



**Healthy Families Program and
The Pre-Existing Condition Insurance Plan
Invitation to Participate**

Instructions

Please use the following instructions to complete the Invitation to Participate (ITP). The numbered items below directly cross-reference the numbered items on the ITP.

1. Check the appropriate box to indicate whether your organization is registering as:
 - New Enrollment Entity (EE) Healthy Families
 - New Enrollment Entity (EE) Pre-Existing Condition Insurance Plan
 - Renewing (Previously Registered EE)
2. Enter your previous EE number, if you are renewing your registration.
3. Enter your organization's name. This will be the public name of your EE.
4. Enter the name of the person, and their title, authorized to enter into this agreement.
5. Enter the Authorized Person's business telephone number.
6. Enter the Authorized Person's business e-mail address.
7. Enter the name of the person, and their title, who is authorized to respond to billing inquiries from the Healthy Families Program and/or the Pre-Existing Insurance Plan.
8. Enter the telephone number of the authorized billing contact person.
9. Enter the Billing Address. This should be the same address as on the W-9 Tax Form.

All payment checks and statements will be mailed to the billing address. (Billing addresses are verified with a W-9 Tax Form)

The Outreach Person will be the contact for referrals to families seeking application assistance. This person and their contact information below will be available on the HFP and/or PCIP websites.

10. Enter the name of the Outreach Person and their Title.
11. Enter the Outreach Person's e-mail address.



12. Enter the Outreach Person's telephone and fax numbers.
13. Enter the service location address and county.
14. Enter the Business Mailing Address to send general correspondence; if different than the Service Location Address.
15. Check the appropriate box to indicate which category best describes your organization. You may only check one category.
 - **You must provide a copy of your State license or W-9 proof of tax-exempt status to verify the category you have indicated.**
16. Check the language(s) in which your organization's staff can provide application assistance.
17. Check the hours your organization can provide application assistance.
18. List your staff who **SATISFACTORILY COMPLETED** HFP and/or PCIP Certified Application Assistance (CAA) training, their CAA number, and their individual e-mail address (if available).
 - **ITP must include a signed "Certified Application Assistant Agreement" for each person identified.**
 - **A copy of the signed Agreement must also be given to each person.**

If necessary, attach a separate sheet of paper if there is not enough space for your staff that have attended CAA training.

19. List your NEW staff that NEED CAA HFP and/or PCIP training and their e-mail address.
 - **List name and email address for those who have NOT satisfactorily completed certification training and need CAA certification training.**
 - **Check which program the staff would like training for.**
 - **ITP must include a signed "Certified Application Assistant Agreement" for each person identified. A copy of the signed Agreement must also be given to each person.**

If necessary, attach a separate sheet of paper if there is not enough space for your staff who have NOT attended certification training and need CAA certification.



20. HFP Certification Training Information: Read all of the certification training information. If you have any questions, please contact the EE/CAA Help Desk at 800-279-5012 or by e-mail at ee-caaliation@maximus.com.
 21. PCIP Certification Training Information: Read all of the certification training information. If you have any questions, please contact the EE/CAA Help Desk at 800-279-5012 or by e-mail at ee-caaliation@maximus.com.
 22. Authorized Person: Read the Enrollment Entity Agreement.
 23. Authorized Person: Read Termination and Cancellation Agreement.
 24. Release and Waiver of Liability: Be sure that you have read and understood the Release and Waiver of Liability. If you accept these conditions, fill in the blank lines under Termination and Cancellation with the following information:
 - Your organization name
 - The printed name of the person authorized by your organization to enter into this agreement
 - Authorized person's signature
 - The date Agreement is signed
- Note: The "Managed Risk Medical Insurance Board" (MRMIB) signature and date blanks (to the right of the blank lines that you filled in) will be completed after review and approval of this ITP.**
25. Certified Application Assistant: Read the Certified Application Assistant Agreement.
 26. Certified Application Assistant: Read the Termination and Cancellation Agreement.
 27. Certified Application Assistant: Read the Release and Waiver of Liability.
 28. If you accept these conditions, fill in the blank lines under the Termination and Cancellation Agreement with the following information:
 - Enrollment Entity number
 - Certified Application Assistant number
 - Printed name of Certified Application Assistant
 - Application Assistant's signature
 - Date of signature.



SUB-SITE REGISTRATION FORM

(Complete this page for each site that will be linked to your EE).

NOTE: This page is used to provide information for any other site(s) which will be linked to this Enrollment Entity. Make a copy of this page if the EE has more than two sites.

29. Write your organization's contact information: primary contact name and title.

30. Service, location address, e-mail address, telephone number and fax number.

(Note: This information will be shared with the public and posted on the HFP and/or PCIP Websites.)

31. Check the appropriate box(es) for the languages with which your organization can provide assistance.

32. Check the hours and days your organization can provide application assistance at each sub-site.

(Check all that apply.)

Complete the information for each sub-site.