WV MEDICAID DIRECT CARE PROVIDER ENROLLMENT AGREEMENT and SIGNATURE www.wvmmis.com

Name of Agency_____ **Agency NPI #**_____

A SEPARATE PROVIDER AGREEMENT MUST BE COMPLETED BY EACH DIRECT CARE PROVIDER AND A REPRESENTATIVE OR AUTHORIZED DELEGATE FOR THE GROUP/FACILITY.

1. The Provider hereby agrees to comply with all applicable laws, rules and written policies pertaining to the West Virginia Medicaid Program (Medicaid), including, but not limited to, Title XIX and Title XXI of the Social Security Act, the Code of Federal Regulations, West Virginia State Laws the West Virginia State Medicaid Plan, the Department of Health and Human Resources, Bureau for Medical Services' (Medicaid or Department/Bureau), written manuals, program instructions, policies and this document.
2. The Provider is not an employee of the Department/Bureau under this enrollment form and any subsequent amendments.
3. The Provider may not, on the grounds of race, color, national origin, creed, sex, religion, political ideas, marital status, age or disability subject persons to discrimination under the Medicaid program or any activity connected with the provision of Medicaid services.
4. The Provider agrees to protect the confidentiality of the member.
5. The Provider acknowledges that this enrollment is effective for the category of services that will be provided by the above agency. A separate provider enrollment form and/or a separate provider agreement may be necessary if you work for other agencies. The Provider further certifies that all information listed on this and any application is true, accurate and complete.
6. Within fifteen (15) business days, the Provider agrees to notify Medicaid, in writing, of any changes in the provider information.

I UNDERSTAND THAT PAYMENT OF CLAIMS WILL BE FROM FEDERAL AND STATE FUNDS AND THAT ANY FALSIFICATION OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL AND STATE LAW.

Direct Care Provider Name (Please Print)_____ Direct Care Provider NPI #_____

Direct Care Provider Signature_____ Date of Signature_____