

Tennessee Organizational Credentialing Application

Application to be used for facilities, ancillaries,
TennCare CHOICES Long-Term Services & Supports (CHOICES),
Employment and Community First CHOICES (ECF CHOICES),
and Community Living Support (CLS).

To begin the contracting and credentialing process, please complete this application in its entirety, and submit it with all appropriate documentation. Applications that do not include all of the requested information will not be processed.

Note, for multiple locations operating under separate NPI numbers or separate tax identification (ID), a separate application for each NPI and tax ID combination is needed.

Completion and acceptance of this enrollment form by Amerigroup Community Care is not a guarantee of network participation. Amerigroup policies and procedures will govern appeals if available, related to network participation.

If you have not registered with TennCare, we cannot accept your application. Providers must have a valid Tennessee Medicaid ID number in order to contract with TennCare Managed Care Organization(s). To register with TennCare, visit tn.gov/tenncare > Providers > Provider Registration.

Required documentation

- Copy of all federal, state and/or local licenses required to operate as a health care facility (by location)
- Current W-9 form completed, signed and dated
- Copy of accreditation certificate or letter*
- Copy of most recent CMS or state survey, including your corrective action plan if deficiencies were cited, **or** cover letter from CMS or state agency stating facility is in substantial compliance*
- Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate for each location as applicable
- Proof of general and professional liability certificate of insurance (minimum coverage of \$500,000)
- Automobile liability (applicable only if providing transportation services) (Add minimum coverage)

*For urgent care centers or walk-in clinics, in lieu of accreditation or state survey, provide medical director's name and board certification(s) in the accreditation/certification section. Medical directors will need to complete a Council for Affordable Quality Healthcare (CAQH) application for individual credentialing.

Application submission

Submit your completed application and corresponding documentation:	By fax: 1-888-562-5089	By mail: Amerigroup Community Care Credentialing 22 Century Blvd., Suite 310 Nashville, TN 37214
For recredentialing , submit your completed application and corresponding documentation:	By email: agpcred@amerigroup.com	

Provider information	
Legal business name (should match <i>W-9 form</i>):	
Doing-business-as name (if applicable):	
Credentialing contact:	
Credentialing contact phone:	
Email:	
TIN:	
NPI: <input type="checkbox"/> Atypical provider (NPI number not required.)	
Medicaid number one:	Medicare number one:
Medicaid number two:	Medicare number two:
Taxonomy code:	
Have you registered with the state for electronic disclosure of ownership information? *If you have not registered with the state for electronic disclosure of ownership information, please visit tn.gov/tenncare > Providers > Provider Registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<input type="checkbox"/> Atypical provider <ul style="list-style-type: none"> • Adult care level one and two (S459 and S460) • Adult day care (S027) • Ambulance (S007) • Emergency response (personal emergency response systems PERS) (S039) • Home delivered meals (S063) • Home modification (S066) • In-home respite care only (S462) • Inpatient respite care only (S456) • Personal care attendant services (S144) • Pest control (S145) • Residential care/assisted living (S168) • Other: _____ 	
Submission type	
<input type="checkbox"/> New provider (any type)/not currently contracted with Amerigroup	
<input type="checkbox"/> Current CHOICES provider applying to provide ECF CHOICES services	
<input type="checkbox"/> Existing provider (any type): <ul style="list-style-type: none"> <input type="checkbox"/> Recredentialing <input type="checkbox"/> Adding a location <input type="checkbox"/> Adding services <input type="checkbox"/> Removing services 	

For facilities and ancillaries, as well as those that provide behavioral health services, please complete this section.

Provider type

Check all services for which you are licensed to provide.

Facility:

- | | | |
|--|--|--|
| <input type="checkbox"/> Ambulatory surgery center (008) | <input type="checkbox"/> Inpatient rehabilitation hospital (075) | <input type="checkbox"/> Skilled nursing facility (173) |
| <input type="checkbox"/> Birthing center (013) | <input type="checkbox"/> Nursing home (098) | <input type="checkbox"/> Subacute/intermediate care facility (180) |
| <input type="checkbox"/> Hospital (069) | <input type="checkbox"/> Organ transplant facility (111) | <input type="checkbox"/> Trauma center (201) |

Ancillary:

