



## New Provider Contract Inquiry Form

**\*Please note claims will be processed out-of-network until we confirm your case has been approved, this process can take up to 90 days\* Upon completion please send to [contracting@healthoptions.org](mailto:contracting@healthoptions.org)**

Provider's Legal Name & Address (include locations and practitioners)

TIN#/NPI#/CAQH#

Please list associations with any group practices or hospitals?

Please list any referral sources:

Are you currently seeing Health Options Members or do you have Member awaiting care?

What is your specialty/board certification? Please list type of services being performed in detail: i.e. Primary Care, DME, Lab, etc.

Which claim form will be used: UB or 1500?

Are Surgeries performed on-site, if not where? Is Anesthesia performed by your own company or consulted?

Where are labs/imaging performed? On-site or an outside vendor? Please list vendor.

Please list other payers you are contracted with:

Please include a copy of your charge master which includes billing codes and submitted charges.

## New Provider Contract Review Workflow

### Phase I

*\*All Providers undergo an application process. This process determines Community Health Options network need and network value*

- 1) Please complete the **New Provider Form** and provide a copy of your **current chargemaster list IN EXCEL FORMAT**, which includes your billing codes and submitted charges.
- 2) Community Health Options will review the network need and cost for the services that you or your organization provide.
- 3) If network need is determined than a contract proposal will be extended for review and a request for the necessary paperwork will be requested.
- 4) If denied, the provider will be notified either via email or written letter.
- 5) The following forms are required:
  - a. Practice Information Form
  - b. Credentialing Form
  - c. W9
  - d. Copies of the Certificates of Professional AND Commercial Liability Insurance
  - e. Licensure/Board Certification
  - f. DEA License (if applicable)
  - g. Facility Assessment Form (if applicable)
  - h. Accreditation (if applicable)

These will need to be returned before the process can move to phase II. We require a minimum of **60 days lead time** to get any new provider set up and credentialed.

- 6) Once the contract is agreed upon by both parties the contract will be executed by the Community Health Options Chief Operating Officer in DocuSign and forwarded for counter-execution through the same platform.