

## Provider Start-up and Requirements Checklist

***Provider start-up forms and required forms must be completed and submitted to iLIFE and credentialed before providing services to the participant. Individual agencies cannot provide services until background checks are completed.***

✓	Provider Start-up Forms	When Required
	Provider Application (F-01312)	For all providers
	Form W-9	For all providers and any existing provider who changes their name
	Wisconsin Medicaid Program Provider Agreement (F-00180C)*	For all providers
	Vendor Direct Deposit Authorization Form*	For all providers
	Background Information Disclosure (BID) (F-82064)	For individual providers
	Background Information Disclosure Addendum (F-01246)	For individual providers
	Credentialing Requirements List	Lists which professions require a copy of professional license and/or certificate
	Copy of Liability Insurance Certificate*	If required for your profession
	Copy of Professional License and/or Certificate*	If required for your profession
	Copy of Driver's License	If providing transportation
	Adult Family Home Information Form*	If AFH provider with non-taxable income
	Provider Agreement	Optional but recommended: For all new providers.

**\* See Provider Start-up and Requirements Documents (on the next page) for details.**

## Provider Start-up and Requirements Documents

**This document provides additional information about some of the provider start-up and required documents. Please see the Provider Start-up and Requirements Checklist for a list of all required documents.**

1. **Start-up documents:** One set of provider start-up documents is included in this packet. For additional forms, contact the participant's consultant or find them online at [iLIFEfms.com](http://iLIFEfms.com).
2. **Checklist:** The Provider Start-up and Requirements Checklist helps ensure all required documents are completed and submitted to iLIFE. Payments cannot be made if iLIFE is missing any required documents.
3. **Direct deposit (required):** The provider must provide a signed Vendor Direct Deposit Authorization form and bank verification. The bank verification, such as a voided check, must include the account number, routing number, and account holder name.
4. **Wisconsin Medicaid Program Provider Agreement (required):** This form is signed by the provider, and is required before payments can be issued. One form is required per provider. If iLIFE does not receive the signed Medicaid Agreement form, iLIFE cannot process payments.
5. **Adult Family Home Information Form (required for AFH providers with non-taxable income):** The AFH Information Form is required only if the AFH income is qualified to be non-taxable. The AFH is exempt from taxes and 1099 reporting only if the AFH qualifies based on the information provided on this form.
6. **Credentialing requirements (required):** The Credentialing Requirements list identifies professions or services that require a license or certificate. For start-up processing, all providers must submit a copy of their current professional or service license, any certificates, and supporting documentation to iLIFE to become and remain an approved IRIS vendor. If iLIFE does not receive the required and updated service license, any certificates, and supporting documentation, iLIFE cannot process payments.

**If you have questions, please call iLIFE at 1-888-800-5599.**