- | | | |
|--|---|---|
| <input type="checkbox"/> Ambulance (007) | <input type="checkbox"/> Hemophilia center (062) | <input type="checkbox"/> Physical therapy services (148) |
| <input type="checkbox"/> Audiology services (012) | <input type="checkbox"/> Home health agency (064) | <input type="checkbox"/> Radiology facility (165) |
| <input type="checkbox"/> Dialysis (031) | <input type="checkbox"/> Home infusion therapy (065) | <input type="checkbox"/> Radiology — mobile unit (163) |
| <input type="checkbox"/> Dietitian/nutritional services (033) | <input type="checkbox"/> Hospice care — outpatient (067) | <input type="checkbox"/> Residential service agency (467) |
| <input type="checkbox"/> Durable medical equipment (036) | <input type="checkbox"/> Hospice facility (068) | <input type="checkbox"/> Respite care (169) |
| <input type="checkbox"/> Early childhood intervention (037) | <input type="checkbox"/> Interpreter service (077) | <input type="checkbox"/> Rural health clinic (172) |
| <input type="checkbox"/> Family planning services (041) | <input type="checkbox"/> Imaging facility (071) | <input type="checkbox"/> Sleep disorder clinic (175) |
| <input type="checkbox"/> Federally qualified health center (293) | <input type="checkbox"/> Lithotripsy services (082) | <input type="checkbox"/> Speech therapy/pathology (177) |
| <input type="checkbox"/> Fetal monitoring services (045) | <input type="checkbox"/> Laboratory (078) | <input type="checkbox"/> Urgent care center (202) |
| <input type="checkbox"/> Genetic services (050) | <input type="checkbox"/> Occupational therapy services (105) | <input type="checkbox"/> Walk-in clinic (CCCs) (206) |
| <input type="checkbox"/> Hearing aids (059) | <input type="checkbox"/> Orthotics and prosthetics (112) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Outpatient rehabilitation center (116) | |

Behavioral health (mental health [MH], psychiatric and substance abuse [SA]):

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult SA facility (364)
<input type="checkbox"/> Inpatient
<input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Illness management and recovery (376) | <input type="checkbox"/> Partial hospitalization — SA
<input type="checkbox"/> Adult (436)
<input type="checkbox"/> Child/adolescent (438) |
| <input type="checkbox"/> Ambulatory detox (417) | <input type="checkbox"/> Intensive outpatient services — psychiatric
<input type="checkbox"/> Adult (444)
<input type="checkbox"/> Child/adolescent (445) | <input type="checkbox"/> Peer support services (375)
<input type="checkbox"/> MH
<input type="checkbox"/> SA |
| <input type="checkbox"/> Child/adolescent SA facility (365)
<input type="checkbox"/> Inpatient
<input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Intensive outpatient services — SA
<input type="checkbox"/> Adult (437)
<input type="checkbox"/> Child/adolescent (439) | <input type="checkbox"/> Psychiatric hospital (153)
<input type="checkbox"/> Adult
<input type="checkbox"/> Child/adolescent |
| <input type="checkbox"/> Case management services — adult (37)
<input type="checkbox"/> Level II <input type="checkbox"/> CCFT
<input type="checkbox"/> CTT <input type="checkbox"/> ACT
<input type="checkbox"/> PACT | <input type="checkbox"/> MH clinic — outpatient services (404)
<input type="checkbox"/> Adult
<input type="checkbox"/> Child/adolescent | <input type="checkbox"/> Psychosocial rehabilitation (373) |
| <input type="checkbox"/> Case management services — child (372)
<input type="checkbox"/> Level II <input type="checkbox"/> CCFT
<input type="checkbox"/> CTT <input type="checkbox"/> ACT
<input type="checkbox"/> PACT | <input type="checkbox"/> Outpatient SA facility
<input type="checkbox"/> Adult (368)
<input type="checkbox"/> Child/adolescent (369) | <input type="checkbox"/> Residential treatment center — MH
<input type="checkbox"/> Adult (346)
<input type="checkbox"/> Child/adolescent (347) |
| <input type="checkbox"/> Crisis respite (380) | <input type="checkbox"/> Partial hospitalization — psychiatric
<input type="checkbox"/> Adult (446)
<input type="checkbox"/> Child/adolescent (447) | <input type="checkbox"/> Residential treatment center — SA
<input type="checkbox"/> Adult (366)
<input type="checkbox"/> Child/adolescent (367) |
| <input type="checkbox"/> Crisis stabilization unit (382) | | <input type="checkbox"/> Supported housing (377)
<input type="checkbox"/> Supported employment services (374) |

For facilities that provide LTSS and HCBS/CLS services, please complete this section.

