



MEDICAL FOSTER CARE ENROLLMENT GUIDE

Medical Foster Care providers who are servicing a Vivida Health enrollee will be contacted by the plan to discuss continuation of services, contracting and enrollment.

Medical Foster Care providers who wish to join the Vivida's network of providers, even if not currently servicing a Vivida enrollee, may do so by contacting Vivida's Provider Relations Department at (844) 243-5175 or Providerrelations@VividaHealth.com.

Vivida's network providers must have a fully enrolled Medicaid ID number as a pre-requisite for participation.

Vivida also requires its network providers have a National Provider Identifier. Providers that do not have an NPI, may obtain one from the CMS' National Plan and Provider Enumeration System website, at <https://nppes.cms.hhs.gov/#/>.

Required Documents

The following documents are necessary to begin the enrollment process. Enrollment applications are processed within 60 days of receipt of the fully completed documents listed below.

- Vivida Enrollment Application (see page 02 of this guide)
- W-9 (see page 05 of this guide)
- Signed, Medical Foster Care Provider Agreement (provided by the plan during contracting discussion)
- Copy of Department of Children and Families license
- Evidence of completion of CMS' Medical Foster Care Training
- Evidence of approval as a Medical Foster Care parent by CMS MFC physician
- Evidence of supervision by a CMS local program or the MFC contracted agency

PSN Information Application

*If provider has more than one office location or additional providers a separate spreadsheet may be attached

Name of Corporation as shown on legal TAX ID:	Tax Identification Number:
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Group Name:	Group NPI:
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Primary Office Street Address:	Suite:
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City:	State:	Zip Code:	County:
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Office Phone #:	Office Fax#:	Office Email:
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Office Hours:

Sun	Mon	Tues	Wed	Thu	Fri	Sat

PROVIDER INFORMATION

*A form must be completed for each practitioner within the group OR a spreadsheet may be attached with all information

CAQH #:	Date of last CAQH Attestation:
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Provider Full Name (First, Middle, Last):

Provider Title (Degree):	SSN:	Date of Birth:
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Individual NPI:	Gender:	DEA #:
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License #	License State:	Additional License #:	License State:
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Medicare #:	Medicaid #:	Ethnicity (not required);
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Primary Specialty:	Additional Specialty:	If ARNP or PA: Supervising MD Name:
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		Supervising MD NPI:
Board Certified (Yes or No):	Board Certification:	PCP or Specialist:
Accepting New Patients (Yes or No):	Handicap Accessible (Yes or No):	Gender/Age Restrictions:
Do you have Electronic Medical Records (Yes or No):		If Yes Vendor (optional):
Do you provide services in an outpatient/office setting? (Yes or No):	Languages Spoken (other than English):	
Hospital Admitting Privileges (List Hospital Name(s)):	Is your Practice a Level 2 PCMH? (Yes or No) Accredited by: Effective Date: _____ through _____	
Billing Information		
Billing Entity Name (if different than group name):		
Address:		Suite:
City:	State:	ZIP Code:
Billing Phone #:		Billing Fax #:
CREDENTIALING CONTACT		
Name:		
Address:		City, State, Zip:
Phone #:		Email:
Business Office CONTACT		
Name:		Email:

FOR PLAN USE ONLY

Contract ID #:		Affiliation ID:	
Effective Date:		PCP Tier:	
MPIP: <input type="checkbox"/> Yes <input type="checkbox"/> No	MPIP Path:		
Medicaid ID Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No	PML Enrollment Type:	Effective Date:	End Date:
PML Provider Type:	PML Specialty 1:	PML Specialty 2:	

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>
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Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 30%; text-align: center;"> </td> </tr> </table>		-		-		
	-		-			
or						
Employer identification number						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 45%; text-align: center;"> </td> <td style="width: 40%; text-align: center;"> </td> </tr> </table>		-				
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.