Northeast
Physician Hospital Organization

NEPHO Health Plan Contract Participation

Dear Provider,

Members of the Northeast PHO participate in the following health plans:

- **MassGeneral Brigham Health Plan Commercial**
- **Blue Cross Blue Shield of Massachusetts Commercial**
- **Cigna**
- **Harvard Pilgrim Health Care**
- **Fallon**
- **Tufts Commercial**
- **Tufts Health Public Plans**
- **Tufts Medicare Preferred**
- **Unicare**
- **WellSense MassHealth ACO**

*Please reference the NEPHO Health Plan Participation by Payor for a breakdown of products per health plan.

As a member of the Northeast PHO, you have the option as an individual physician (or as part of your practice, depending on practice requirements) to participate in the below list of health plans.

Please check which of the optional health plans below you would like to participate in (if you do not select an option, you will be deemed as participating):

Yes	No	
___	___	**Fallon Atrius MassHealth (Specialists ONLY)**
___	___	**WellSense QHP Silver**
___	___	**Commonwealth Care Alliance SCO**
___	___	**Commonwealth Care Alliance One Care**
___	___	**Medicare Accountable Care Organization (Applicable to New Tax ID applicants ONLY)**

Northeast PHO physician members are required to enroll as a billing provider in any one of the following MassHealth plans.

Please confirm you will be enrolled in the Mass Health Network through your practice: Y / N
Provider the practice MassHealth PIDSL: _____

If you are unsure of any product participation, please be sure to ask the office manager at the practice for guidance and/or if there are specific expectations at the practice level.

Please confirm Electronic Funds Transfer (EFT) option has been or will be set up with each health plan for reimbursement purposes.

Yes	**No**
___	___

Thank you,
NEPHO Enrollment Team

Provider Name: _____
Practice: _____
Signature: _____ Date:_____