



Becoming a network provider

An overview of the contracting, enrollment, and credentialing processes

Providers and vendors often conflate the contracting process with other processes such as enrollment and credentialing. This often leads to delays in getting a status update when calling a health plan. Below is an overview of the processes to get set up with a health plan and becoming a network provider.



Contracting

In order to be considered a health plan's network, providers must initiate the contracting process:

- **Request to Contract** – Submit a letter of intent and application. You can access the appropriate applications on the [Harvard Pilgrim Health Plan](#) and [Tufts Health Plan](#) websites.
- **Sign an Agreement** – Once the terms are agreed upon, a contract is signed by the provider and health plan.



Credentialing

In some cases, providers must go through the credentialing process to maintain compliance with federal, state, and health plan accreditation requirements and ensure that we maintain a qualified network.

- **Practitioner:** Primary care providers and specialists that see patients by appointment and will be marketed in the health plan's provider directory must be credentialed to be considered in network. Please ensure your CAQH Profile is up to date.
- **Facility:** Facilities (including urgent care, skilled nursing, long-term rehab, hospital, ambulatory surgical center, lab, durable medical equipment) require credentialing. Please ensure you let the health plan know who the key contact to obtain documentation is.

Rhode Island Providers: In Rhode Island, the credentialing process can begin prior to the contract being signed. In order to be enrolled as a participating provider, both the contract must be signed and the credentialing process (where applicable) must be completed.



Enrollment

Upon execution of the contract and sharing a roster of practitioners with the health plan, our teams work on the enrollment of these practitioners. This is a required step for all providers prior to joining our network. In order to bill claims under the Tax ID (TIN) of the entity that is contracted, we must have the practitioners enrolled to the TIN.



Tip – To ensure you are directed to the right area, ask for your enrollment & credentialing status when calling the health plan about your request. For example, you may be incorrectly directed to the wrong team if you ask for the credentialing status on a request that hasn't reached the credentialing process yet.

Avoiding delays and patient disruption

Maintaining your CAQH profile

Be proactive! Make sure you have an accurate, fully up to date and attested CAQH Profile including credentialing contact information. This will ensure that there are no delays to becoming a contracted provider. Here are some helpful tips to remember:

- **Malpractice Insurance:** Ensure your most up to date policy information is listed and uploaded.
- **Hospital Privileges:** Ensure all hospital privileges are listed and all letters are uploaded. If you do not have hospital privileges, please make sure you indicate your admitting arrangement on CAQH.
- **Attestation:** Don't let your attestation of the accuracy of your CAQH Profile lapse.
- **Training:** If you have recently completed training, remember that health plans need the official notice of completion before credentials can be completed. Applications more than 45 days prior to completion of residency will not be accepted.

Affiliation changes

Many practices come into our network via larger contracting affiliations or IPAs. If your practice is changing to a **NEW** contracting affiliation, it's critical to notify us of your intent to change affiliation.

- **Notification requirement:** A 60-day advance notification of affiliation changes is required. Please include your TIN, billing NPI, and the effective date of your new affiliation.
- **Avoid patient disruption:** If you have primary care patients, we would need to know if you plan to keep them at your practice. The outgoing affiliation will notify the health plan of the termination and often indicate where to reassign members. If you want your primary care membership to stay with you, please advise the outgoing affiliation that they should NOT tell the plan to reassign members.
- **Contract requirements:**
 - **Joining another contract affiliation:** A new direct agreement is not required when switching to a new contracting affiliation.
 - **Affiliation to independent:** If your practice decides to go independent and not contract through a larger physician organization or IPA, **you must take proactive action** to ensure that you do not go out of network. You will need to get a direct contract with the health plan to ensure that your members are not reassigned, and that you do not experience an out of network status.