



HealthCare Administrative Solutions

Participating Health Plan
Contracting and Enrollment
Required Documents Listing

April 2008

Important Notice



As a service to providers, HCAS has created this document based on information provided to HCAS by each health plan.

Note: Health plan specific requirements are subject to change and may be updated from time to time. If a provider has any questions regarding a health plan's specific requirements, please contact that health plan directly for further details.

Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting, Enrollment, and Additional Credentialing Documents – Blue Cross Blue Shield of Massachusetts This list applies only to MDs (excluding Psychiatrists)	
Physician Agreement or Attachment A (Joinder)	R
Download the following forms at www.bluecrossma.com – click on Become A Blue Cross Provider	
W-9 Form	R
Signature Waiver	R
Authorization for Reimbursement (submit this to join a group practice)	CR
Medicare B Participation Confirmation Statement	CR
Authorization and Release	CR
2 Letters of Reference (use only if a physician does not have hospital privileges)	CR



Blue Cross Blue Shield of Massachusetts

Mailing Address:

Blue Cross Blue Shield of Massachusetts
Attn: Provider Relations
25 Technology Place, MS 03-04
Hingham, MA 02043

Phone: 1-800-316-BLUE (2583)
Fax: 617-246-4227
Email: Your Provider Relations Manager

R= Required
CR = Conditionally Required
O=Optional

Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments – Fallon Community Health Plan	
Provider Contract	R
Provider Participation Agreement	R
W-9 Form	R
Enrollment Form	O

Fallon Community Health Plan

Mailing Address:
 One Chestnut Place
 10 Chestnut St.
 Worcester, MA 01608

Fax: 508-368-9902

Provider Services: 866-275-3247,
 Option 4

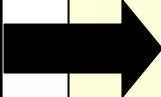
R= Required
 CR = Conditionally Required
 O=Optional

Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting, Enrollment & Additional Credentialing Attachments – Harvard Pilgrim Health Care	
Provider Contract or Provider Participation Agreement (Joinder)	R
W-9 Form	R
Enrollment and Billing Information	R
Addendum for Scope of Practice (nurse practitioners in NH/ME)	R



Harvard Pilgrim Health Care

Mailing Address:
 Attn: Provider Processing Center
 1600 Crown Colony Drive 2nd Floor
 Quincy, MA 02169

Fax: 866-884-3843

Email: PPC@harvardpilgrim.org

Provider Service Center: 800-708-4414

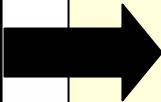
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Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments – Health New England	
Provider Contract	R
Provider Participation Agreement	R
W-9 Form	R
PHO assignment, if applicable	R
Enrollment form including demographic information, tax id number and payment mailing address	R



Health New England

Mailing Address:
 One Monarch Place Suite 1500
 Springfield, MA 01144
Fax: 413-233-2808

R= Required
 CR = Conditionally Required
 O=Optional

Contracting and Enrollment - Initials



Note that Neighborhood Health Plan contracts with most Providers at the Group Level. The Group is responsible for submitting the contracting elements below. The Group must submit a Data Sheet when individual providers need to be added to the group.

Plan Information (direct to plan)

Contracting & Enrollment Attachments – Neighborhood Health Plan	
Vendor Contract	R
Practice Profile	R
W-9 Form	R
Data Sheet for Individual Providers	R
Enrollment Form	R



Neighborhood Health Plan

Mailing Address:
 Credentialing Department
 Neighborhood Health Plan
 253 Summer Street
 Boston, MA 02210-1120
Fax: 617-526-1982

Provider Relations Department:
Fax: 617-772-5517
Email: prweb@nhp.org

Customer Care Center: 1-800-462-5449

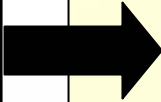
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Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments – Network Health	
Enrollment Form	R
Provider Contract	R
W-9 Form	R
Letter of Interest	R



Network Health

Mailing Address:
 Contracting Department
 Attention: Maria Lima-Leite
 101 Station Landing, 3rd Floor
 Medford, MA 02155

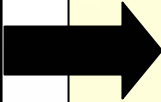
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Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments - Tufts Health Plan	
Appropriate Provider Contract documents	R
Enrollment Form or enrollment section of IMA	R
W-9 Form	R



Tufts Health Plan

Mailing Address:
 Credentialing Department
 705 Mt Auburn Street, 6th Floor
 Watertown, MA 02472

Fax: 617-972-9591

Email: Your Credentialing Contact

Phone: 888-306-6307

R= Required
 CR = Conditionally Required
 O=Optional