

Letter of Interest Contract Request Form



Before you begin, please indicate with an X if you are submitting a request with interest in participating with WellSense Health Plan, MA or NH.

Please Note: This is not an Agreement or a Contract. This is a Request for consideration to become a provider in the WellSense Provider Network that will be reviewed for consideration. This does not warrant payment or an effective date of being in the WellSense Provider Network.

If request is approved, contracts will be sent to you and credentialing is required. Until you are credentialed, contracted, and notified that you are in the WellSense Provider Network as a participating provider, you are considered Out of Network. All Out of Network providers required authorization to provide care to WellSense members. Services provided without authorization will deny. Your effective date for participation is not based upon submission of this request, it will be based solely upon your credentialing and contracting, if, when, approved.

Please complete form in TYPE or in clear PRINT to avoid return of form and delays

NH- WellSense Health Plan <input type="checkbox"/>	MA – WellSense Health Plan (fka BMCHP) <input type="checkbox"/>
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Provider name (DBA/to be displayed in directory):

Provider legal name (directly from W9) if different from above:

Tax ID (W-9 must be submitted with request):

Primary practice address:	Billing address:
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Primary practice phone number	Billing phone number:
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Primary practice fax number	Billing fax number:
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Note: For additional locations, please provide a separate sheet of paper.

Office manager name and email address (required):

Office manager contact address:	Office manager phone number:
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Credentialing contact name and email address:

Credentialing contact address:	Credentialing contact phone number:
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Legal Notices: Future plan notices, contract related documents and legal communications will be in writing and submitted to the following Provider Chief Financial Officer (CFO) or other Provider Contracting Contact and mailing address:

CFO or contracting contact name and email (required):	
CFO or contracting contact legal mailing address (required):	CFO or contracting contact phone number:

Provider information (if group request, include all providers in the group): provide extra sheet if necessary.

* Please provide your specialty – this is very important.

Provider/Provider Group Name	Specialty:	PCP Y/N	Hospital Affiliation(s)*	Provider NPI:

Please let us know your Panel status if Providers are PCP's: Open Closed

*Physicians must have hospital admitting privileges at a WellSense Health Plan contracted hospital or must provide explanation of arrangements in place for members to be admitted to a participating hospital

Additional information

Is this group part of a Massachusetts ACO? If Yes, which ACO?

Does the provider offer any special services? Yes No

If yes, please list:

What language(s) does the provider(s) speak?

What languages are spoken by the office staff?

Population Served: (optional):

Ages Served:

Why is the provider interested in contracting with WellSense Health Plan (MA or NH)?

Does the interested provider offer any special services that should be taken into consideration when reviewing this request for an Agreement for participation? If yes, please share:

Has the provider received requests to care for any of our members? Yes No

Is the entity/practitioners NH Medicaid approved? Yes No

Please Provide NH Medicaid ID(s):

Is/are the entity/practitioners MassHealth approved? Yes No

Please Provide PID/SL(s):

Type of agreement requested (please ensure your W9 and Tax ID support the below):

Individual Contract:

Yes

No

Facility Contract:

Yes

No

Group Contract:

Yes

No

Ancillary Contract

Yes

No

Facility Provider Type:

Ancillary Provider Type:

For MA providers interested in joining WellSense Health Plan (MA) ONLY:

Providers who are not MassHealth contracted, must apply with MH for a MassHealth NonBilling Managed Care Entity (MCE) Network Only Provider Contract. Visit: <https://www.mass.gov/forms/submit-the-masshealth-nonbilling-managed-care-entity-network-only-provider-contract>. This is the case for addresses, NPI's and TIN's under your agreement that are not recognized by MH.

Under this Agreement, you must be contracted with MassHealth (MH) in the same manner you are requesting to contract with WellSense Health Plan. For example, if you are requesting a Group Contract under a Group Tax Identification Number, you must be contracted with MH as a Group Entity as well. The same applies to requests for Individual Entity Contracts, and Facilities, etc. If the contract differs, you must apply for the NonBilling Managed Care Entity Network Only Provider Contract as noted above.

If you are not contracted with MH as FFS provider, have you applied with MH for the required Nonbilling Managed Care Entity Network Only Provider Contract as noted above?

Yes No

Please return completed form and W-9 to support the Contract Type requested above via e-mail to:

Massachusetts/WellSense: Provider.Info@wellsense.org; OR
New Hampshire/WellSense: NHProviderInfo@wellsense.org

Below to be completed by Provider Engagement or Provider Processing Center

Date Request Received:	Processed by:	Added into Database:	Completed on: