CREDENTIALING SERVICE AGREEMENT

This Credentialing and Contracting Services Agreement ("Agreement") is entered into as of _____, by and between **Helping Hands Training and Consulting**, 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, contracting, enrollment, and payor participation support services for healthcare providers, including but not limited to those furnishing applied behavior analysis ("ABA"), speech therapy ("ST"), and occupational therapy ("OT") services, seeking participation in Medicaid fee-for-service ("FFS") programs, Medicaid managed care organizations ("MCOs"), commercial insurance payor networks, and the TRICARE program, on a nationwide basis.

1. PURPOSE AND INTENT

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

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 state Medicaid agencies, the Centers for Medicare and Medicaid Services ("CMS"), the Defense Health Agency ("DHA"), managed care organizations, commercial insurance carriers, or TRICARE contractors, and has no authority to approve, deny, expedite, or influence credentialing, contracting, or enrollment decisions.

Client acknowledges that healthcare services are subject to extensive regulatory oversight and payor-specific participation requirements, including but not limited to applicable federal and state Medicaid coverage policies, state Medicaid agency enrollment rules, managed care credentialing standards, TRICARE certification requirements, and the certification and licensure requirements established by the applicable licensing authority in each jurisdiction where services are rendered.

2. SCOPE OF SERVICES

Consultant shall provide administrative support services related to credentialing, contracting, and enrollment for healthcare providers across Medicaid FFS, Medicaid MCOs, commercial insurance payors, and TRICARE, on a nationwide basis, as authorized by Client under this Agreement.

1840 W 49TH ST STE 723, HIALEAH, FL 33012
TOLL-FREE PH: (888) 483-8044 | LOCAL PH: (786) 203-9259
PROVIDERSERVICES@HELPINGHANDSTC.COM

Services may include, without limitation, initial Medicaid enrollment (both fee-for-service and managed care), Medicaid revalidation and maintenance, preparation and submission of managed care and commercial credentialing and contracting applications, payor network participation and contracting requests, practitioner roster additions under existing group contracts, TRICARE provider certification and enrollment support, CAQH profile creation and maintenance, National Provider Identifier ("NPI") registration 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, contracting, 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 fee-for-service and managed care enrollment applications for provider groups and individual practitioners in the applicable state or states.

Client acknowledges that Medicaid enrollment timelines are controlled solely by the applicable state Medicaid program and its contracted managed care organizations, and may vary based on state, 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 makes no representations regarding approval timing.

4. MCO AND COMMERCIAL CREDENTIALING SERVICES

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

Clients acknowledge 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.

1840 W 49TH ST STE 723, HIALEAH, FL 33012
TOLL-FREE PH: (888) 483-8044 | LOCAL PH: (786) 203-9259
PROVIDERSERVICES@HELPINGHANDSTC.COM

5. TRICARE CERTIFICATION AND ENROLLMENT SERVICES

When contracted for TRICARE services, Consultant shall provide administrative support related to provider certification and enrollment in the TRICARE program, including the preparation and submission of certification and enrollment materials to the applicable regional TRICARE contractor.

Client acknowledges that TRICARE participation, provider certification, and enrollment determinations are governed by the Department of Defense and its designated regional TRICARE contractors, and are subject to program requirements, regional assignment, and applicable federal regulations. Consultant does not control or guarantee TRICARE certification, network status, authorization approval, or effective dates.

6. CLIENT RESPONSIBILITIES

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

Client remains solely responsible for ensuring that all submitted practitioners hold valid licensure and certification, and meet the scope of practice, supervision, and eligibility requirements applicable to their respective disciplines (including ABA, ST, and OT) in each state and for each payor in which enrollment, contracting, or credentialing is sought. Consultant shall not be responsible for delays, denials, or adverse determinations resulting from inaccurate, incomplete, expired, or misrepresented information provided by Client.

7. BUSINESS ASSOCIATE AGREEMENT

Client acknowledges that Consultant may access Protected Health Information ("PHI") in the course of performing credentialing, contracting, 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.

8. CONFIDENTIALITY AND AUTHORIZATION

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 state Medicaid agencies, CMS, managed care organizations, commercial insurance carriers, TRICARE contractors, credentialing vendors (including CAQH), and verification entities as necessary to perform services under this Agreement.

1840 W 49TH ST STE 723, HIALEAH, FL 33012
TOLL-FREE PH: (888) 483-8044 | LOCAL PH: (786) 203-9259
PROVIDERSERVICES@HELPINGHANDSTC.COM

9. INVOICING AND FEES

9.1 INVOICING

Client acknowledges and agrees that a formal Invoice shall be issued before submission of credentialing, contracting, or enrollment applications to the applicable state Medicaid program, managed care organization, commercial insurance payor, or TRICARE contractor, 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.

9.2 PAYMENT TERMS

Invoices are due upon receipt unless otherwise stated in writing. All credentialing, contracting, 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, contracting, and enrollment services rendered and do not guarantee approval, reimbursement, network participation, or effective dates.

9.3 ONGOING PARTNERSHIP

Client acknowledges that this Agreement may govern an ongoing professional relationship between the parties. For any continued or future credentialing, contracting, 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.

9.4 SCOPE ADJUSTMENTS

If additional services become necessary due to payor requirements, changes in provider composition, expansion into additional states or disciplines, 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.

10. 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

1840 W 49TH ST STE 723, HIALEAH, FL 33012
TOLL-FREE PH: (888) 483-8044 | LOCAL PH: (786) 203-9259
PROVIDERSERVICES@HELPINGHANDSTC.COM

participation. All final determinations are made solely by state Medicaid agencies, managed care organizations, commercial insurance payors, and TRICARE contractors. Consultant shall not be liable for denials, delays, terminations, credentialing freezes, network closures, or changes in payor policy.

11. 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.

12. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflict of laws principles. Venue for any dispute shall lie exclusively in Miami-Dade County, Florida, regardless of the state or states in which services are performed.

13. SIGNATURES

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

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

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

A countersigned copy will be provided upon signature.

1840 W 49TH ST STE 723, HIALEAH, FL 33012
TOLL-FREE PH: (888) 483-8044 | LOCAL PH: (786) 203-9259
PROVIDERSERVICES@HELPINGHANDSTC.COM