Accreditation





	Submit a copy of accreditation certificates (e.g., The Joint Commission [TJC], Community Health Accreditation Program [CHAP], etc.)
	naccredited providers must submit one of the following: Copies of the most recent government agency surveys conducted within the past 36 months, including corrective action plans if deficiencies were cited A letter from a government agency stating the facility is in substantial compliance with its most recent survey standards
Fail	ilities not meeting the requirements above require an onsite visit before network status may be granted. ure to provide documentation or complete the onsite survey may delay your ability to become a participating vider.
Incl	ude: An attestation The completed and signed release section Supplemental credentialing information form (if using state applications, please submit this)
	nical laboratory improvement amendments (CLIA) If you provide laboratory services, include a copy of your CLIA certification as applicable by location(s); claims reimbursements for laboratory services require the facility to hold a valid and active CLIA certification or waiver
Lial	Include all required details within the application or include a copy of the face sheet for both your professional and general liability (must be current within 30 days of the date of submission of your application)
	ticipating agreement Agreement must be executed by an officer of your organization
Lice	enses
	Copies of all federal, state and/or local license(s) or occupational business license(s) required to operate as a health care facility (by location)
Pro Am P.O Virg Fax	urn all completed forms and documentation to: vider Services: Network Development erigroup Iowa, Inc Box 62509 ginia Beach, VA 23466-9965 : 1-855-832-7289 ail: iowamedicaid@amerigroup.com

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If you have questions, please call our Network Development team at 1-855-789-7989.