Long-term care and HCBS/CLS

Check all services for which you are licensed to provide.

One time CHOICES HCBS:

- Assistive technology (461)
- Home modification/repair (066)
- Pest control (145)
- Respite care — in-home (462)
- Respite care — inpatient (456)

Long-term care services:

- Nursing home (98)
- Skilled nursing facility (173)

Ongoing CHOICES HCBS services:*

- Adult day services (027)
- Home delivered meals (063)
- Personal care/attendant care (144)
- PERS (039)
- Residential care/assisted living facility (168)

Nonresidential providers:*

- Adult day facility (027)
- Community-based day (S971)
- Facility-based day
- In-home day (S972)
- Supported employment (S374)

Residential providers:*

- Adult care home (S811)
- Assisted care living facilities (S168)
- CLS (Department of Intellectual & Developmental Disabilities license) (S106)
Indicate one:
 - CLS level one (S984)
 - CLS level two (S985)
 - CLS level three (S986)
 - CLS family model (S987)
- Family model residential (S811)
- Residential habilitation (1067)
- Supported living (S963)

*Requires annual credentialing

Long-term care and HCBS services by county

Please indicate which services you provide in each county.

County	One time CHOICES HCBS	Assistive technology (461)	Home modification/repair (066)	Pest control (145)	Respite care — in-home (462)	Respite care — inpatient (456)	Long-term care services	Nursing home (98)	Skilled nursing facility (173)	Ongoing CHOICES HCBS services	Adult day services (027)	Home delivered meals (063)	Personal care/attendant care (144)	PERS (039)	Residential care/assisted living facility (168)
All Tennessee Counties															
All Tennessee Middle Counties															
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Fayette															
Fentress															
Franklin															

Long-term care and HCBS services by county (cont.)

County	One time CHOICES HCBS	Assistive technology (461)	Home modification/repair (066)	Pest control (145)	Respite care — in-home (462)	Respite care — inpatient (456)	Long-term care services	Nursing home (98)	Skilled nursing facility (173)	Ongoing CHOICES HCBS services	Adult day services (027)	Home delivered meals (063)	Personal care/attendant care (144)	PERS (039)	Residential care/assisted living facility (168)
Gibson															
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Long-term care and HCBS services by county (cont.)

County	One time CHOICES HCBS	Assistive technology (461)	Home modification/repair (066)	Pest control (145)	Respite care — in-home (462)	Respite care — inpatient (456)	Long-term care services	Nursing home (98)	Skilled nursing facility (173)	Ongoing CHOICES HCBS services	Adult day services (027)	Home delivered meals (063)	Personal care/attendant care (144)	PERS (039)	Residential care/assisted living facility (168)
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Williamson															
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HCBS CLS services by county

Please indicate which services you provide in each county.

County	Nonresidential providers	Adult day facility (027)	Community-based day (S971)	Facility-based day	In-home day (S972)	Supported employment (S374)	Residential providers	Adult care home (S811)	Assisted care living facilities (S168)	CLS (S106)	CLS level one (S984)	CLS level two (S985)	CLS level three (S986)	CLS family model (S987)	Family model residential (S811)	Residential habilitation (1067)	Supported living (S963)
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Franklin																	

HCBS CLS services by county (cont.)

County	Nonresidential providers	Adult day facility (027)	Community-based day (S971)	Facility-based day	In-home day (S972)	Supported employment (S374)	Residential providers	Adult care home (S811)	Assisted care living facilities (S168)	CLS (S106)	CLS level one (S984)	CLS level two (S985)	CLS level three (S986)	CLS family model (S987)	Family model residential (S811)	Residential habilitation (1067)	Supported living (S963)
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HCBS CLS services by county (cont.)

County	Nonresidential providers	Adult day facility (027)	Community-based day (S971)	Facility-based day	In-home day (S972)	Supported employment (S374)	Residential providers	Adult care home (S811)	Assisted care living facilities (S168)	CLS (S106)	CLS level one (S984)	CLS level two (S985)	CLS level three (S986)	CLS family model (S987)	Family model residential (S811)	Residential habilitation (1067)	Supported living (S963)
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White																	
Williamson																	
Wilson																	

For facilities that provide ECF CHOICES services, please complete this section.

ECF CHOICES services and supports

Check all services for which you are licensed to provide.

