



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
– click on Become a BCBSMA Provider.

To learn more about the credentialing process and
required documentation go to
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

Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments – Boston Medical Center HealthNet Plan	
Letter of Interest	R
Participating Provider Agreement	R
W-9 Form	R
BMCHP Provider Data Form (one per provider) Available on http://www.bmchp.org/pages/providers/provider_home.aspx	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

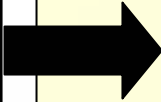
R= Required
 CR = Conditionally Required
 O=Optional

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	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

R= Required
 CR = Conditionally Required
 O=Optional

Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments – Harvard Pilgrim Health Care	
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 2nd Floor
 Quincy, MA 02169

Fax: 1-866-884-3843

Email: PPC@harvardpilgrim.org

Provider Service Center: 1-800-708-4414

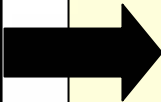
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Contracting and Enrollment - Initials



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: 1-413-233-2808

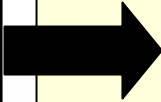
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Contracting and Enrollment - Initials



Plan Information (direct to plan)

Contracting & Enrollment Attachments – Medical Network, Inc.	
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

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:

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

Customer Care Center: 1-800-462-5449

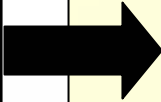
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Contracting and Enrollment - Initials



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: Steve Kostos
 101 Station Landing, 3rd Floor
 Medford, MA 02155

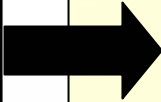
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Contracting and Enrollment - Initials



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
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, 6th 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