



REQUIREMENTS TO WORK ON LICENSED MEDICAL PROFESSIONAL OPPORTUNITIES

CRITERIA FOR PARTICIPATION

Enrollment in the IN Managed Services Provider program managed by CAI is a prerequisite to participating in the Licensed Medical Professionals opportunities.

Vendors interested in participating in the State of Indiana's Managed Services Provider program must initially register with CAI through the Supplier Management Portal, via the 'Register Your Company' option on the webpage link below. If your company has already registered and has login credentials, you can log directly into the Portal via this link.

<https://cai.service-now.com/sm>

The Required Documentation outlined in this Criteria for Participation must be submitted as part of your enrollment within the Supplier Management Portal. Please note: your enrollment request will not be received by CAI until all required documentation has been submitted within the Portal.

REQUIRED DOCUMENTATION:

Your company's documentation must be kept up-to-date to remain active in the program. The Supplier Management Portal will send alerts when documents are expiring. If your documents expire and new ones are not provided, your company will be deactivated and may have to pay a fee to rejoin.

ENROLLMENT IN THE INDIANA MANAGED SERVICES PROVIDER PROGRAM

This includes the following mandatory items:

- ☐ Signed Supplier Agreement
- ☐ W-9
- ☐ Certificate of Insurance

SIGNED SUPPLIER AGREEMENT ADDENDUM FOR LICENSED MEDICAL PROFESSIONAL STAFF AUGMENTATION SERVICES

- ☐ Signed Addendum. You will provide your signatory's contact information in the Supplier Management portal and the Addendum will be sent to them via DocuSign. For a copy of the addendum, reference the CAI website at: [Indiana's Managed Services Provider Contract - CAI](#)



CERTIFICATE OF INSURANCE

- ☐ Valid Certificate of Insurance reflecting the following insurance levels

Note that this coverage is in addition to the requirements to participate in the overall IN Managed Services Provider program.

TYPE OF INSURANCE		LIMIT	AMOUNT	Notes
At least one of the following:				
	Medical Malpractice	Per Occurrence Annual Aggregate	\$1,000,000 \$3,000,000	
	Professional Liability (In no way shall limit coverage for medical professionals or medical operations and/or services)	Per Occurrence Annual Aggregate	\$1,000,000 \$3,000,000	If utilizing this option, language confirming coverage of medical professionals/services must be included in the Description of Operations in the COL.
	Indiana Patient's Compensation Fund (IPCF) enrollment	Per Occurrence Aggregate	\$500,000 \$1,500,000	

Insurance must meet all requirements as listed in the Minimum Insurance Requirements section of the State of Indiana Supplier Agreement Addendum for Licensed Medical Professional Staff Augmentation Services.

CAI must be listed as the Certificate Holder with the following address:

Computer Aid Inc.
Attn: Insurance Dept.
1390 Ridgeview Drive
Allentown, PA 18104

Please note: The insurance requirements shown above are base levels for enrollment in the program. Certain positions may require additional insurance coverage. These additional requirements will be noted on the applicable requisition, and your company will be required to provide proof of coverage during the candidate submission process for these requisitions.

QUESTIONS:

If you have any questions about the enrollment process, please contact CAI's MSP Vendor Management Team via the **Contact Us** option within the Supplier Management Portal.