EXHIBIT P - MEDICAID MANAGED CARE PLAN ENROLLMENT SUMMARY FORM

Provider Name _________________________________ Medicaid Provider # _______________

DBA _________________________________ Medicaid Provider Expiration _______

Please complete this form, attach any necessary documents or correspondence, and return to:

Carla W. Richards, Accounting Coordinator either via email, fax, or USPS to: Carla@ufl.edu,
352.294.8088, UF Peds Early Steps, PO Box 100296, Gainesville, FL 32610-0296

1. I have applied to become credentialed as a provider with the following plans (check all that apply):
   - ☐ Optum (for United Health)
   - ☐ United Health
   - ☐ Wellcare / Staywell
   - ☐ Prestige
   - ☐ Sunshine

2. I am currently credentialed as a provider with the following plans (check all that apply):
   - ☐ Optum (for United Health)
   - ☐ United Health
   - ☐ Wellcare / Staywell
   - ☐ Prestige
   - ☐ Sunshine
3. For those with whom you have become credentialed, please provide us with your provider number, effective date, and end date:

- **Optum (for United Health)**
  - Provider Number __________________
  - Effective Date __________________
  - End Date __________________

- **United Health**
  - Provider Number __________________
  - Effective Date __________________
  - End Date __________________

- **ATA 1**
  - Provider Number __________________
  - Effective Date __________________
  - End Date __________________

- **Wellcare / Staywell**
  - Provider Number __________________
  - Effective Date __________________
  - End Date __________________

- **Prestige**
  - Provider Number __________________
  - Effective Date __________________
  - End Date __________________

- **Sunshine**
  - Provider Number __________________
  - Effective Date __________________
  - End Date __________________
4. For those with whom you have NOT become credentialed, please provide us the following information:

☐ Optum (for United Health)

- I have not applied to become credentialed with this MMA plan ____
- I applied to become credentialed with this MMA plan on ______ (date), but it is still in process _____
  - Current status as of today is _____________________________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    _______________________________________________________________________
    _______________________________________________________________________
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan ______

☐ United Health

- I have not applied to become credentialed with this MMA plan ____
- I applied to become credentialed with this MMA plan on ______ (date), but it is still in process _____
  - Current status as of today is _____________________________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    _______________________________________________________________________
    _______________________________________________________________________
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan ______

☐ Wellcare / Staywell

- I have not applied to become credentialed with this MMA plan ____
- I applied to become credentialed with this MMA plan on ______ (date), but it is still in process _____
  - Current status as of today is _____________________________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    _______________________________________________________________________
    _______________________________________________________________________
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan ______
☐ Prestige
- I have not applied to become credentialed with this MMA plan _____
- I applied to become credentialed with this MMA plan on _____ (date), but it is still in process _____
  - Current status as of today is _____________________________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    ________________________________________________________________
    ________________________________________________________________
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan _____

☐ Sunshine
- I have not applied to become credentialed with this MMA plan _____
- I applied to become credentialed with this MMA plan on _____ (date), but it is still in process _____
  - Current status as of today is _____________________________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    ________________________________________________________________
    ________________________________________________________________
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan _____

Other comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________