



Recruitment Request Form

This form is intended to be used for providers or groups who would like to participate with Virginia Premier. Completion of this form does not mean that a provider or vendor is automatically contracted with Virginia Premier. Please complete and fax form to the Network Development Department at (804) 819-5366. Should you have any questions or concerns, please call (800) 727-7536 and select 'option 2'.

Effective July 1, 2022, Virginia Premier will not execute a contractual agreement with any provider that is not enrolled with DMAS Medicaid Fee for Service.

Have you submitted an enrollment application to Medicaid Enterprise System (MES) as required by Department of Medical Assistance Services (DMAS)? Yes No

If you answered "No" to the above, please STOP Here and click on the following link to begin the DMAS enrollment process <https://vamedicaid.dmas.virginia.gov/training/providers>.

Provider Information: Solo Practice Group Practice
No. of Providers: _____ Are there any age restrictions? If yes, what age? _____ Yes No
Will any of your providers be acting as a Primary Care Physician? Yes No
If applying to be a Primary Care Physician(s), do you wish to have an open panel? Yes No
Do you participate with Virginia Medicaid? Yes No

Name of Group Practice: _____
Provider Name(s): _____
Physical Location: _____
Mailing Address (if different): _____
Phone #: _____ Facsimile #: _____
Contact Name: _____
Specialty or Services Provided: _____

Do you treat children with special needs? Yes No Eating Disorder program offered? Yes No
DOULA Services offered? Yes No Have you met the VDH Requirement? Yes No
Private Duty Nursing (PDN)? Yes No If yes, do you provide Pediatrics PDN? Yes No

Email Address: _____
If applicable, do you currently have active hospital privileges? If yes, where? _____ Yes No

Hours of Operations: _____
Do you offer after-hours services? Yes No
Are you receiving referrals to see Virginia Premier members? Yes No
Individual NPI#: _____
Group NPI#: _____
EIN#: _____

*Complete all fields in entirety (email is especially important)

Additional Information:

- Committee process to review Recruitment Request Forms is held once a month and Contracting will notify you of the final decision via email.
- If you already have a Virginia Premier contract and are a par provider with Virginia Premier, please be sure to update your demographic information through the Provider Update Request Form located on our website.
- Practitioner/Group requesting to join the network must have a valid license to practice in the state in which they will be providing services to Virginia Premier members.
- Effective **July 1, 2022**, Virginia Premier will not execute a contractual agreement with any provider that is not enrolled with DMAS Medicaid Fee For Service. All participating MCO-only providers must submit an enrollment application to Medicaid Enterprise System (MES). Please click on the following link to begin the enrollment process – <https://virginia.hppcloud.com/>. Provider training can be found at the following link - <https://vamedicaid.dmas.virginia.gov/training/providers>.