



# Health Care Administrative Solutions

Participating Health Plan  
Contracting and Enrollment  
Required Documents Listing

modified 5/3/07

# Important Notice



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

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

# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting, Enrollment, and Additional Credentialing Documents – Blue Cross Blue Shield of Massachusetts</b>	
<b>This list applies only to MDs (excluding Psychiatrists)</b>	
Physician Agreement or Attachment A (Joinder)	<b>R</b>
Download the following forms at <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> -- click on Become A Blue Cross Provider	
W-9 Form	<b>R</b>
Signature Waiver	<b>R</b>
2 Letters of Reference (use only if physician does not have hospital privileges)	<b>CR</b>
Hospital Verification Letter	<b>CR</b>
<b>R = Required</b>	
<b>CR = Conditionally Required</b>	



**Blue Cross Blue Shield of Mass.**

**Mailing Address:**

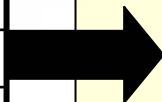
**Provider Enrollment & Credentialing**  
**401 Park Drive**  
**Mail Stop 03-04**  
**Boston, MA 02215-3326**  
**Fax: 617-246-7668**  
**Provider Relations:(800) 316-BLUE (2583)**

# 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	R
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	O
	R



**Fallon Community Health Plan**

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

**Fax:**  
508-752-6878 attn: Provider Contracting

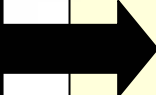
**Provider Contracting Service:**  
866-275-3247

# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

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



**Harvard Pilgrim Health Care**

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

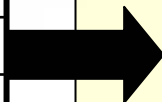
**Provider Service Center:**  
 (800) 708-4414

# 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	R
PHO assignment , if applicable	R
All demographic information, including tax id number and payment mailing address	R
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	O
	R



**Health New England**

**Mailing Address:**  
 One Monarch Place Suite 1500  
 Springfield, MA 01144

**Fax:**  
 413-734-3356

**Provider Contracting Service:**

# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

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

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



## Neighborhood Health Plan

### Mailing Address:

Credentialing Department  
Neighborhood Health Plan  
253 Summer Street  
Boston, MA 02210-1120

### Fax:

617-526-1982

### Provider Contracting Service:

1-800-462-5449

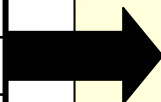
# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

### Contracting & Enrollment Attachments – Network Health

Provider Contract	R
Provider Information Form (PIF)	R
W-9	R



## Network Health

### Mailing Address:

432 Columbia Street  
Cambridge, MA 02141  
Director of Contracting

### Provider Contracting Service:

(617) 806-8507

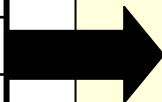


# Contracting and Enrollment - Initials



## Plan Information (direct to plan)

<b>Contracting &amp; Enrollment Attachments - Tufts Health Plan</b>	
Appropriate Provider Contract documents	R
Enrollment section from Integrated Mass Application or copy of Initial Application	R
W-9	R
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	O
	R



**Tufts Health Plan**

**Mailing Address:**  
705 Mt Auburn Street  
Watertown, MA 02472

**Fax: 617-972-9591**  
888-306-6307