COMMUNITY Health Options®

Provider Network Request Form

Thank you for your interest in becoming a participating provider in Community Health Options' Provider network. If you would like us to consider your practice/facility, please complete this form and email it to the Community Health Options Contracting Department at contracting@healthoptions.org.

We will respond within 90 days upon receipt of your completed form. This form will assist your contract manager in assessing your candidacy as a Community Health Options participating provider. Please refer to the last page of this form for more details about our process.

Please complete the following:

Are you currently providing services to a Community Health Options Member or a Member awaiting care?

☐ Yes ☐ No

If awaiting care, what is the Member's appointment date? _____

Provider Legal Name (as on W-9): _____

Provider DBA Name: _____

Provider address: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Tax ID: _____ Group NPI: _____

Provider Website: _____

Provider/Group Specialty Type:

- ☐ Primary Care (PCP)
- ☐ PA as PCP
- ☐ Specialist
- ☐ PT/OT/ST
- ☐ Urgent Care
- ☐ Sleep Center
- ☐ Chiropractor
- ☐ Lab
- ☐ Chiropractor
- ☐ Acupuncture
- ☐ DME / O&P
- ☐ Free Standing ASC
- ☐ Anesthesia/CRNA
- ☐ Home Health/Hospice
- ☐ Behavioral Health
- ☐ Audiology/Hearing Aid
- ☐ Infusion Center
- ☐ ER Physicians
- ☐ Specialist Imaging Center
- ☐ Ambulance
- ☐ SNF/LTC
- ☐ Other _____

Does the provider perform telehealth services? ☐ Yes ☐ No

Is provider telehealth only (e.g., does not have a physical practice location)? ☐ Yes ☐ No

*List top 6 CPT/HCPCS/Rev service codes: _____

Which claim form will be used to submit claims? ☐ UB ☐ HCFA 1500 ☐ Both

Is practice owned or employed by a Hospital System? ☐ Yes _____ ☐ No

Is the provider/practice affiliated with a PHO, ACO, IPA, or ASO? ☐ Yes _____ ☐ No

Are surgeries performed on-site? ☐ Yes ☐ No

Are labs performed on-site? ☐ Yes ☐ No If no, company name: _____

Are imaging services performed on-site? ☐ Yes ☐ No If no, company name: _____

Does the provider use a third-party credentialing company? ☐ Yes _____ ☐ No

Does the provider use a third-party claims vendor (TPA)? ☐ Yes _____ ☐ No

Contracting Contact Name: _____ Title: _____

Contact Email Address: _____

Contract Signatory Name: _____ Contract Signatory Title: _____

Signatory Email Address: _____

Contact name for Payor Notices: _____

Provider Notice Address: _____ ☐ Same as location

Contracting Process

- Complete the Provider Request to Join the Network and submit it to contracting@healthoptions.org
- Community Health Options' contract manager will review your information based on network needs and proposed rates for the services that you or your practice provides.
- If network need is determined, then a contract proposal will be extended for review and approval, with a request for the required credentialing documents listed below:
    - Practice Information Form
    - Credentialing Form or Provider Roster
    - W9
    - Copy of Certificate of Professional and/or Commercial Liability Insurance ($1,000,000/$3,000,000)
    - Licensure/Board Certification
    - DEA License (if applicable)
    - Facility Assessment Form (if applicable)
    - Accreditation (if applicable)
- Send documents via email to contracting@healthoptions.org or fax to (207) 520-6244 to enable the process to move forward.
- Once both parties agree to a contract, it will be executed by the Community Health Options Director of Provider Experience in DocuSign and forwarded for counter-execution through the same platform.
- If network participation is denied, the provider will be notified via email or letter.

Contracting Prerequisites

Providers who require credentialing must have a signed contract with Community Health Options or an agreement with an entity that is actively contracted before the credentialing process can begin. Providers cannot provide services to Community Health Options Members until the credentialing committee approves them for network participation. Any claim submitted before the effective date of the network participation could be denied