Employment services and supports

- Benefits counseling (community work incentives, self-employed or provider employed) (1129)
- Career advancement (1128)
- Coworker supports (1123)
- Discovery — individual (1116)
- Exploration — individual (1115)
- Integrated employment path service (1126)
- Job coaching – individual wage employment (1121)
- Job coaching individual self-employment (1122)
- Job development plan (1118)
- Job development startup (1119)
- Self-employment plan (1118)
- Self-employment startup (1120)
- Situational observation and assessment (1117)

To apply for employment supports — small group, you must provide both of the following services:

- Employment supports — small group (maximum of two people) (1124)
- Employment supports — small group (maximum of three people) (1125)

Individual services and supports

- Assistive technology/adaptive equipment (1206)
- Community integrated sup services (1200)
- Community living supports (1204)
- Community living supports — family model (1205)
- Community transportation (1201)
- Family caregiver education and training
- Family caregiver stipend (1202)
- Family-to-family support (1130)
- Independent living skills training (1207)
- Minor home modifications (1131)
- Peer-to-peer support (1203)
- Personal assistance (1132)
- Specialized consultation and training

Family caregiver supports

- Community support, development, organization and navigation (1134)
- Conservatorship and alternatives to conservatorship counseling
- Health insurance counseling/forms assistance (1135)
- Individual education and training (1137)
- Respite (1208)
- Supportive home care (1209)

ECF CHOICES services and supports by county — employment

Please indicate which services you provide in each county.

County	Employment services and supports	Benefits counseling (1129)	Career advancement (1128)	Coworker supports (1123)	Discovery — individual (1116)	Exploration — individual (1115)	Integrated employment path service (1126)	Job coaching — individual wage employment (1121)	Job coaching individual self-employment (1122)	Job development plan (1118)	Job development startup (1119)	Self-employment plan (1118)	Self-employment startup (1120)	Situational observation and assessment (1117)	Employment supports — small group (max. of two) (1124)	Employment supports — small group (max. of three) (1125)
All Tennessee Counties																
All Tennessee Middle Counties																
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Dyer																
Fayette																
Fentress																

ECF CHOICES services and supports by county — employment (cont.)

County	Employment services and supports	Benefits counseling (1129)	Career advancement (1128)	Coworker supports (1123)	Discovery — individual (1116)	Exploration — individual (1115)	Integrated employment path service (1126)	Job coaching — individual wage employment (1121)	Job coaching individual self-employment (1122)	Job development plan (1118)	Job development startup (1119)	Self-employment plan (1118)	Self-employment startup (1120)	Situational observation and assessment (1117)	Employment supports – small group (max. of two) (1124)	Employment supports – small group (max. of three) (1125)
Franklin																
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ECF CHOICES services and supports by county — employment (cont.)

County	Employment services and supports	Benefits counseling (1129)	Career advancement (1128)	Coworker supports (1123)	Discovery — individual (1116)	Exploration — individual (1115)	Integrated employment path service (1126)	Job coaching — individual wage employment (1121)	Job coaching individual self-employment (1122)	Job development plan (1118)	Job development startup (1119)	Self-employment plan (1118)	Self-employment startup (1120)	Situational observation and assessment (1117)	Employment supports – small group (max. of two) (1124)	Employment supports – small group (max. of three) (1125)
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ECF CHOICES services and supports by county — individual and family caregiver
 Please indicate which services you provide in each county.

County	Individual services and supports	Assistive technology (1206)	Community integrated sup services (1200)	Community living supports (1204)	Community living supports – family model (1205)	Community transportation (1201)	Family caregiver education and training	Family caregiver stipend (1202)	Family-to-family support (1130)	Independent living skills training (1207)	Minor home modifications (1131)	Peer-to-peer support (1203)	Personal assistance (1132)	Specialized consultation and training	Family caregiver supports	Community support, development, organization and navigation (1134)	Conservatorship and alternatives to conservatorship counseling	Health insurance counseling/forms assistance (1135)	Individual education and training (1137)	Respite (1208)	Supportive home care (1209)	
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ECF CHOICES services and supports by county — individual and family caregiver (cont.)

County	Individual services and supports	Assistive technology (1206)	Community integrated sup services (1200)	Community living supports (1204)	Community living supports – family model (1205)	Community transportation (1201)	Family caregiver education and training	Family caregiver stipend (1202)	Family-to-family support (1130)	Independent living skills training (1207)	Minor home modifications (1131)	Peer-to-peer support (1203)	Personal assistance (1132)	Specialized consultation and training	Family caregiver supports	Community support, development, organization and navigation (1134)	Conservatorship and alternatives to conservatorship counseling	Health insurance counseling/forms assistance (1135)	Individual education and training (1137)	Respite (1208)	Supportive home care (1209)	
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Dyer																						
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ECF CHOICES services and supports by county — individual and family caregiver (cont.)

