CREDENTIALING SERVICE AGREEMENT

This Credentialing Services Agreement ("Agreement") is entered into as of _____, by and between **Helping Hands Training and Consulting d/b/a Helping Hands Credentialing**, a Florida business entity with a principal address at 1840 W 49th Street #723, Hialeah, Florida 33012 ("Consultant"), and _____, with a principal place of business at _____ ("Client").

This Agreement governs the provision of administrative credentialing, enrollment, and payor participation support services for healthcare service providers seeking participation in Medicaid, managed care organizations, and commercial insurance payor networks.

1. PURPOSE AND INTENT

The purpose of this Agreement is to define the terms and conditions under which Consultant shall provide administrative credentialing, enrollment, and contracting support services to Client. Consultant specializes in assisting healthcare provider organizations and individual practitioners with participation in governmental and commercial healthcare payor networks.

All services provided under this Agreement are administrative and advisory in nature only. Nothing in this Agreement shall be construed as the provision of legal advice, clinical supervision, billing services, reimbursement consulting, or regulatory determinations. Consultant does not represent Medicaid agencies, the Agency for Health Care Administration ("AHCA"), managed care organizations, or commercial insurance carriers and has no authority to approve, deny, expedite, or influence credentialing or enrollment decisions.

Client acknowledges that healthcare services are subject to extensive regulatory oversight and payor-specific participation requirements, including but not limited to the Medicaid Fee-For-Service Coverage Policies, managed care credentialing standards, and certification requirements established by the Behavior Analyst Certification Board, Inc. ("BACB®").

Client further acknowledges that participation in payor networks requires ongoing compliance with professional scope of practice standards, supervision requirements, credential maintenance, authorization rules, and documentation obligations applicable to Board Certified Behavior Analysts ("BCBA®"), Board Certified Assistant Behavior Analysts ("BCaBA®"), and Registered Behavior Technicians ("RBT®").

Credentialing approval does not replace, waive, or supersede any clinical, supervisory, contractual, or regulatory obligations.

2. SCOPE OF SERVICES

Consultant shall provide administrative support services related to credentialing and enrollment for healthcare providers across Medicaid, managed care organizations, and commercial insurance payors, as authorized by Client under this Agreement.

Services may include, without limitation, initial Medicaid enrollment, Medicaid revalidation and maintenance, preparation and submission of managed care and commercial credentialing applications, practitioner roster

additions under existing group contracts, Tricare ABA certification support, and post-credentialing administrative coordination such as electronic funds transfer ("EFT"), electronic remittance advice ("ERA"), and demographic updates.

Consultant's role is limited to the preparation, submission, coordination, tracking, and follow-up of credentialing and enrollment materials based exclusively on information and documentation supplied by Client. Consultant does not determine eligibility, verify clinical qualifications beyond administrative review, interpret coverage determinations, negotiate reimbursement rates, secure service authorizations, or guarantee approval, network participation, or effective dates.

3. MEDICAID ENROLLMENT SERVICES

When contracted for Medicaid enrollment services, Consultant shall assist Client with the administrative preparation and submission of Medicaid enrollment applications for ABA provider groups and individual practitioners, including BCBA®s, BCaBA®s, and RBT®s, as applicable.

Client acknowledges that Medicaid enrollment timelines are controlled solely by the applicable Medicaid agency and may vary based on provider type, ownership disclosures, background screening requirements, application complexity, and agency workload. Consultant shall submit applications within five (5) business days following receipt of complete documentation but make no representations regarding approval timing.

4. MCO AND COMMERCIAL CREDENTIALING SERVICES

When contracted for managed care or commercial credentialing services, Consultant shall provide administrative support to facilitate Client's participation in commercial insurance and managed care networks offering ABA benefits.

Client acknowledges that each payor maintains independent credentialing standards, network participation criteria, and review timelines. Credentialing approval, contract execution, reimbursement rates, and effective dates are determined solely by the payor and may be subject to network capacity limitations, credentialing moratoria, or policy changes. Consultant does not negotiate contractual terms or reimbursement rates unless expressly agreed to in writing under a separate engagement.

