

# LETTER OF INTENT TO CONTRACT WITH AMERIHEALTH CARITAS INDIANA FOR THE PROVISION OF SERVICES TO INDIANA MEDICAID RECIPIENTS

AmeriHealth Caritas Indiana, a member of the AmeriHealth Caritas Family of Companies, is currently developing a network of hospital, physician, and ancillary health care providers — to qualify as an Indiana health maintenance organization, so that we may pursue a managed care services agreement with the Indiana Health Coverage Programs (“IHCP”) under the state’s Medicaid program. We anticipate that IHCP will issue a request for proposals (“RFP”) for the Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana Pathways for Aging programs later this year. AmeriHealth Caritas Indiana intends to submit a response to the RFP.

Please sign and complete the following information, including the Provider Information Sheet, to indicate your intent to enter contract negotiations with AmeriHealth Caritas Indiana for the provision of health care services to Medicaid recipients who will be enrolled with AmeriHealth Caritas Indiana under the programs listed above should we enter a contract with IHCP. By providing specific information regarding your practice(s) and/or facility, your organization will help AmeriHealth Caritas Indiana demonstrate provider network adequacy and allow AmeriHealth Caritas Indiana to provide you with the appropriate provider contracts in the near future.

This Letter of Intent (“LOI”) is non-binding; signing this LOI does not obligate you to sign a contract with AmeriHealth Caritas Indiana. Either you or AmeriHealth Caritas Indiana can terminate this LOI at any time by notifying the other party in writing.

By signing this LOI, you agree to allow AmeriHealth Caritas Indiana to identify you to IHCP and to the Indiana Department of Insurance (“IDOI”) as a potential provider in the AmeriHealth Caritas Indiana provider network. AmeriHealth Caritas Indiana will not otherwise identify you as being affiliated in any manner with AmeriHealth Caritas Indiana until you sign a definitive provider agreement with AmeriHealth Caritas Indiana. IHCP and IDOI may use this LOI to evaluate AmeriHealth Caritas Indiana’s qualification as a health maintenance organization and/or as a respondent to the RFP.

## **Please check all boxes that apply:**

Provider identified below is an Indiana Medicaid provider

Provider is not currently an Indiana Medicaid provider but intends to apply

Provider identified below is a Medicare provider

Provider is not currently a Medicare provider but intends to apply

## **Provider currently participates or wishes to participate in the following health benefit programs:**

Hoosier Healthwise (Indiana Medicaid)

Healthy Indiana Plan

Hoosier Care Connect

Indiana PathWays for Aging

**LETTER OF INTENT TO CONTRACT WITH AMERIHEALTH CARITAS INDIANA  
FOR THE PROVISION OF SERVICES TO INDIANA MEDICAID RECIPIENTS**



Please review, sign, and return both pages of the LOI to  
**providerrecruitmentIN@amerihealthcaritas.com** or fax to **1-888-354-0796**.

**Note:** This LOI may be subject to review or approval by IHCP and may be amended  
by AmeriHealth Caritas Indiana to comply with the requirements of IHCP and DOI.

**PROVIDER INFORMATION SHEET**

Contract Legal Entity name:		
Entity primary taxonomy code:	Entity tax ID number:	
Entity National Provider Identification (NPI) number:	NPI not applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Waiting for NPI: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indiana Medicaid number:	Medicare number:	
Group NPI:	Specialty type:	
Primary contact name/title:		
Entity mailing address:		
Primary contact email:		
Phone number:		
Authorized signature of provider:		
Printed name:	Date:	
Title:		