
 - Physician Assistant (PA).
 - Osteopathic Assistant (OA).
 - Certified Nurse Midwife (CNM).
- Ownership disclosure.

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** 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).

Coverage by AmeriHealth First.