

PLEASE:

1. Complete the application in its entirety.
2. No handwritten forms, please type.
3. This coversheet must be the first page of your form submission.
4. Fax the enrollment form and attachments (i.e. supporting documents) to **1-855-306-9762** or email to **MichiganProviderNetwork@amerihealthcaritas.com**. Be sure to submit the enrollment form separately for each provider. (For example: if you register two or more providers, you must send a fax/email for each provider. They cannot be bundled into one transmission.)
5. Supporting documents checklist is located at the end of the enrollment form, please review and ensure all required documents are submitted along with this enrollment form..

Fax to:	1-855-306-9762, Attn: Provider Network Management	
Email to:	michiganprovidernetwork@amerihealthcaritas.com	
From (name):		
Date:		
Type 2 NPI:		
Tax identification number:		
Is the provider already enrolled with Blue Cross Blue Shield of Michigan or Blue Care Network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No," you will be provided additional forms for completion and this may delay the enrollment process.		



Type 2 NPI:	Tax Identification Number:
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Section 1: Demographic data

1. Provider name*:	2. Tax identification number*:
3. Tax identification name (as filed with the IRS):	
4. Tax exempt*: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Providers website (URL address):	
6. Associated NPI numbers:	
7. State license number:	8. Medicaid number:

Section 2: Address information – please make copies for additional addresses on

1. Practice address (must be an address where health care services are rendered and may be published in the AmeriHealth Caritas VIP Care provider directory)	
a. Street address*:	
b. City*:	c. State*:
d. Zip code*:	e. County:
f. Phone*:	g. Fax:
2. Payment or remit address (if different from your practice address)	
a. Street address*:	
b. City*:	c. State*:
d. Zip code*:	

Type 2 NPI:	Tax Identification Number:
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3. Mailing address (if different from your practice address)	
a. Street address*:	
b. City*:	c. State*:
d. Zip code*:	
4. Medical records request (if different from your practice address)	
a. Street address*:	
b. City*:	c. State*:
d. Zip code*:	



Type 2 NPI:	Tax Identification Number:
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Section 3: Contact information

1. **Contact information** – please provide the name and contact information of a person who can answer questions about information in this enrollment form

a. Contact name*:	b. Phone*:
c. Email*:	

Type 2 NPI:	Tax Identification Number:
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Section 4: General liability insurance information

1. **General Liability Insurance**

Provider must maintain general liability coverage in an amount and to the extent such insurance coverage is required by law, with minimum limits of \$100,000 per incident, \$300,000 annual aggregate. Please provide copies of proof of insurance

a. Current general liability coverage:	Occurrence:	Per aggregate:
b. Expiration date:		
c. Liability coverage is renewed:	Annually:	Continuous:
d. Are physicians, practitioners and professional clinicians covered under the insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Carrier name:		



Type 2 NPI	Tax Identification Number
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Section 5: Enrollment signature

I certify that:

- All required certificates and licensures are current and valid.
- The Maternal Infant Health Program Provider must have an organized medical staff established in accordance with policies and procedures developed by the Maternal Infant Health Program Provider which will be responsible for maintaining proper standards of medical care. Criteria for membership on the medical staff must be established and enforced by a credentials evaluation program established by the Maternal Infant Health Program Provider.
- I understand that AmeriHealth Caritas VIP Care may do an on-site survey after review of this application to verify, program compliance and the accuracy of any information provided.
- Written criteria for participation of medical staff exist for this Maternal Infant Health Program Provider.
- All employed and contracted health care professionals maintain current Michigan licenses or certifications as required for their positions. All staff members are licensed or certified as required for their positions.
- The Maternal Infant Health Program Provider maintains financial records that conform to generally accepted accounting principles and practices.
- All policies and procedures are implemented and enforced by this Maternal Infant Health Program Provider.
- The Maternal Infant Health Program Provider will comply with any requests for information, documentation or on site review reviews necessary to credential the site.
- The Maternal Infant Health Program Provider conducts program evaluation and utilization review to assess the appropriateness and effectiveness of its programs.
- I understand the effective date of participation is the date the application is actually approved by AmeriHealth Caritas VIP Care and is not the date the application was submitted or received.
- I understand the Maternal Infant Health Program Provider is not eligible to submit claims for payment until it is approved by AmeriHealth Caritas VIP Care, both parties sign the agreements and the processing systems are updated.
- I understand AmeriHealth Caritas VIP Care's payment rates and the terms of its standard participation agreement are not negotiable.
- AmeriHealth Caritas VIP Care shall be held harmless for any claims and lawsuits that arise as a result of the misrepresentation of information provided in response to this application.
- Neither the Maternal Infant Health Program Provider nor its managing employees, officers, directors, or major shareholders or owners (i.e. person with beneficial ownership of 5 percent or more) appear in Social Security Administration's Death Master File; the National Plan and Provider Enumeration System; the Medicare Exclusion Database; the Michigan Department of Health and Human Services /Medical Services Administration, Sanctioned Provider List; the Licensing and Regulatory Affairs Disciplinary Action Report; and any other database as the secretary of HHS may prescribe. Nor has facility, its managing employees, offices, directors, partners, agents, or major shareholders or owners (i.e. person with beneficial ownership of 5% or more) been suspended, debarred or otherwise excluded under the Federal Acquisition Regulation as described in 42 CFR 438.610.
- There are no pending investigations, legal actions, or matters subject to arbitration involving the Maternal Infant Health Program Provider or its managing employees, officers, directors, or major shareholders or owners (i.e. person with beneficial ownership of 5% or more) on matters relating to payments from governmental entities, both federal and state, for health care or prescription drug services. Additionally, neither the Maternal Infant Health Program Provider nor its managing employees, officers, directors, major shareholders or owners (i.e. person with beneficial ownership of 5% or more) have been criminally convicted or have had a civil judgment entered against them for fraudulent activities.

Print or type name*: _____

Practitioner signature*: _____

Date: _____



Type 2 NPI	Tax Identification Number
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MIHP enrollment required document checklist	
Provider classification	To avoid processing delays, please ensure all items are submitted
Maternal Infant Health Program (MIHP)	<ul style="list-style-type: none"> • Liability insurance verification • Michigan Department of Health and Human Services certification • Type 2 National Provider Identifier • Internal Revenue Service document identifying tax ID number and associated payee name