



AmeriHealth Caritas

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Philadelphia, PA 19113-1570
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**LETTER OF INTENT TO CONTRACT WITH
AMERIHEALTH CARITAS MISSISSIPPI
FOR THE PROVISION OF SERVICES TO MISSISSIPPI MEDICAID RECIPIENTS**

The AmeriHealth Caritas Family of Companies, is currently developing a network of hospital, physician, and ancillary health care providers in order to qualify as a Mississippi Coordinated Care organization, with the goal of entering into a contract with the Mississippi Division of Medicaid to arrange for the delivery of health care services to beneficiaries who participate in the MississippiCAN program.

Please sign below to indicate your intent to enter into contract negotiations with AmeriHealth Caritas Mississippi and participate in its provider network for the provision of health care services to MississippiCAN recipients who will be enrolled with AmeriHealth Caritas Mississippi if it enters into a contract with the Mississippi Division of Medicaid. Please also complete the Data Intake Form. Providing specific information regarding your practice(s) and/or facility will help AmeriHealth Caritas Mississippi demonstrate provider network adequacy as well as provide you with the appropriate provider contracts in the near future. This Letter of Intent is non-binding; signing this Letter of Intent does not obligate you to sign a contract with AmeriHealth Caritas Mississippi. Either you or AmeriHealth Caritas Mississippi can terminate this Letter of Intent at any time by notifying the other party in writing.

By signing this Letter of Intent, you agree to allow AmeriHealth Caritas Mississippi to identify you to the Mississippi Division of Medicaid and to the Mississippi Insurance Department (MID) as a potential provider in the AmeriHealth Caritas Mississippi provider network. AmeriHealth Caritas Mississippi will not otherwise identify you as being affiliated in any manner with AmeriHealth Caritas Mississippi until you have signed a definitive provider agreement with AmeriHealth Caritas Mississippi. The Mississippi Division of Medicaid and MID may use this Letter of Intent to evaluate AmeriHealth Caritas Mississippi’s qualification as a Coordinated Care organization to participate in the MississippiCAN program.

Please check all boxes that apply:

Provider identified below is a Mississippi Medicaid Provider.

Provider is not currently a Mississippi Medicaid Provider but intends to apply.

This Letter of Intent may be subject to review or approval by Mississippi Division of Medicaid and may be amended by AmeriHealth Caritas Mississippi to comply with the requirements of the Mississippi Division of Medicaid.

Please sign the Letter of Intent, complete the data intake form, and return all documents no later than **January 30, 2017. Return by email to ProviderEnrollmentMS@AmeriHealthCaritas.com, by fax to 888-498-8751, or mail in the enclosed business reply envelope to:**

AmeriHealth Caritas
P.O. Box 406
Essington, PA 19029

E-mail Provider Network Management at mississippiprovidernetwork@amerihealthcaritas.com or call 844-411-0590 with questions.

Authorized Signature

Printed Name

Title

Date