To: All AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast Facilities

Date: December 12, 2018

Subject: CORRECTION: New Credentialing Requirement for Facilities: Ownership and Control Disclosure Form

The Pennsylvania Department of Human Services (DHS), in accordance with Federal Regulations set forth in 42 CFR Part 455 Subpart B, requires facilities to submit an Ownership and Control Interest form during the initial Medical Assistance (MA) credentialing and revalidation process. DHS is now requiring all HealthChoices plans to collect this information as well.

In an effort to comply, AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast are requesting that our Ownership and Control Interest form be filled out and returned. Our form may be accessed on our websites at www.amerihealthcaritaspa.com or www.amerihealthcaritasnortheast.com → Providers → Join our network → Credentialing (under “For facilities”) → Ownership and Control Disclosure Form. In lieu of our form, you may submit a copy of your most recent, up-to-date DHS Ownership and Control Interest Disclosure form, if that is more convenient.

Moving forward, submission of the Ownership and Control Interest form or updates to the form will be a standard required document during the AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast credentialing/recredentialing cycle.

If you have any questions, please call the Credentialing department at:

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<th>Plan</th>
<th>Phone Number</th>
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<tr>
<td>AmeriHealth Caritas Pennsylvania</td>
<td>1-800-642-3510, option 2</td>
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<tr>
<td>AmeriHealth Caritas Northeast</td>
<td>1-855-809-9204</td>
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Sincerely,

Margaret Angello, Market President
AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast

Fraud, Waste, and Abuse Tip Hotline: 1-866-833-9718, 24 hours a day, seven days a week.