



# HealthCare Administrative Solutions, Inc.

Participating Health Plan  
Contracting and Enrollment  
Required Documents Listing

August 2010

# 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 and Enrollment— Blue Cross Blue Shield of Massachusetts

Download the appropriate forms at [www.bluecrossma.com](http://www.bluecrossma.com)  
– click on Become a BCBSMA Provider.

To learn more about the credentialing process and  
required documentation go to  
[www.brainshark.com/bcbsma/credentialing](http://www.brainshark.com/bcbsma/credentialing).

### Blue Cross Blue Shield of Massachusetts

**Department Name:** Network Management  
**Phone:** 1-800-316-2583  
**Fax:** 1-617-246-4227  
**Email:** [Networkmanagement@bcbsma.com](mailto:Networkmanagement@bcbsma.com)

# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments – Boston Medical Center HealthNet Plan</b>	
Letter of Interest	R
Participating Provider Agreement	R
W-9 Form	R
BMCHP Provider Data Form (one per provider) Available on <a href="http://www.bmchp.org/pages/providers/provider_home.aspx">http://www.bmchp.org/pages/providers/provider_home.aspx</a>	R
HCAS Provider Enrollment Form	R
BMCHP Abbreviated Credentialing Form (Hospital Based & Locum Tenems)	CR



**Boston Medical Center HealthNet Plan**

**Mailing Address:**  
 Boston Medical Center HealthNet Plan  
 Provider Processing Center  
 2 Copley Place, Suite 600  
 Boston, MA 02116

**Phone:** 1-888-566-0008  
**Fax:** 1-617-897-0818  
**Email:**  
[BMCHP.providerprocessingcenter@bmchp.org](mailto:BMCHP.providerprocessingcenter@bmchp.org)

R= Required  
 CR = Conditionally Required  
 O=Optional

# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

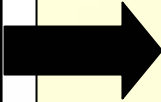
<b>Contracting &amp; Enrollment Attachments – Fallon Community Health Plan</b>	
Provider Contract	R
Provider Participation Agreement	R
W-9 Form	R
Enrollment Form	R
Attestation for Nurse Practitioner Provider Status	R

**Fallon Community Health Plan**

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

**Fax:** 1-508-368-9902

**Provider Services:** 1-866-275-3247,  
 Option 4



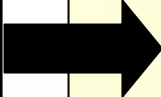
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# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments – Harvard Pilgrim Health Care</b>	
Provider Contract or Provider Participation Agreement (Joinder)	R
W-9 Form	R
Enrollment and Billing Information	R



**Harvard Pilgrim Health Care**

**Mailing Address:**  
 Attn: Provider Processing Center  
 1600 Crown Colony Drive 2<sup>nd</sup> Floor  
 Quincy, MA 02169

**Fax:** 1-866-884-3843

**Email:** [PPC@harvardpilgrim.org](mailto:PPC@harvardpilgrim.org)

**Provider Service Center:** 1-800-708-4414

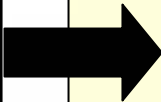
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# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments – Health New England</b>	
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:** 1-413-233-2808

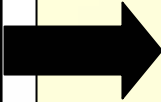
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# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments – Medical Network, Inc.</b>	
Terms of Agreement	R
W-9 Form	R
Enrollment Form	R
Nurse Practitioner Addendum	R



**Medical Network Inc.**

**Mailing Address:**  
 Credentialing Department  
 PO Box 15253  
 Portland, ME 04112

**Phone:** 1-207-773-5116 Ext. 108

**Fax:** 1-207-773-1739

**Email:** [CBelliveau@MaineMedNet.com](mailto:CBelliveau@MaineMedNet.com)

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# 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)

<b>Contracting &amp; Enrollment Attachments – Neighborhood Health Plan</b>	
Vendor Contract	R
Practice Profile	R
W-9 Form	R
Data Sheet for Individual Providers	R
Enrollment Form	R



## Neighborhood Health Plan

### Mailing Address:

Provider Network Management  
 Neighborhood Health Plan  
 253 Summer Street  
 Boston, MA 02210-1120

**Fax:** 1-617-526-1982

### Provider Relations Department:

**Fax:** 1-617-772-5517

**Email:** [prweb@nhp.org](mailto:prweb@nhp.org)

**Customer Care Center:** 1-800-462-5449

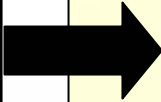
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# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments – Network Health</b>	
Enrollment Form	R
Provider Contract	R
W-9 Form	R
Letter of Interest	R



**Network Health**

**Mailing Address:**  
 Contracting Department  
 Attention: Steve Kostos  
 101 Station Landing, 3<sup>rd</sup> Floor  
 Medford, MA 02155

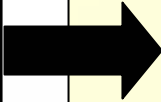
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# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments - Tufts Health Plan</b>	
Appropriate Provider Contract documents	R
Enrollment Form or enrollment section of IMA	R
W-9 Form	R
Supervising Physician Collaborative Agreement (NPs only)	R
Two (2) Peer References (Allied Health Practitioners only)	R



**Tufts Health Plan**

**Mailing Address:**  
 Credentialing Department  
 705 Mt Auburn Street, 6<sup>th</sup> Floor  
 Watertown, MA 02472

**Fax:** 1-617-972-9591

**Email:** Your Credentialing Contact

**Phone:** 1-888-306-6307

R= Required  
 CR = Conditionally Required  
 O=Optional