5. CLIENT RESPONSIBILITIES

Client agrees to provide complete, accurate, and timely information and documentation required for credentialing and enrollment, including but not limited to tax documentation, liability insurance certificates, professional licenses, BACB® certifications, background screening results, ownership disclosures, and personal contact information for individual practitioners, if applicable.

Client remains solely responsible for ensuring that all submitted practitioners meet scope of practice, supervision, and eligibility requirements applicable to ABA services. Consultant shall not be responsible for delays, denials, or adverse determinations resulting from inaccurate, incomplete, expired, or misrepresented information provided by Client.

6. BUSINESS ASSOCIATE AGREEMENT

Client acknowledges that Consultant may access Protected Health Information ("PHI") in the course of performing credentialing and enrollment services. In compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, the parties shall execute a separate Business Associate Agreement ("BAA") governing the use, disclosure, safeguarding, and protection of PHI.

Execution of the BAA is a condition precedent to the commencement of any services involving PHI. Consultant shall have no obligation to begin or continue services until the BAA has been fully executed.

Consultant agrees to maintain the confidentiality of all non-public information provided by Client and to implement reasonable administrative and technical safeguards to protect such information. Client authorizes Consultant to communicate with Medicaid agencies, managed care organizations, insurance carriers, credentialing vendors, and verification entities as necessary to perform services under this Agreement.

7. INVOICING AND FEES

7.1 INVOICING

Client acknowledges and agrees that a formal Invoice shall be issued after submission of credentialing or enrollment applications to the applicable Medicaid agency, managed care organization, or commercial insurance payor, unless otherwise agreed in writing.

Invoices may be generated and delivered through Consultant's accounting platform, including QuickBooks, and shall reflect services performed in accordance with the authorized service proposal. Submission of an application shall constitute commencement of services for billing purposes.

7.2 PAYMENT TERMS

Invoices are due upon receipt unless otherwise stated in writing. All credentialing and enrollment fees are non-refundable once services have commenced, regardless of application outcome, processing delays, or payor determinations. Fees compensate Consultant for administrative credentialing and enrollment services rendered and do not guarantee approval, reimbursement, network participation, or effective dates.

7.3 ONGOING PARTNERSHIP

Client acknowledges that this Agreement may govern an ongoing professional relationship between the parties. For any continued or future credentialing, enrollment, revalidation, maintenance, or related administrative services, the applicable scope of services and fees for any given period shall be governed by the most recent Cost Estimate issued by Consultant and approved by Client.

Each approved Cost Estimate shall be deemed incorporated by reference into this Agreement for the services covered therein, without the need to execute a new service agreement.

7.4 SCOPE ADJUSTMENTS

If additional services become necessary due to payor requirements, changes in provider composition, or Client-requested modifications, Consultant shall notify Client and may issue a revised or supplemental Cost Estimate. Consultant shall not perform services outside the authorized Cost Estimate without Client approval.

8. NO GUARANTEE OF APPROVAL

Client expressly acknowledges that Consultant does not guarantee credentialing approval, enrollment acceptance, contract execution, reimbursement rates, effective dates, authorization approval, or network participation. All final determinations are made solely by Medicaid agencies and insurance payors. Consultant shall not be liable for denials, delays, terminations, credentialing freezes, network closures, or changes in payor policy.

9. TERM AND TERMINATION

This Agreement shall commence on the Effective Date and remain in effect until services are completed or terminated by either party upon written notice. Termination does not relieve Client of payment obligations for services already rendered or in progress.

10. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida. Venue for any dispute shall lie exclusively in Miami-Dade County, Florida.

11. SIGNATURES

By electronically accepting this Agreement, Client confirms that they have read, understood, and agree to be legally bound by all terms and conditions contained herein.

Helping Hands Credentialing
Signature: _____
Name: **Geydis Lambarri, MBA, RCMS, CPCO**
Title: Chief Executive Officer
Date: _____

Client
Signature: _____
Name: _____
Title: _____
Date: _____