County	Individual services and supports	Assistive technology (1206)	Community integrated sup services (1200)	Community living supports (1204)	Community living supports – family model (1205)	Community transportation (1201)	Family caregiver education and training	Family caregiver stipend (1202)	Family-to-family support (1130)	Independent living skills training (1207)	Minor home modifications (1131)	Peer-to-peer support (1203)	Personal assistance (1132)	Specialized consultation and training	Family caregiver supports	Community support, development, organization and navigation (1134)	Conservatorship and alternatives to conservatorship counseling	Health insurance counseling/forms assistance (1135)	Individual education and training (1137)	Respite (1208)	Supportive home care (1209)	
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Trousdale																						

ECF CHOICES services and supports by county — individual and family caregiver (cont.)

County	Individual services and supports	Assistive technology (1206)	Community integrated sup services (1200)	Community living supports (1204)	Community living supports – family model (1205)	Community transportation (1201)	Family caregiver education and training	Family caregiver stipend (1202)	Family-to-family support (1130)	Independent living skills training (1207)	Minor home modifications (1131)	Peer-to-peer support (1203)	Personal assistance (1132)	Specialized consultation and training	Family caregiver supports	Community support, development, organization and navigation (1134)	Conservatorship and alternatives to conservatorship counseling	Health insurance counseling/forms assistance (1135)	Individual education and training (1137)	Respite (1208)	Supportive home care (1209)	
Unicoi																						
Union																						
Van Buren																						
Warren																						
Washington																						
Wayne																						
Weakly																						
White																						
Williamson																						
Wilson																						

All facility types must complete the following section.

Primary office/service address

Practice location name:

Include location in provider directory? Yes No

Is the address for medical records review for HEDIS®*? Yes No
 If no, please provide address for medical record review.

Address:

City: State: ZIP: County:

Phone: Fax:

Primary contact:

Office hours:

- Open 24 hours
- Hours of operations are below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Administrator (full name):

Does provider bill from this address? Yes No

Does this office meet Americans with Disabilities Act accessibility requirements? Yes No

Check all that apply:

Handicap accessible:	<input type="checkbox"/> Building <input type="checkbox"/> Parking <input type="checkbox"/> Restroom
Services for disabled:	<input type="checkbox"/> Text telephone <input type="checkbox"/> American Sign Language <input type="checkbox"/> Mental/physical impairment
Accessible by public transportation:	<input type="checkbox"/> Bus <input type="checkbox"/> Subway <input type="checkbox"/> Regional train

Billing information

Name:

Address:

City: State: ZIP: County:

Phone:

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Secondary office/service address

Attach a separate sheet of paper for additional practice locations.

Practice location name:

Include location in provider directory?

 Yes No

Address:

City:

State:

ZIP:

County:

Phone:

Fax:

Primary contact:

Office hours:

 Open 24 hours Hours of operations are below:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Administrator (full name):

Does provider bill from this address?

 Yes No

Does this office meet Americans with Disabilities Act accessibility requirements?

 Yes No

Check all that apply:

Handicap accessible:

- Building
 Parking
 Restroom

Services for disabled:

- Text telephone
 American Sign Language
 Mental/physical impairment

Accessible by public transportation:

- Bus
 Subway
 Regional train

Billing information — secondary office/service address

Name:

Address:

City:

State:

ZIP:

County:

Phone:

Medical records location

Name: _____

Medical records address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Licensure
 Attach a copy of current licensure and CLIA certification if applicable.

1	State: _____	Date of license: _____
	License number: _____	Expiration date: _____
2	State: _____	Date of license: _____
	License number: _____	Expiration date: _____

CLIA certificate number: _____

Accreditation/certification
 Attach a copy of current accreditation certificate or survey.

A	<input type="checkbox"/> AASM	<input type="checkbox"/> ACR	<input type="checkbox"/> CACH	<input type="checkbox"/> COA	<input type="checkbox"/> IAC
	<input type="checkbox"/> AAAHC	<input type="checkbox"/> AOA	<input type="checkbox"/> CAP	<input type="checkbox"/> DNV	<input type="checkbox"/> NABP
	<input type="checkbox"/> AAAASF	<input type="checkbox"/> ASDA	<input type="checkbox"/> CARF	<input type="checkbox"/> HCU	<input type="checkbox"/> NBAOS
	<input type="checkbox"/> ABC	<input type="checkbox"/> BOC Int'l.	<input type="checkbox"/> CCAC	<input type="checkbox"/> HFAP	<input type="checkbox"/> TJC
	<input type="checkbox"/> ACHC	<input type="checkbox"/> CABC	<input type="checkbox"/> CHAP	<input type="checkbox"/> HQAA	<input type="checkbox"/> Not accredited (complete section B below)

Date of initial accreditation: _____

Date of next survey: _____

Date of last survey: _____

Has provider had an onsite survey by CMS or state agency?
 Yes No

If yes, date of last state survey: _____

If no, successful completion of a health plan onsite visit will be required to complete credentialing. You will be contacted by the health plan to schedule a visit.

Nonaccredited providers must provide a copy of their most recent CMS or state survey (not older than 36 months), including your corrective action plan if deficiencies were cited, **or** attached cover letter from CMS or state agency stating facility is in substantial compliance with most recent survey standards.

Facilities that don't meet the requirements above require an onsite visit before network status may be granted. Failure to provide documentation or complete the onsite survey may delay your ability to become a participating provider.

Note, for urgent care centers and walk-in clinics, in lieu of accreditation or state survey, provide your medical director's name and board certification(s). Medical directors will need to complete a Council for Affordable Quality Healthcare (CAQH) application for individual credentialing.

Medical director: _____

Board certification(s): _____

General liability insurance

Current carrier name:

Policy number:

Coverage type: Occurrence-based Claims-based

Effective date:

Expiration date:

Per incident: \$

Aggregate: \$

Professional liability insurance

Current carrier name:

Policy number:

Coverage type: Occurrence-based Claims-based

Effective date:

Expiration date:

Per incident: \$

Aggregate: \$

Credentialing questions
Please answer all of the questions below and provide explanation for affirmative answers on a separate sheet of paper.

Has the provider had any professional liability claim judgments or settlements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the license to do business in any applicable jurisdiction ever been denied, restricted, suspended, reduced or not renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business been denied participation, suspended from or denied renewal from Medicare or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business ever had its professional liability coverage canceled or not renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business been denied accreditation by its selected accrediting body or had its accreditation status reduced, suspended, revoked or in any way revised by the accrediting body?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attestation and information release authorization

All information provided in this or in connection with this application is complete and accurate to the best of my knowledge, and I shall immediately notify Amerigroup of any changes thereto. I understand that this application does not entitle me to participation in Amerigroup. By applying for appointment as an Amerigroup participating provider, I authorize the plan, its medical director and appropriate representatives to consult with administrators and members of other institutions where I have been associated, including past and present malpractice carriers who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by Amerigroup, its medical director and appropriate representatives of all records and documents, excluding medical records of non-Amerigroup plan members that may be material to an evaluation of any professional qualifications and competence to carry out the requested duties, as well as my moral and ethical qualifications for participating provider status with Amerigroup. I consent and agree that Amerigroup will complete a criminal history background check to determine if I or any subcontracted providers have any history of felony convictions, including adjudication withheld on a felony, plea or nolo contendere to a felony, or entry into a pretrial for a felony. I agree to obtain any consents or approvals required for my subcontracted providers to undergo such background checks. I hereby release Amerigroup and its representatives from liability for their acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release any individuals and organizations from any liability that provide information to Amerigroup or its staff in good faith and without malice concerning my professional competence, ethics, character and other qualifications, and I hereby consent to the release of such information. By executing this application, I confirm that I am bound by the terms of the Ancillary Agreement between me or my group and Amerigroup, as such terms may be applicable to me.

I understand that as an applicant for participation in Amerigroup, I have the right to review information obtained from primary verification sources during the credentialing process. I further understand that upon notification from Amerigroup, I have the right to explain any information obtained that may vary substantially from that provided by me and correct any erroneous information submitted by another party. This shall be accomplished by my submission of a written explanation or by appearance before the Credentialing committee, if they so request. I further understand that I may appeal the committee’s decision, either in writing or by appearance before the Credentialing committee, if they so request.

Printed name of owner/registered/authorized agent:

Date:

Signature of owner/registered/authorized agent:

Title:

Attachments

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____